Reference no.

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| **Part 1: Fill out the details by recipient** | |
| Recipient: ……………………………………….. | |
| Date Received: ………………………………… | |
| Receiving of [🞎 Complaints 🞎 Disputes] by [🞎 Verbal 🞎Telephone 🞎 Document (as attachment)] | |
| Information regarding the complainant/disputant | |
| Name: ………………………………………………………………………………………………………………………………………………….. | |
| Company: …………………………………………………………………………………………………………………………………………….. | |
| Address: ……………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………… | |
| Tel. ……………………………………………………………………. | Fax ……………………………………………………………………… |
| **Complaint/Dispute Details**  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | |
| **Part 2: Fill out the details by Quality Manager/ Assistant Quality Manager** | |
| Notify to……………………………………………….to investigate preliminary cause, gather information and provide comments.  Sign…………………………………..……….Date……………………….. | |
| **Part 3.1: Fill out the details by assigned person** | |
| Submit to the President of MASCI through Senior Vice President through Quality Manager/ Assistant Quality Manager.  Please consider the preliminary cause and information and comment as below:  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  Sign…………………………………..……….Date……………………….. | |
| **Part 3.2: Fill out the details by President of MASCI** | |
| Notify to Quality Manager/Assistant Quality Manager  🞎 Identified as a non-complaint, the action shall be taken as below (then go to part 7)  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  🞎 Identified as a complaint against the internal personnel, and assign ……………………………..… to be the responsible person  🞎 Identified as a complaint against the external personnel, and assign ………….………to be the responsible person  Sign…………………………………..……….Date……………………….. | |
| **Part 4: Fill out the details by Quality Manager/Assistant Quality Manager/VVS1 Officer** | |
| Notify the process to the complainant by [🞎 Telephone 🞎 Document (as attachment)]  Sign…………………………………..……….Date……………………….. | |
| **Part 5.1: Fill out the details by responsible person** | |
| Submit to Quality Manager/ Assistant Quality Manager  Please consider as below:  [Cause investigation] ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  [Corrective action & Time line] ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  [Preventive action & Time line] ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  Sign…………………………………..……….Date……………………….. | |
| **Part 5.2: Fill out the details by Quality Manager/ Assistant Quality Manager** | |
| Submit to the President of MASCI through Senior Vice President  🞎 The proposed corrective and preventive action is accepted, and assign ………….……….…… to follow up the action result.  🞎 The proposed corrective and preventive action is not accepted, because……………………………………………………………………………………………………………………………………..…………..………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..…  Sign…………………………………..……….Date……………………….. | |
| **Part 5.3: Fill out the details by President of MASCI** | |
| Notify to Quality Manager/Assistant Quality Manager  🞎 The proposed corrective and preventive action is approved  🞎 The proposed corrective and preventive action is not approved, because…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  Sign…………………………………..……….Date……………………….. | |
| **Part 6.1: Fill out the details by assigned person** | |
| Submit to Quality Manager/Assistant Quality Manager  The corrective and preventive action 🞎 Effective 🞎 Not effective  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  Sign…………………………………..……….Date……………………….. | |
| **Part 6.2: Fill out the details by Quality Manager/ Assistant Quality Manager** | |
| Submit to the President through Senior Vice President  Please consider the corrective and preventive action result  Sign…………………………………..……….Date……………………….. | |
| **Part 6.3: Fill out the details by President of MASCI** | |
| Notify to Quality Manager/ Assistant Quality Manager  🞎 The corrective and preventive action is approved  Please close out the complaints case after notify the result of actions to the complainant  🞎 The corrective and preventive action is not approved, because…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  The action shall be taken as below  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  Sign…………………………………..……….Date……………………….. | |
| **Part 7: Fill out the details by Quality Manager/ Assistant Quality Manager/VVS1 Officer** | |
| Inform the result of actions to the complainant by [🞎Telephone 🞎 Document (as attachment)]  Complaints  🞎 Close out 🞎 Not close out  Sign…………………………………..……….Date……………………….. | |

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| **History of Revision** | | |
| **Revision** | **Effective Date** | **Nature of revision** |
| 0 | 23 December 2019 | Initial adoption |