**No:** RACS/REC/17/XX

**Date:** dd/mm/yy

**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: |  |

**Case Details**:

|  |  |
| --- | --- |
| Type of Certification |  ☐Facility ☐ Product |
| Sector (Product/ Group) |  ☐ Chemical ☐ Halal Products ☐ Food ☐ Electrical |
| Scope of Certification |  ☐ Cosmetics ☐ Detergents ☐ Perfumes ☐ Tobacco (Cigarettes, Moassel, Dokha) ☐ Children Toys ☐ Oxo-Biodegradation of Plastic Bags and Other disposable plastic object. ☐ Petroleum (Diesel, Lubricant Oils) ☐ Retreaded Tires ☐ Liquefied Petroleum Gas Cylinder (LPG) ☐ Food Contact Material ☐ Halal Food ☐ Halal Cosmetics ☐ Halal Slaughtering Houses ☐ Paint ☐ Pesticides ☐ Organic Foods ☐ Energy Drinks ☐ Water ☐ Electrical & Gas Appliances ☐ Others, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **COMPLAINT INFORMATION** |
| Complaint Date: | Complaint taken by: |
| Complaint Details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Customer Signature |

**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** |  |