	CUSTOMER COMPLAINT FORM	Effective Date: 13 June 2026	
		Document Code: IMS-CFCS-F01	
		Rev. #.00	Ref #:

Project Detail :	Job No.
Customer Name:	Contact No:
Complaint:	
Date:	Action Taken by:
Corrective Action	

Verified by
(Management Representative)

Approved By
(Projects Manager)