



CUSTOMER COMPLAINT FORM

CCS/HCC/F01

CREAM CERTIFICATION SERVICES
Construction Research Institute of Malaysia
Makmal Kerja Raya Malaysia
Lot 8, Seksyen 91, Jalan Chan Sow Lin
55200 Kuala Lumpur
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Issue 1, 1 December 2020
(Rev.2, 16 February 2024)

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

Service/Project Name:

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: Yes No

Remarks:

Evaluated by:

Name:

Designation:

Date:

INVESTIGATION OF COMPLAINT

Investigation Remark:

Critical: Yes No

Investigate by:

Name:

Designation:

Date:

	<p align="center">CUSTOMER COMPLAINT FORM</p>	CCS/HCC/F01
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IMMEDIATE REMEDIAL ACTION	
Investigation Remark:	
Prepared by:	
Name:	
Designation:	
Date:	