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 personSign…………………………………..……….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 resultSign…………………………………..……….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 approvedPlease 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 outSign…………………………………..……….Date……………………….. |

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