

**NATIONAL REFERRAL LABORATORY
NATIONAL RESEARCH CENTRE FOR GRAPES, PUNE**

CUSTOMER'S COMPLAINT/APPEAL REPORT

Name of Laboratory Representative and Designation	
Proficiency Test No.	
Laboratory Name and Address	
Complaint/ Appeal	
Corrective action whenever necessary (to be filled by the PT provider)	

Date:

(PT Coordinator)

**For any complaint, please complete this form and email a scanned copy to
apedanrlpt@gmail.com*