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| --- |
| **For office use** |
| Date / Time Complaint / Feedback Received:  | Ref: |
|  |  |
| Name of Complainant/ Company/Client |  |
| Address |  |
| Email address |  | Contact No |  |
| Description of Complaints/Feedback: |
|  |
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|  |
| **Certification Unit** |
| **Complaint Received Date/Time** | **OIC Remarks** | **Signature** |
|  |  |  |
| Initial Action and Investigation Carried Out By Assigned PersonnelNCR Form Details: |
| Head of Certification RemarksDate: |  |
| Follow- up Action / Feedback from Customers (please comments) |  |
| Complaint Close- Up: Signed By Head of Certification:Date/Time:  |