

Complaint Proforma

Division/Department:		Date:	Ref:
Project:		Job No.:	
COMPLAINANT			
Name:		Address:	
Tel:			
Fax:			
COMPLAINT INVESTIGATION			
Item	Description (cause of impact, type of impact and location, etc.)		
CORRECTIVE & PREVENTIVE ACTION(S)			
Action #	Proposed Action to be taken	To be completed by/on	
Prepared by:			
Name:		Signature:	Date:
FOLLOW UP ACTION(S)			
Confirmed by:			
Name:		Signature:	Date:
ATTACHMENTS:			