

INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
(COMPLAINT/SUGGESTION/INQUIRY FORM)

LOCATION :

DATE :

1. COMPLAINT SUGGESTION INQUIRY

2. SUBJECT :

3. DESCRIPTION :

Name : _____ Matric No./Staff No. : _____
 Address : _____
 Tel. No. : _____ E-Mail : _____

FOR OFFICE USE ONLY :

Received By : _____ Date Received : _____

Investigation Done (Identify the genuineness of the complaint) :

Root Cause of the Problem :

In progress

Corrective Action Taken:

1) Immediate Action & Completion Date

2) Long-Term Action & Completion Date

Verified By :