

## COMPLAINT FORM

COMPLAINT BY		
Full Name (Mr, Ms, Mrs, etc.):		
Address :	NRIC / Passport No. :	
	Contact No. :	
	Email :	
Report Date	Incident Date:	Incident Time:
Please be specific and describe what happen		

I declare that all the information given above is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY	
Co-worker attending :	Date :
Action taken by co-worker:	
Refer this complaint to (Department & Name):	
Date of action:	