



Complaint Number: C _____
Nonconforming Work No: NCW _____
Complaint/NCW received by: Name: _____ Date: _____

**INSTITUTE OF HIGH VOLTAGE & HIGH CURRENT
FACULTY OF ELECTRICAL ENGINEERING
UNIVERSITI TEKNOLOGI MALAYSIA
81310 SKUDAI JOHOR**

COMPLAINT / NON CONFORMING WORK (NCW) FORM

COMPLAINANT/NCW REPORTER : _____

COMPANY NAME AND ADDRESS : _____

COMPLAINT/NCW REPORT

MATTER OF COMPLAINT : _____
(Specify date, time, place,
person involved, equipment, etc.)

SUGGESTIONS (IF ANY) : _____

SIGNATURE

DATE:

FOR OFFICE USE ONLY

ACTION : a) Called for complaint/NCW review meeting Date of meeting: _____

b) Issued complaint receipt to complainant Letter Ref. No. _____

INVESTIGATOR : _____ DUE DATE : _____

INVESTIGATION REPORT (QF-IVAT-09) Received : Date Received: _____

REPORT NO : CI _____ (e.g CI2004/01)
(Attach report)

CORRECTIVE ACTION :

PERSON RESPONSIBLE : _____

Complaint/NCW:

ACTION TO BE TAKEN : Resumption of calibration work
 Recalibration
 Amendment to calibration certificate
 Equipment handling
 Work Ethics of IVAT's staff
 Others (Please specify)

} _____
Director
Date:

(please use extra pages if necessary)

NCW Classification:

Major
Please specify: _____

Minor
Please specify: _____

Immediate action required:

DUE DATE : _____

TO BE COMPLETED BY PERSON RESPONSIBLE UPON COMPLETION OF CORRECTIVE ACTION

ACTION TAKEN : _____

(Attach proof) (Please use extra pages if necessary)

DATE OF COMPLETION : _____

SIGNATURE : _____

DATE: : _____

COMPLAINT/NONCONFORMING WORK RESOLUTION

SATISFACTORY : Yes No

CLIENT/COMPLAINANT
INFORMED Yes No

FURTHER PREVENTIVE ACTION
NEEDED Yes No

Please specify: _____

SIGNATURE : _____
DIRECTOR

DATE: