

	<b>INSTITUTE OF TROPICAL FORESTRY AND FOREST PRODUCTS (INTROP)</b>		
	<b>CUSTOMER COMPLAINT/ CORRECTIVE AND PREVENTIVE FORM</b>	<b>F4</b>	Page : 1 of 1
			Revision No. : 00
			Issue No. : 01
Effective Date : 12 June 2013			

<b>A: Fill by Complainant/Complaint Recipient</b>		Serial No.: ...../..... (Form No.)/(year)
1. Name :	2. Address :	
3. Tel. No. :	4. Identity Card Number/Passport No:	5. E-mail :
6. Details of Complaint/Feedback*:		
<hr style="width: 20%; margin-left: auto;"/> Signature of Complainant/Complaint Recipient & Date		
<b>B. Action (Office Use)</b>		
7. Results of Investigation and Root Cause* :	Date :	Signature of Assigned Personnel :
9. Corrective Action and Date of Completion* :	Informed Date :	Notification to Customer by :
10. Verification of Corrective Action and Report*:		Preventive Action: Yes/No** (*Please (/) tick, if yes please state)
Signature of QM/DQM & Date :		
11. Preventive Action Taken* :	Date:	Signature of Assigned Personnel :
12. Verification of Preventive Action*:	Date:	Signature of QM/DQM :

*\*Please use extra paper if this space is not enough.*