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| 1. **CUSTOMER DETAILS**
 |
|  |
| Organization Name |       | Complaint Reported By |       |
|  |
| Physical Address |       | Position |       |
|  |  |  |  |  |
|  |       | Mobile |       |
|  |  |  |  |  |
|  |       | Email |       |
|  |
| Postal Address |  | Website (If applicable) |  |
|  |

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|  |
| 1. **COMPLIMENT/COMPLAINT DETAILS/APPEAL** (For complaints please Specify what happened exactly and attach any necessary documentation, For appeals please cite the compliant number of the appealed matter)
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|       |

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| Received by |       |  | Date |       |

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| ***FOR OFFICE USE ONLY*** |
|  |
| **COMPLAINT RESOLUTION** |
|  |
| Taken Up By |       | Complaint No. |       |
|  |  |  |  |  |
| Corrective Action Required | Yes  | [ ]  | No | [ ]  | Due Date |       |
|  |  |  |  |  |
|       |
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| **FOLLOW UP AND CLOSE OUT** |
|  |
| Approved  | Yes  | [ ]  | No | [ ]  |  |  |
|  |
| Comments |       |
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|  |
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|  |
| Approved By |  | Date of Close Out |  |
|  |