



**MALAYSIAN PALM OIL BOARD
CODES OF PRACTICE**

COMPLAINT FORM

Doc. No	MPOB/SSCC/F/19
Eff. Date	15/09/2017
Issue No.	1
Rev. No	0

Part A. COMPLAINT

Name of complainant :

Complaint :

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Category (for administrative use only) :

Please Tick

Operation / Process Impartiality

Legal Information

Resource Management system

Others (Please specify):

Date :


HP/ Tel.No :

Signature :

Received by :

Date :

Signature :

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Part B. ACTION

Action :

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Person in Charge :

Signature :

Date :

Part C. CONFIRMATION OF ACTION TAKEN

Status : Complete Yes No

Notes(If any) :

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Verified by:
Signature

Complainant :

Date :

Certification
Manager :

Date :