


CUSTOMER COMPLAINT/CORRECTIVE AND PREVENTIVE ACTION FORM
A: Fill by Complainant/Complaint Recipient

Serial No.:/..... (Form No.)/(year)

1. Name :		2. Address:	
3. Tel. No.:	4. Identity Card Number/Passport No:	5. E-mail:	
6. Details of Complaint/Feedback*:			
_____ Signature of Complainant/Complaint Recipient & Date			

B. Action (Office Use)

7. Results of Investigation and Root Cause* :	Date:	Signature of Assigned Personnel :
9. Corrective Action and Date of Completion*:	Informed Date:	Notification to Customer by :
10. Verification of Corrective Action and Report*:		Preventive Action: Yes/No** (*Please (/) tick, if yes please state)
Signature of QM/DQM & Date :		
11. Preventive Action Taken* :	Date:	Signature of Assigned Personnel :
12. Verification of Preventive Action*:	Date:	Signature of QM/DQM :

**Please use extra paper if this space is not enough.*