

CUSTOMER COMPLAINT FORM

CREAM CERTIFICATION SERVICES Construction Research Institute of Malaysia Level 29, Sunway Putra Tower No. 100, Jalan Putra 50350 Kuala Lumpur T: +603 – 2779 1479 | F: +603 - 2779 1474

> Issue 1, 1 December 2020 (Rev 1, 22 August 2022)

SECTION 1: DETAILS OF COMPLAINANT

Name/Organisation:					
Address:					
Phone No.:	Fax No.:	E-Mail:			
Details of the person acting on behalf of complainant (if applicable)					
Person to be contacted (if different from above)					

SECTION 2: BACKGROUND OF COMPLAINT

Ref. No. (If any):

Issue/Complaint (Complainant may include any necessary supporting document for resolution purposes):

(Complainant Signature)
Name:
Designation:
Date:

FOR OFFICE USE ONLY						
The validity of Complaint	🗆 🗆 Ye	s 🗆 No				
Remarks:						
Evaluated by:						
Name:						
Designation:						
Date:						
INVESTIGATION OF COMPLAINT						
Investigation Remark:						
Critical: 🛛 Yes	□ No					
Investigate by:						
Name:						
Decignation:						

CCS/HCC/F01



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IMMEDIATE REMEDIAL ACTION

Investigation Remark:

Prepared by:

Name: Designation: Date: