

**SULTAN AHMAD SHAH MEDICAL CENTRE @IIUM
SHARIAH COMPLIANCE UNIT
COMPLAINT FORM**

NAME		DATE	2023-03-06
PHONE NUMBER	0123456789	CLINIC/WARD/DEPARTMENT	ITIM

TYPE OF COMPLAINT :

Inappropriate Socializing

Details :

so social

This is an auto-generated signature

Name :

Date : 2023-03-06

**SULTAN AHMAD SHAH MEDICAL CENTRE @IIUM
SHARIAH COMPLIANCE UNIT
COMPLAINT FORM**

FOR OFFICE USE ONLY

Received By : Muhamad

Date Received : 2023-03-06

A. INVESTIGATION & ROOT CAUSE	
B. CORRECTIVE ACTION TAKEN	
Immediate Action & Completion Date	Long-Term Action & Completion Date

Verified by :

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