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| --- | --- |
| **Subject-Description of Feedback/Suggestion** |   |
| **Owner of the feedback/suggestion:****(Company Name, Title, Name)****Address:****Phone:****email:** |  |
| **History**  |  | **No** |  |
| **Receiving Feedback/Suggestion** |  |
| **ASSESSMENT** |
| **Is the Feedback/Suggestion related to the Lab Activity?**  | **YES**  | **NO ☐** | **No, if Reason** | **Name Surname/Signature**  |
| **History:**  |
| **Evaluation of Feedback/Suggestion (Explanation, if any)** **Name and Surname:** **Evaluation Date:**  |
| **Feedback/****Evaluator of the Suggestion (Has the feedback/suggestion activity been accepted?)** | Yes/No | **Should Corrective and Preventive Action Be Taken?** | No | **CAPA No** |  |
| **The plan** |
| **Activity** | **Responsible** | **Deadline** |
|  |  |  |
|  |  |  |
| **Feedback/Suggestor Providing Feedback on Activity Planning** **Name, Surname and Date of Personnel:** **Notification Method and Registration Information**:  |
| **Feedback/Suggestion Result:** |
|  |