

Date/Time Complaint Received:			Ref:
Name of Complainant			
Email		Contact No	
Nature of Complaint:		·	·
Complaint Received (Name, Initial & Date) Initial Action and Investigation Carried Out By Assigned Personnel			
Initial Action and Investigat	Ion Carried Out by Assigned Personnel		
Carried Out by (Name, Initi	al & Date)		
Corrective Actions Taken:			
Corrective Actions are taken by (Name, Initial & Date)			
Complaint Closure:			
Closed			
Need to escalate to	o Chairman, CC		
Head of Certification (Name, Initial & Date)			