



Community Development Medicinal Unit
Complaint regarding CDMU supplies / services



Complaint Date:	
1. Organization name:	
Full postal address	
Contact Telephone / Fax / E-mail	
2. Complaining person with designation:	
3. Nature / Description of complaint : [Please attach additional sheet if necessary]	4. Pertaining to : [] Supplies by CDMU [] Other matter
5. Suggestions regarding action to be taken by CDMU in response to this complaint: [Please attach additional sheet if necessary]	

Please fill-in the online version of this form or fill-in the print version and mail it to:
CDMU Documentation Centre, 47/1B Garcha Road, Kolkata – 700 019, India.

For CDMU office use only

Intimation of complaint to CDMU Pharmaceutical Committee: [] Yes [] No Date intimated: _____

Complaint report no.: _____ Complaint report filed by: _____

Signature with date