

	Form No.	AGF008
	Version No.	2
	Controller	SM
	Effective	03/01/2023
	Issued by:	Scheme Manager
Customer Complaints		

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

Management review / Client Feedback

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