

**ANNEXURE-III**

**Market Complaint Form**

Company Logo Here	<b>XX PHARMACEUTICALS LIMITED</b> <small>117 Adams Street, Brooklyn, NY 11201, USA</small>
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**Market Complaint Form**

<b>To Be Filled In By Sales Executive, Medical Promotion Officer, Product Executive (On the basis of information given by Complaint Receiver)</b>												
<b>1</b>	<b>Complaint:</b> Put <input checked="" type="checkbox"/> on <input type="checkbox"/> Patient <input type="checkbox"/> Chemist Shop <div style="text-align:right;"><input type="checkbox"/> Hospital <input type="checkbox"/> Physician <input type="checkbox"/> Others</div> Name : Address :  			Complaint Received by:  Designation: Date of Receipt : Location :  								
<b>2</b>	<b>Storage Condition of Chemist Shop</b> : <input type="checkbox"/> Humid <input type="checkbox"/> Untidy <input type="checkbox"/> Good <input type="checkbox"/> Maintain Required Condition <div style="text-align:right;"><input type="checkbox"/> Others <input type="checkbox"/> Not Known</div> <b>Condition of Complaint Product Found</b> : <input type="checkbox"/> Kept in shelf <input type="checkbox"/> Direct sunlight <input type="checkbox"/> Direct Contact with floor <div style="text-align:right;"><input type="checkbox"/> Others</div> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td colspan="2" style="width:50%;"><b>Product Name:</b></td><td style="width:20%;"><b>Pack Size:</b></td><td style="width:30%;"><b>Ref. No.:</b></td></tr><tr><td style="width:25%;"><b>Batch No:</b></td><td style="width:20%;"><b>Mfg. Date:</b></td><td style="width:20%;"><b>Exp. Date:</b></td><td style="width:35%;"><b>Quantity Received:</b></td></tr></table>				<b>Product Name:</b>		<b>Pack Size:</b>	<b>Ref. No.:</b>	<b>Batch No:</b>	<b>Mfg. Date:</b>	<b>Exp. Date:</b>	<b>Quantity Received:</b>
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<b>Batch No:</b>	<b>Mfg. Date:</b>	<b>Exp. Date:</b>	<b>Quantity Received:</b>									
<b>3</b>	<b>Description of Complaint:</b>     <div style="text-align:right;">Sign./Date</div> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:20%;"><b>Sent to QA On</b></td><td style="width:25%;"><b>Mode of Dispatch</b></td><td style="width:25%;"><b>Transfer Invoice No (If any)</b></td><td style="width:30%;"><b>Name &amp; Signature</b></td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>				<b>Sent to QA On</b>	<b>Mode of Dispatch</b>	<b>Transfer Invoice No (If any)</b>	<b>Name &amp; Signature</b>				
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<b>Note: Complaint Form to be sent to QA within 15 days of receipt of complaint.</b>												