

COMPLAINT FORM

REPORT NO: _____

DATE: _____

COMPLAINT RAISED BY: _____

SUBJECT :

DETAILS OF COMPLIANT:

INVESTIGATION & FINDINGS:

CORRECTIVE ACTION TO BE TAKEN / PREVENTIVE ACTION / RECOMMENDATIONS

PERSON RESPONSIBLE: _____

TIME SCALE :

SIGNATURE: _____

DATE: _____

FOLLOW UP AUDIT:

CORRECTIVE ACTION COMPLETED AND VERIFIED:- _____ COMPLETED ON: _____

SUPPORTING DOCUMENT (If applicable):- YES / NO

CLOSE OUT ACCEPTED:- YES / NO

ASSESSOR:- _____

DATE:- ____/____/____

APPROVED BY:- _____

DATE:- ____/____/____