

**DOCUMENT TITLE****COMPLAINTS FORM**

Reference No.: \_\_\_\_\_

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

**PART A: PARTICULARS OF COMPLAINANT**

Name of Complainant:

Address:

E-mail

Tel. No.

Fax No.

Complaint / Registration No.

Details of Complaint (*Attach any necessary documents and further explanations*):

Name:

Signature:

Date:

**Note: Complainants have a right to Appeal against the decision they consider unfavourable.****PART B Section 1: REVIEW OF COMPLAINT** (*to be completed by CPO*)Complaint Accepted Not accepted Major Concern Minor Concern **Disposal Action**

Signature

Date:

**Section 2 Identification of Root Cause of Concern** (*to be completed by CPO/ Leader of TT*)

Name

Signature

Date

**PART C: CORRECTIVE ACTION PROPOSED**

Proposed Completion Date

Name

Signature

Date

**PART D: VERIFICATION** (*to be completed by CPO*)

Corrective Action:

Implemented Not Implemented Closed Open 

Name

Signature

Date

**Note:**

1. Complaint is any dissatisfaction on the part of the customer / client on the inspection process or on the conduct of the inspector.
2. Should you have any complaints about the conduct of the inspection or the inspector, please do not hesitate to bring it to the attention of the District Officer/ Regional Manager.
3. All written complaints should be addressed to the Regional Managers and the District Officers for further processing.