

## COMPLAINT FORM

Report No : \_\_\_\_\_

Date : \_\_\_\_\_

Name of Complainant : \_\_\_\_\_

IC Number : \_\_\_\_\_

Contact Number : \_\_\_\_\_

Email Address : \_\_\_\_\_

Detail of Complaint : \_\_\_\_\_

Complainant Signature : \_\_\_\_\_

Name :

Date :

### FOR INTERNAL USE ONLY

Investigate by : \_\_\_\_\_

Findings : \_\_\_\_\_

Corrective action

Monitor effectiveness of action taken

Preventive action

Improvement

Prepared by:

Verified by:

Name :

Date :

Name :

Date :