



## PRODUCT WITHDRAWAL FORM

(Product identified with the following information has to be withdrawn according to "Product Withdrawal Policy.")

1. **What is the product?** \_\_\_\_\_

2. **What is the source of the complaint?**

Customer

Consumer

Regulatory Agency

Name and Surname \_\_\_\_\_

Company/Department \_\_\_\_\_

Address (No, Street, P.O. Box, City, State) \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

3. **When was the complaint received?**

Day/Month/Year \_\_\_\_\_

Time \_\_\_\_\_

4. **What is the reason for the complaint?**

Product quality

Illness

Packaging

Foreign body

Provide details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. What tests have been carried out that support the complaint?**

External (please give results) \_\_\_\_\_

Internal (please give results) \_\_\_\_\_

**6. Please provide detailed information regarding product involved?**

Product \_\_\_\_\_

Lot code \_\_\_\_\_

Expiration date \_\_\_\_\_

Quantity \_\_\_\_\_

**7. Destination for withdrawn products** \_\_\_\_\_

**8. Withdrawing duration** \_\_\_\_\_

Destination	Date	Quantity sent	
		Units	Size/Weight