

Complaint Form

No.

Part 1 A. Details of Complaint

Complaints from External Customer Internal Customer MWA Officer

Name..... Title.....

Address/Department.....

Telephone..... Fax..... Date of Complaint.....

Complaint.....

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Signature.....

Designation.....

Date.....

B. Quality Manager

Complaint forwarded to.....for further corrective acti

Date.....

Part 2 Corrective Action

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Signature.....

Designation.....

Date.....

Part 3 Completion

The quality manager acknowledges the completion and officially informs the compliants.

Formal note No..... Date.....

Assessment of the corrective action

Complete

Not complete. Consider root course and take corrective action in CAR No.

Signature.....

Designation.....

Date.....