COMPLAINT FORM

Name of Complaint:	Complainant's Company/Employer:
Complainant's position in Company:	Nature of Company/Employer Business:
Complainant's Address:	
Complainant's Telephone Number:	Complainant's Email Address:
Date of Complaint:	Isolated/Repetitive Incident:
Name of individual subject to complaint:	IPCS Number of individual:
The nature of complaint:	
Technical ☐ Code of Conduct ☐	
Is the complaint to do with IPCS remote examination centre: (if YES please state location)	
If you are making a complaint against an individual within IPCS administrative body, please complete below: (Name of individual the complaint about)	
Summary of complaint:	
Signature of Complaint:	Date:

All complaints or appeals must be made in writing. Please email to the following contacts:

To: syarafina@rsacasb.com – Syarafina Ashiqin Zulkipli (Registrar)
CC: neesa@rsacasb.com – Nurfatin Qhairunisa Binti Awang (Quality Team)

Certification Department
No. C-20-1 Jalan Raja Udang 1,
River Front Business Centre,
24000 Kemaman, Terengganu, Malaysia.