**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** |  |