

	<h1>CUSTOMER COMPLAINT FORM</h1>	Form NO: AGF008
		Version No 3
		Issue Date: 18/03/2025

CC No.		Date	
Customer			
Contact name			
Email Address		Tel No.	
Incident Type <input type="checkbox"/> Complaint <input type="checkbox"/> Observation <input type="checkbox"/> Suggestion <input type="checkbox"/> Appeal <input type="checkbox"/> Internal: against _____ <input type="checkbox"/> External against/by certified client Client - _____			

Source

<input type="checkbox"/> Staff Member	
<input type="checkbox"/> Client	
<input type="checkbox"/> Client's customer	
<input type="checkbox"/> Others	

Complaint / Problem/ Appeal Details

Nature of Problem / Complaint / Appeal
Investigation by Scheme Manager
Action taken

Prepared by	Scheme Manager	Approved by	M.D
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Management review / Client Feedback

	Print Name	Signature	Date
Completed By			
Letter Sent To Customer By			
Closed By Quality			

Prepared by	Scheme Manager	Approved by	M.D
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