**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** |  |