

 VELTIA TURKIYE A Tentamus Company	WISH AND COMPLAINT FORM			
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Complaint Number:		Date:	
WISH / COMPLAINT OWNER			
Name Surname			
Institution/Organization/Company			
Address		Telephone:	
		E-mail:	
SUBJECT OF REQUEST / COMPLAINT			
THIS SECTION WILL BE FILLED IN BY ANTALYA VELTIA Ö.G.K.L.			
EVALUATION			
Quality Management Unit Responsible			
Date			
CONCLUSION			
Laboratory Manager			
Date			