

	Document title:	Complaints and Appeals Form
	Doc Ref:	PCAS-PF-06-01

Complaints / Appeals Form	
Complaint/ Appeals Serial number:	Date:
Received by:	
Customer Name:	
Contact Person name:	
Description of Complaints/Appeals:	
Result of the investigation: <i>(Assigned Person)</i>	
Corrective Action Taken:	
Responsible Department: _____ Name: _____	
Signature: _____	
Due Date to close the corrective Action: _____	
Future Action and inform customer:	
QHSE Manager / Deputy : _____ Date: _____	
Verification of the corrective action:	
QHSE Manager / Deputy : _____ Date: _____	
Closed by:	
Name: _____	
Title: _____	
Date: _____	

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