

## Complaints Handling Records

### General information

Please fill in the information (Please add N/A if not applicable)

Client ID	
Name of Organization	
Address:	
Email:	
Contact Person:	
Date of Evaluation:	
Telephone:	
Date of Application:	
Date of Certification:	

Type of Certification	<input type="checkbox"/> Process <input type="checkbox"/> Product <input type="checkbox"/> Service
Sector (Product/ Group)	<input type="checkbox"/> Electrical <input type="checkbox"/> Food <input type="checkbox"/> Halal <input type="checkbox"/> Chemical
Scope of Certification	<input type="checkbox"/> Cosmetics <input type="checkbox"/> Children Toys <input type="checkbox"/> Food Contact Material <input type="checkbox"/> Halal Food <input type="checkbox"/> Halal Cosmetics <input type="checkbox"/> Halal Slaughtering Houses <input type="checkbox"/> Pesticides <input type="checkbox"/> Organic Foods <input type="checkbox"/> Electrical Appliances <input type="checkbox"/> Others, please specify _____

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**COMPLAINT INFORMATION**

Complaint Date:

Complaint taken by:

Complaint Details:

Customer Signature



**For WCC Quality Certification Body use only:**

<b>Identify cause of complaint:</b>	
<b>Corrective Action taken</b> <b>(If needed):</b>	
<b>Personnel in-charge to Follow-up with Clients:</b>	
<b>Client Feedback after follow-up</b>	
<b>Reviewed by (with Remarks)</b>	
<b>Position &amp; Signature</b>	
<b>Approved by (with Remarks)</b>	
<b>Position &amp; Signature</b>	

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