

THE COMPLAINTS REPORT

Activity ID:

Filling Date: Complainant Company: Address:

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Dear Valued Interested Party,

Greetings of peace.

Expressing our sincerest aim of fulfilling at the highest degree your needs and expectations whilst understanding that there are always room for continual improvements. We are equally happy for calling our attention and apologetic should there be any inconvenience our team, our service and our interest have caused. Our ethos, every "problem" is an "opportunity" to find solution and improvement. At highest regard, were encouraging you to have the complaint be documented herein and submit to us by email at: info@ipscertification.com, including the supporting evidences for validation and further actions as necessary. We shall keep you posted for the progress and status, rest assured. In addition, kindly refer to www.ipscertication.com for the Complaints Process for reference.

I. Complaints Details

| Details of Complaint | |
|--|--|
| State the name if there's any involvement of IPS Personnel | |
| Supporting Documents Description | |

II. Client Confirmation

The undersigned, I, on behalf of the company confirms the following:

• A consent is granted to IPS, to its appointed Investigator or appointed representative to access, review and use as reference for the investigation process;

The complaint is raised based on actual, correct and complete facts; and
The evidences provided are true and legit.

| Authorized Representative Name | | |
|--------------------------------|-----------|--|
| Designation | Mobile | |
| Email | Landline | |
| Date Completed | Signature | |
| Remarks | | |

III. Validation Details

| Complaints Source | |
|------------------------------|--|
| Complaints Content Relevance | |
| Validation Remarks | |

IV. Action Plan Details

| Proposed Actions/Corrective Action Reference ID: | Issue Date | Issue By | Remarks |
|---|------------|----------|---------|
| | | | |
| | | | |

V. Actions Initiated

| Proposed Actions/Corrective Action Reference ID & Issue Date: | |
|--|--|
| Implemented By: | |
| Client Communication: | |
| Client Acceptance: | |
| Remarks: | |

VI. IPS Review

| Name | ۰ ۲ |
|----------------|-----------|
| Date Completed | Signature |
| Remarks | |