

Accreditation unit

Complaint Registration Form

Complaints Reference No.	
---------------------------------	--

Complaints Description:

This part is to be filled by the quality officer

Details of the complainant:

Name:	
Organization	
Tel:	
Fax:	
Email:	
Postal Address:	

This part is to be filled by the complainant, unless the complaint is received over the telephone then it will also be filled by the quality officer

Analysis Results of Complaints, including activities related to complaint and employees affected:

Conclusions:

Corrective Actions needed (*please tick as appropriate*)

Yes

No

If yes:

#	Corrective Action	Responsible Person	Target Date

Notice to Complainant:

Date Sent: _____ Sent via: _____ Approval of AU Director: _____

Copy to (*please tick as appropriate*):

- In Charge of Sub-unit
- Complaint File
- AU Director