



<b>Complaint Ref No.</b>	
<b>Date of Complaint</b>	
<b>Time</b>	
<b>Received By</b>	
<b>Mode of Receipt</b>	<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> In person <input type="checkbox"/> Other: .....
<b>Raised By (Name)</b>	
<b>Status</b>	<input type="checkbox"/> Client <input type="checkbox"/> Interested Party <input type="checkbox"/> Other: .....
<b>Summary of Complaint:</b>	
<b>Nature of Complaint</b>	<input type="checkbox"/> Serious <input type="checkbox"/> Major <input type="checkbox"/> Minor
<b>Has the complaint been validated?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Validated By / Basis</b>	
<b>Report by Halal Certification Personnel:</b>	
<b>Immediate Action Taken:</b>	
<b>Outcome at Client End:</b>	
<b>Proposed Corrective / Preventive Action</b>	
<b>Client / Initiator Informed via</b>	<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Letter Date: .....
<b>Analysed By</b>	
<b>Closed By</b>	
<b>Authorised by (Management Representative / Top Management)</b>	
<b>Signature / Date</b>	