



Complaint Number: C _____
Nonconforming Work No: NCW _____
Complaint/NCW received by: Name: _____ Date: _____

**INSTITUTE OF HIGH VOLTAGE & HIGH CURRENT  
SCHOOL OF ELECTRICAL ENGINEERING  
UNIVERSITI TEKNOLOGI MALAYSIA  
81310 SKUDAI JOHOR**

**COMPLAINT / NON CONFORMING WORK (NCW) FORM**

COMPLAINANT/NCW REPORTER : \_\_\_\_\_

COMPANY NAME AND ADDRESS : \_\_\_\_\_

**COMPLAINT/NCW REPORT**

MATTER OF COMPLAINT : \_\_\_\_\_  
(Specify date, time, place,  
person involved, equipment, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUGGESTIONS (IF ANY) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

DATE:

**FOR OFFICE USE ONLY**

ACTION : a) Called for complaint/NCW review meeting  Date of meeting: \_\_\_\_\_  
b) Issued complaint receipt to complainant  Letter Ref. No. \_\_\_\_\_

INVESTIGATOR : \_\_\_\_\_ DUE DATE : \_\_\_\_\_

INVESTIGATION REPORT ( QF-IVAT-09 ) Received :  Date Received: \_\_\_\_\_

REPORT NO : CI \_\_\_\_\_ (e.g CI2004/01)  
(Attach report)

**CORRECTIVE ACTION :**

PERSON RESPONSIBLE : \_\_\_\_\_

Complaint/NCW:

ACTION TO BE TAKEN :  Resumption of calibration work  
 Recalibration } \_\_\_\_\_  
 Amendment to calibration certificate Director  
 Equipment handling Date:  
 Work Ethics of IVAT's staff  
 Others (Please specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(please use extra pages if necessary)

NCW Classification:

Major  
Please specify: \_\_\_\_\_  
\_\_\_\_\_

Minor  
Please specify: \_\_\_\_\_  
\_\_\_\_\_

Immediate action required:  
\_\_\_\_\_

DUE DATE : \_\_\_\_\_

**TO BE COMPLETED BY PERSON RESPONSIBLE UPON COMPLETION OF CORRECTIVE ACTION**

ACTION TAKEN : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach proof) (Please use extra pages if necessary)

DATE OF COMPLETION : \_\_\_\_\_

SIGNATURE : \_\_\_\_\_

DATE: : \_\_\_\_\_

**COMPLAINT/NONCONFORMING WORK RESOLUTION**

SATISFACTORY :  Yes  No

CLIENT/COMPLAINANT INFORMED  Yes  No

FURTHER PREVENTIVE ACTION NEEDED  Yes  No

Please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE : \_\_\_\_\_  
DIRECTOR

DATE: