Document Code : F319/02

Customer Complaint Appeal

No.	Type of Complaint Appeal	Date	Name of Complaining Co.	Name of Complaining Authority + his/her Position	Direct contact Tel. no.	Received by	Complaint Description	Related Manager's view	QA Expert	Mgmt. Rep's Conclusion	Effectiveness Review by Top Mgmt.	Feedback to Complainant
1	☐Written ☐Oral to any CSP Personnel							☐Unacceptable ☐Needs more ☐consideration Needs urgent action Comments:	☐Repeated Complaint: No. of repetition Referents: ☐ New	☐Close out ☐C/PAR raising: No. of raised C/PAR:	☐Yes ☐No Comments:	☐Written: Date of forwarding: ☐Non-Written by: Date: Comments:
2	☐Written ☐Oral to any CSP Personnel							☐Unacceptable ☐Needs more ☐consideration Needs urgent action Comments:	☐Repeated Complaint: No. of repetition Referents: ☐ New	☐Close out ☐C/PAR raising: No. of raised C/PAR:	☐Yes ☐No Comments:	☐Written: Date of forwarding: ☐Non-Written by: Date: Comments:
3	☐Written ☐Oral to any CSP Personnel							☐Unacceptable ☐Needs more ☐consideration Needs urgent action Comments:	☐Repeated Complaint: No. of repetition Referents: ☐ New	☐Close out ☐C/PAR raising: No. of raised C/PAR:	☐Yes ☐No Comments:	☐Written: Date of forwarding: ☐Non-Written by: Date: Comments: