

# Ministry of Health and Wellness (Mauritius)

## Product Complaint Form

Date: .....

To: *Assistant Manager Procurement and Supply*  
*Regional Health Services Administrator*

Th: *Regional Health Director*

Product category / description: .....

Expiry date: .....

Manufacturer: .....

Batch no./serial no./product code:

The above-described item has been found to be:

☐ faulty      ☐ of poor quality      *(tick as appropriate)*

Details of the issue:

Name of reporting officer: .....

Grade: .....

Hospital/Ward/CHC: .....

Preferred contact method:    ☐ Phone    ☐ WhatsApp    ☐ E-mail

Contact details: .....

Signature of reporting officer: .....

*For office use*

Complaint received by: .....Forwarded to: .....

Action taken:

\_\_\_\_\_  
Signature of AMPS

\_\_\_\_\_  
Signature of RHSA