

COMPLAINTS AND APPEALS

MCI-QC-047
Ver 01 Rev 00
01.12.2018
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Date of Filling			
Complaint/Appeal Details			
Date Received			
Client			
Address			
Contact No.			
Service(s) Availed			
Description of Complaint/ Nature of Appeal			
Accountable Department			
Responsible Person		Signature	
Investigation Details			
Date Started			
Evidences Gathered			
Remarks and Conclusion			
Date of Closure with Client		Verified by	