



**Product Technical/Complaints Form**

Fax to: 012 377 0929

Or email: [clientservice@transpharm.co.za](mailto:clientservice@transpharm.co.za)

**To be completed by Account Holder:**

**Product Details:**

Product name:		
Strength / Size:		
Batch number: / Expiry date:		
Pack size:		

**To be completed by account holder:**

**Complainant Details:**

Date of Complaint:	
Full Details of Complaint:	
Account name:	
Contact number:	
Complainant email address:	
TransPharm Account number:	
Invoice Number:	
Reference Number:	

**To be completed by Transpharm:**

**Follow up of Complaint:**

Pharmacist Instruction	
Signature:	
Credit note number (Supplier) :	
Contact Person (Supplier): Telephone Number: Email Address:	
Date reported:	
Claim Number:	
Follow-up and final outcome:	

