

NSTS Customer Complaint Form

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| 1. Name of facility making the complaint: 2. Date: 3. Authorized By: | Hospital/Clinic Stamp |
| 1. Nature of Complaint: | |
| 1. Results of Investigation: | |
|  | |
| 1. Action Taken: | |

**Note: *Please ensure that this complaint form is submitted in a sealed envelope and addressed to the NSTS Manager. Complaints regarding the whole NSTS system will be addressed from the Chief Lab Technologist’s office and complaints against a specific NSTS phlebotomist or sample delivery will be handled by the NSTS Manager.***

Date complainant contacted with the results of the investigation and action taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initials of person investigating Complaint\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_