



health care with a **difference**

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COMPLAINT FORM

Complaint Description:

Product Details

Product Name : _____
Batch no. : _____
Mfg. Date : ____ / ____ / ____ (MM/DD/YYYY)
Expiry Date : ____ / ____ / ____ (MM/DD/YYYY)
Details of the complaint : _____

Complainant Details

Full Name : _____
Primary Number : _____
Address : _____
City & Country : _____
Complainant Occupation : _____
Additional Information : _____

Please Note: Physical Sample will be required to evaluate the complaint.