

CUSTOMER COMPLAINT / CLAIM



CORRECTIVE/ PREVENTIVE ACTION REQUEST PERMINTAAN TINDAKAN KOREKTIF/PENCEGAHAN

AND-SMR-F-14 (Rev.0)

Division/ Department : Report No. :
Reported by : Date :
Issued to :

Completed by Reporter	Non-Conformity/Deviation/Problem : Issued by: Division/Dept. Head:
Completed by Related Function	Cause Analysis & Corrective/Preventive Action (Proposal): Completion Date: PIC: Prepared by: Reviewed by: Approved by:
Completed by Reporter	Verification Corrective Action Proposal: <input type="checkbox"/> Accepted <input type="checkbox"/> Not accepted Verified by : Verification Result : <input type="checkbox"/> Closed <input type="checkbox"/> Not closed Explanation Verified by :

Note : to persons who involved in this activity please give a signature and date