

**OFFICE OF HEALTH & WELLNESS CENTRE**

Ground Floor, Education Building, IIUM, Jalan Gombak

Tel: 03-6196 4444/5817

Fax: 03-6196 4840

CUSTOMER COMPLAINT / SUGGESTION FORM

We welcome your constructive comments and suggestion for our centre.

Name : _____

Matric / Staff No. : _____

Kulliyah / Department : _____

Contact No. / Email Address : _____

Date of occurrence / Time : _____

Details of complaint / suggestion : _____

1. _____

2. _____

(Signature)_____
(Date)

Thank You

For official use : **Action Taken**Received By : _____ Date Received: _____
(Name): _____
(Signature)Type of Complaint : Constructive complaint/ Suggestion ComplimentsMethods of complaint : Verbal Written Form**NOTE: ANONYMOUS COMPLAINT WILL NOT BE ENTERTAINED**

Details of investigation (including the root cause of problem):

Forward to the Chief Medical Officer

Comments by the Chief Medical Officer:

Unit Affected:

Counter Doctors X-Ray Laboratory Dental
 Pharmacy Administrative Office Others

Signature : _____

Date : _____

Forward to Customer Relation Officer

Comments by the Chief Medical Officer:

Signature : _____

Date : _____

Corrective Action:
