

Client Complaint Report

Project :		
Complaint from :	Contact person :	Date :
Details of Complaints		
Cause of Complaints		
Proposed method/Remedial measures		
Responsible Staff: _____		To be completed: _____
<input type="checkbox"/> Not LGL's problem	Prepared by: _____	
<input type="checkbox"/> LGL's problem, raise CAR	_____ Project Manager	
Reviewed by: _____	General Manager	Date: _____