



**INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
(COMPLAINT/SUGGESTION FORM)**

LOCATION : Gombak

DATE :

1. COMPLAINT SUGGESTION

2. SUBJECT :

3. DESCRIPTION :

Name : _____ Matric No./Staff No. : _____
Address : _____
Tel. No. : _____ E-Mail : _____

FOR OFFICE USE ONLY :

Received By : _____ Date Received : _____

Investigation Done (*Identify the genuineness of the complaint*) :

Root Cause of the Problem :

Corrective Action Taken:

1) Immediate Action & Completion Date

2) Long-Term Action & Completion Date

Verified By :