

**SULTAN AHMAD SHAH MEDICAL CENTRE @IIUM**  
**PRODUCT COMPLAINT FORM**

Date:

**CLASSIFICATION OF ITEMS**

Please tick (/) whichever is applicable

Equipment	<input type="checkbox"/>	Drugs	<input type="checkbox"/>	Medical Furniture	<input type="checkbox"/>
Consumable	<input type="checkbox"/>	Instrument	<input type="checkbox"/>	Others:	<input type="checkbox"/>

**USER INFORMATION**

Name		Staff No	
Department		Position	
Date of report		Signature	

**COMPLAINT AND RECOMMENDATION INFORMATION**

Items and Product Description (Please specify the item brand and size)	Complaint	Recommendation and Justification

**Recommended by:**

**Recommended by:**

.....  
 Head / Officer  
 Department of \_\_\_\_\_  
 Sultan Ahmad Shah Medical Centre @IIUM

.....  
 Director (Clinical)  
 Sultan Ahmad Shah Medical Centre @IIUM