



Complaints Handling Records

Client Details:

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:	

2. Case Details:

Type of Certification	<input type="checkbox"/> Facility <input type="checkbox"/> Product
Sector (Product/ Group)	<input type="checkbox"/> Chemical <input type="checkbox"/> Halal Products <input type="checkbox"/> Food <input type="checkbox"/> Electrical
Scope of Certification	<input type="checkbox"/> Cosmetics <input type="checkbox"/> Detergents <input type="checkbox"/> Perfumes <input type="checkbox"/> Tobacco (Cigarettes, Moassel, Dokha) <input type="checkbox"/> Children Toys <input type="checkbox"/> Oxo-Biodegradation of Plastic Bags and Other disposable plastic object. <input type="checkbox"/> Petroleum (Diesel, Lubricant Oils) <input type="checkbox"/> Retreaded Tires <input type="checkbox"/> Liquefied Petroleum Gas Cylinder (LPG) <input type="checkbox"/> Food Contact Material <input type="checkbox"/> Halal Food <input type="checkbox"/> Halal Cosmetics <input type="checkbox"/> Halal Slaughtering Houses <input type="checkbox"/> Paint <input type="checkbox"/> Pesticides <input type="checkbox"/> Organic Foods <input type="checkbox"/> Energy Drinks



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- | |
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| <input type="checkbox"/> Water
<input type="checkbox"/> Electrical & Gas Appliances |
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COMPLAINT INFORMATION

Complaint Date:

Complaint taken by:

Complaint Details:

Customer Signature



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For RACS 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	