**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/compliment/appeal was received**: tick as appropriate  
- [ ] Letter  
- [ ] Email  
- [ ] Telephone  
- [ ] Walk-in/visit

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

**Postal address**: …………………………………………………………………………

**Tel. No.** …………………………………………………………………………

**Email**: …………………………………………………………………………

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