

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