

	Minhaj Halal Certification (Pvt.) Limited		Doc #: MHC/REC-01
	Customer Complaint Form		Rev #: 01
			Page #: 1/1
		Effective Date: 15 Feb, 24	

Name:		Date/ Time:	
Organization:		Phone:	
Postal Address:		Email Address:	

Nature of Complaint: _____

Description of Complaint: _____

Signature of Complainant

(For Official Use)

Complaint Received By: _____

Action Taken: _____

Informed Customer of Initial Action Taken: Yes ☐ – No ☐

Informed Client of any further Action Taken: _____

File handed over to Compliance Officer: Yes ☐ – No ☐

Signature of Concerned Authority: _____

Comments of the Committee based on appellant forum to feedback to customer:

Signed of Committee