



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Laboratory

Complaint Investigation Form

Section 1: To be completed by the individual reporting the complaint

Name:	Address:	Phone#:
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Description of Complaint:

Section 2: To be completed by DPHL management

Lab section involved: Molecular Virology Microbiology Water testing Administration
 Other:

Investigation:

Contributing factors: Equipment Technician error Reagents/supplies Other:

Recommended Corrective Action:

Follow-up / Monitoring:

Submitted by:

Quality Systems Manager

Date

Lab Section Manager

Date

Reviewed/Approved by:

Director, DPHL

Date

Comments:

Complainant notified of results via: Fax mail phone call