**No: GCIQCS-REC-17-XX**

**Date: DD-MM-YY**

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**:

|  |  |
| --- | --- |
| **Type of Certification** | Product  Other (if any) |
| **Sector (Product/ Group)** | Chemical  Halal Products  Food/ Cosmetics  Electrical |
| **Scope of Certification** | Cosmetics  Detergents  Perfumes  Tobacco (Cigarettes, Moassel, Dokha)  Children Toys  Oxo-Biodegradation of Plastic Bags and Other disposable plastic object.  Petroleum (Diesel, Lubricant Oils)  Retreaded Tires  Liquefied Petroleum Gas Cylinder (LPG)  Food Contact Material  Halal Food  Halal Cosmetics  Halal Slaughtering Houses  Paint  Pesticides  Organic Foods  Energy Drinks  Water  Electrical & Gas Appliances  Others, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| **Complaint Information** | |
| Complaint Date: | Name of Complainant & Designation: |
| Complaint Details: | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Customer Signature:** | |

**For GCIQCS Quality Certification Body 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** |  |