



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Laboratory

Complaint Investigation Form

Section 1: To be completed by the individual reporting the complaint

Name:	Address:	Phone#:
-------	----------	---------

Description of Complaint:

Section 2: To be completed by DPHL management

Lab section involved: ☐ Molecular Virology ☐ Microbiology ☐ Newborn Screening ☐ Water testing
☐ Other:

Investigation:

Contributing factors: ☐ Equipment ☐ Technician error ☐ Reagents/supplies ☐ Other:

Recommended Corrective Action:

Follow-up / Monitoring:

Submitted by:

QA Lab Manager

Date

Lab Section Manager

Date

Reviewed/Approved by:

Director, DPHL

Date

Comments:

Complainant notified of results via: ☐ Fax ☐ mail ☐ phone call