



DOCUMENT TITLE

COMPLAINT FORM

DOCUMENT No.

TIDD-GI-F.23-01

PAGE 1 OF 1

Reference No.....

Date.....

PART A : PARTICULARS OF COMPLAINANT

Name of Complainant:

Address :

E-mail

Tel No.

Fax No.

Complaint/Registration No.

Details of Complaints (Attach any necessary documents and further explanations)

Name:

Signature:

Date:

Note: Complainants have a right to Appeal against the decision they consider unfavorable.

PART B Section 1 : Review of Complaint (to be completed by DO)

Complaint Accepted

Not accepted

Disposal Action:

Forwarded to Complaint Committee

Not

Comments:

Name

Signature

Date

PART C: CORRECTIVE ACTION(S) PROPOSED BY COMPLAINT COMMITTEE

Proposed completion Date :

Name

Signature

Date

PART D: VERIFICATION (to be completed by DO)

Corrective Action:

Implemented

Not Implemented

Closed

Open

Name

Signature

Date

Key:

DO - Director Operations