

HNCA

(Company No.: 650668-A)

COMPLAINT HANDLING FORM

COMPLAINT HANDLING PARTICULARS

Complaint No.	
Name	
Address	
Tel. No.	
E-mail	
Details	<p><i>(attach additional sheet(s) if necessary)</i></p>
Recipient's Name	
(Signature & Date)	

Name of personnel	
Licence no.	
Investigator	
Date	
1. Investigation/validation finding(s): <i>(attach additional sheet(s) if necessary)</i>	
2. From the above, findings are found to be:	
<input type="checkbox"/>	Valid
<input type="checkbox"/>	Not valid
3. (.....section to fill in)	
Non-conforming report issued:	<input type="checkbox"/> Yes
	NCR no.: _____
	<input type="checkbox"/> No
Please state reason:	

Need different corrective action / preventive action

Reason: _____

Closed out

Review / Comments by COO

Name:

(Signature & Date)