



**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