COMPLAINTS REPORT

Details of Complainant

Name : _____ Tel. No. : _____
Company : _____ Fax No. : _____
Designation : _____ Date : _____

Division Involved (√ whichever applicable. Please fax or email the completed form to the involved division)

☐ Material ☐ Metrology ☐ NDT
☐ Sales & Marketing ☐ Finance & Administration ☐ Quality, Safety & Compliance

Complaints / Comments

Complaint by : _____ Complaint Received by : _____
Date : _____ Date : _____

FOR OFFICE USE ONLY

Investigation (Investigate by the Division Been Complained)

☐ Common Complaint (complaint does not affect the Quality Management System)
☐ Open NCR (not conformance to the Quality Management System) NCR No. : _____

Investigate by : _____ Date : _____

Corrective Action (Action Taken by the Division Been Complained)

Action by : _____ Date : _____

Further Action

☐ Complaints closed-out: Yes / No
☐ Complaint informed to complainant (*whenever necessary*): Yes / No

Reviewed by : _____ Approved by : _____
Date : _____ Date : _____

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