



CLIENT COMPLAINT FORM

| FOR IQAS USE ONLY | |
|----------------------------|--|
| Validity of Complaint: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Remarks: | |
| Evaluated by: | |
| Name: | |
| Designation: | |
| Date: | |
| INVESTIGATION OF COMPLAINT | |
| Investigation Remark: - | |
| Critical: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Investigate by: | |
| Name: | |
| Designation: | |
| Date: | |
| IMMEDIATE REMEDIAL ACTION | |
| Investigation Remark: | |
| Prepared by: | |
| Name: | |
| Designation: | |
| Date: | |