NAME & ADDRESS OF BLOOD BANK

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Licence No.:-_____

GRIEVANCE REDRESSAL REGISTER (GD-3)

SR. No.	DATE AND TIME	COMPLAINANT NAME, ADDRESS AND CONTACT NO	COMPLAINT DETAILS	UNIT NO. / PATIENT'S REG. NO	REFERRING DOCTOR IN CASE OF PATIENT	REMARKS AND ACTION TAKEN (FEEDBACK GIVEN)	ACTION TAKEN BY	REVIEWED BY

Signature Of Quality Manager/Supervisor:-_____