

Appeal/Complaint No. \_\_\_\_\_ Date: \_\_\_\_\_

Department/Organization Initiator: \_\_\_\_\_

Name of Initiator: \_\_\_\_\_

Type of Complaint/Appeal (External/Internal): \_\_\_\_\_

Detail of Appeal: \_\_\_\_\_

\_\_\_\_\_

Signature of Initiator: \_\_\_\_\_

Is Complaint/Appeal related to Halal? (Yes/No) \_\_\_\_\_

If Yes, Explain what type of Complaint/Appeal? \_\_\_\_\_

\_\_\_\_\_

Complaint forwarded to Quality Manager (Yes/No) \_\_\_\_\_

Name of Quality Manager: \_\_\_\_\_

Reason of Appeal: \_\_\_\_\_

\_\_\_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What Preventive measures will be taken? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of concerned authority: \_\_\_\_\_

Is Complaint/Appeal Closed? (Yes/No) \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

**UHMS-PK-FRM-3035 REVISIONS**

| <b>Revision No</b> | <b>Revision Date</b> | <b>Amendment</b> |
|--------------------|----------------------|------------------|
| 00                 | ??..??..???          | First issue      |