

Title: Verbal Complaint Form

Access	Communication	Environment	Finance
<input type="checkbox"/> <i>Non-conformance with ISO 18788:2015</i>	<input type="checkbox"/> <i>Personal interaction</i>	<input type="checkbox"/> <i>Violation of law and human rights</i>	<input type="checkbox"/> <i>Threat to life</i>
<input type="checkbox"/> <i>Rights Protection</i>	<input type="checkbox"/> <i>Personal Threats</i>	<input type="checkbox"/> <i>Not in conformance as specified by client</i>	<input type="checkbox"/> <i>Insurance</i>
<input type="checkbox"/> <i>Prompt Response to in-coming communication</i>	<input type="checkbox"/> <i>Personal Information</i>	<input type="checkbox"/> <i>Staff Attitude</i>	<input type="checkbox"/> <i>Delays</i>
<input type="checkbox"/> <i>Any other, please specify</i>			

Date of Complaint:

Complainant Details:			
Type:	<input type="checkbox"/> Internal/External Stakeholders	<input type="checkbox"/> Members of the Public	<input type="checkbox"/> Suppliers <input type="checkbox"/> Other
Name:		MR Tracking No.	
Address:		Phone No.	

Description of details of complainant ⁱ



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Description of the Complaint: (Should be written by the staff)			
Satisfied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Status of the Complaint			
	<input type="checkbox"/> Closed	<input type="checkbox"/> Open	

MR Signature:

Date:

ⁱ If the complainant choose to file complaint anonymously, then don't ask or force for the details



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