

COMPLAINT RECORD

Project		Complaint No.
Complaint Source	<input type="checkbox"/> Client <input type="checkbox"/> Stakeholder <input type="checkbox"/> Reg. Authority <input type="checkbox"/> Public <input type="checkbox"/> Sub/Supplier	
Complainant's Name		
Address		
Contact Details	Ph:	Mob:
Received By	By: Date: / / Time: am / pm	
Nature of Complaint		
Initial Response to Complainant	By: Date: / / Time: am / pm	
Investigation		
Proposed Corrective or Preventive Action		
Action Approved (if significant)	By: Date: / / Project Manager	
Follow Up Response to Complainant	By: Date: / / Time: am / pm	
Attachments	(Incident report, sketch/drawing, notes of meetings etc)	
Closed Out	By: Date: / /	

Copy to: (as applicable)

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|--|---|---|--------------------------|
| <input type="checkbox"/> Project Complaints File | <input type="checkbox"/> Safety Rep. | <input type="checkbox"/> Client's Rep. | <input type="checkbox"/> |
| <input type="checkbox"/> Project Manager | <input type="checkbox"/> Quality Rep. | <input type="checkbox"/> Reg. Authority | <input type="checkbox"/> |
| <input type="checkbox"/> Operations Manager (HO) | <input type="checkbox"/> Environmental Rep. | <input type="checkbox"/> | <input type="checkbox"/> |