



BANGLADESH REFERENCE INSTITUTE FOR CHEMICAL MEASUREMENTS

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Division/Section:
Service Delivery Section
(SDS)

Complaint Form

S/N:

A. Record of Complaint / Non-conformities

Date of Complaint	
Complainant (Name, Designation & Organization)	
Service Ref. No.	
Description of Complaint (s) / Non-conformities (NC)	
Signature of Complainant	
Name and Signature of Staff Receiving the Complaint	
Date to resolve Complaint	

B. Action taken

Immediate Action	
Signature & Date	