



**CER/F/10: FORM FOR ENQUIRIES, COMPLIMENTS, COMPLAINTS AND APPEALS**

**Complaint Number** \_\_\_\_\_

**SECTION I: TO BE FILLED BY COMPLAINANT / APPELLANT / ENQUIRER/RECEIVING OFFICER**

**Type of feedback:** tick as appropriate ✓

Enquiry       Compliment       Complaint       Appeal

**Method in which enquiry/complaint/complement/appeal was received:** tick as appropriate ✓

Letter-----      Email\_\_\_\_      Telephone\_\_\_\_\_      Walk-in/visit\_\_\_\_\_

**Name of Complainant, Appellant or Enquirer:**  
.....

<b>Postal address:</b> .....	<b>Tel. No.</b> ..... <b>Email:</b> .....
---------------------------------	--

**Name of Client/affiliate organization (if any):**  
.....

**Enquiry/Complaint/Compliment/Appeal on**

(a) Management System (specify e.g.EMS/QMS/FSMS,etc).....

(b) Personnel Certification (tick) .....

(c) Other (specify).....

**Details (please add extra sheet as necessary):**

.....

**Signature:** .....      **Date:** .....

**FOR OFFICIAL USE ONLY**

**SECTION II: TO BE FILLED BY CB RECEIVING OFFICER**

**Name:**

**Sign:**

**Date:**

<b>Action</b>	<b>Action Date</b>	<b>Action taken by</b>	<b>Remarks</b>	<b>Signature</b>
Complaint received				
Complaint/appeal acknowledged				
Root cause				
Correction (as applicable)				
Corrective action taken				
Feedback to complainant/appellant (close-out)				
Evaluation of effectiveness of Corrective actions by M.R				