

COMPLAINTS/APEALS REPORT

1. Client Details (to be completed by the client)

Company Name			
Company Address			
Email		Mobile No.	
Phone		Fax	
Name of complainant/appeal		Signature of complainant/ appellant	

2. Complaint/Appeal Details (to be completed by the client)

Scheme	<input type="checkbox"/> Internal MS <input type="checkbox"/> Inspection	<input type="checkbox"/> System Certification <input type="checkbox"/> Halal Certification	<input type="checkbox"/> Product Certification	Date of Complaint/Appeal	
Nature of Complaint/Appeal (Full details please)					

3. Complaints/Appeal Mitigation and Action (to be completed by CCS)

Analysis	Complaints from	<input type="checkbox"/> Authorities <input type="checkbox"/> Certified Client <input type="checkbox"/> Other specify:
	Complaints to	<input type="checkbox"/> CCS <input type="checkbox"/> Certified Client of CCS, state company name, below:
Correction/ Corrective Action(s)		
Status		

4. Confirmation (to be completed by CCS)

Received by	Resolved by	Approved by
Name, Signature & Date	Name, Signature & Date	Name, Signature & Date