

Complaint Registration Form (Form 34)

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| Complainant's Details: | | Date | |
| ▪ Name: | | | |
| ▪ Organization: | | ▪ Email Address: | |
| ▪ Contact Number: | | ▪ Address: | |

Description of Complaint: [Please describe the complaint in detail, including any relevant information about the testing process, results, or interactions with Alpha Analytics Limited.]

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| Nature of Complaint: | Urgency Level: | Supporting Documents (if any): |
| <input type="radio"/> Asbestos Testing Related | <input type="radio"/> Low | <input type="radio"/> Test Results |
| <input type="radio"/> Mold Testing Related | <input type="radio"/> Medium | <input type="radio"/> Correspondence |
| <input type="radio"/> Other (Specify): [] | <input type="radio"/> High | <input type="radio"/> Other (Specify): [] |

Actions Taken by Complainant (if any): [Describe any actions already taken by the complainant regarding this issue.]

Preferred Resolution: [Indicate the desired outcome or resolution for the complaint.]

Please email the completed form to admin@alphaanalytics.co.nz

For Office Use Only:

Complaint Number:

Assigned Investigator:

Investigation Details:

- **Date Assigned:**
- **Investigation Report Deadline:**

Investigation Findings: [Summary of findings and analysis of the complaint.]

Resolution: [Actions taken to resolve the complaint and outcome.]

Closure Date:

| Laboratory Quality Manual | | | |
|---------------------------|-------------------------|----------------|--|
| Owner | Alpha Analytics Limited | Doc name | LQM-FORMS- Complaint Registration Form (Form 34) |
| Author | M.Tomson | Doc number | LQM/FORMS/Form 34 |
| DOI | JUNE 2024 | Version Number | V2 |