**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** | Full Quality Assurance  Product  Type 1-a scheme  Type 3 scheme |
| **Sector (Product/ Group)** | Chemical  CIvil  Electrical  Mechanical  Other (please specify) |
| **Scope of Certification** | Detergents  Lubricating Oils  Paints  Textile  Footwear  Leather  FCM  Packaging material  Adhesives  Paper  Jewellery and accessories  Doors, Windows, and Accessories  Auto Spare Parts  Personal Protective Equipment  Portable and oriented machines  Electric Self-Balancing Boards  RoHS  Batteries  Telecommunication  Amusement Parks Games and Devices  Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| **Complaint Information** | |
| Complaint Date: | Complaint taken by: |
| 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** |  |