



CQP004  
CQF018

## 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 :