

COMPLAINT FORM

A. COMPLAINT INFORMATION *(To be filled by the complainer)*

1. Name of Complainer : _____
2. Date of Complaint : _____
3. Category of Complaint : ☐ Asset/ Equipment
☐ Laboratory
☐ Others: _____
4. Location : _____
5. Detail of Complaint :
 - If the complaint is under category Asset/Equipment, please state the details such as name, model, brand and barcode nu of asset/equipment, last user and date of damaged/broken.

B. ACTION *(for the maintenance unit)*

1. Review : _____

2. Examined by : (Name) _____
3. Signature & Stamp : _____ Date : _____