



**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  Compliments

Methods of complaint :  Verbal  Written  Form

**NOTE: ANONYMOUS COMPLAINT WILL NOT BE ENTERTAINED**

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

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Forward to the Chief Medical Officer

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Comments by the Chief Medical Officer:

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Unit Affected:

Counter  Doctors  X-Ray  Laboratory  Dental

Pharmacy  Administrative Office  Others

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

Forward to Customer Relation Officer

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Comments by the Chief Medical Officer:

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Signature : \_\_\_\_\_

Date : \_\_\_\_\_

Corrective Action:

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