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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 Personnel  NCR Form Details: | | | | | |
| Head of Certification Remarks  Date: | |  | | | |
| Follow- up Action / Feedback from Customers (please comments) | |  | | | |
| Complaint Close- Up:  Signed By Head of Certification:  Date/Time: | | | | | |