**Ref: QTC-F-7.5.2-XX**

Please fill in the information *(Please add* ***N/A*** *if not applicable)*

|  |  |
| --- | --- |
| Client ID: |  |
| Name of Organization:  |  |
| Address:  |  |
| Email: |  | Telephone:  |  |
| Contact Person: |  | Date of Application: |  |
| Date of Evaluation: |  | Date of Certification: |  |

**Case Details:**

|  |  |
| --- | --- |
| **Request Type:**  | **[ ]  Complain [ ]  Appeal** |

|  |
| --- |
| **Complaint Information/Appeal Information:** |
| Complaint/Appeal Date: | Complaint/Appeal taken by: |
| Complaint/Appeal Details: |

**For QTC use only:**

|  |  |
| --- | --- |
| **Identify cause of complaint:** |  |
| **Corrective Action taken (If needed):** |  |
| **Personnel in-charge to Follow-up with Clients:** |  |
| **Client Feedback after follow-up:** |  |
| **Reviewed by (with Remarks)** |  |
| **Position& Signature** |  |
| **Approved by (with Remarks)** |  |
| **Position& Signature** |  |