

# PERBADANAN PENGURUSAN DESA IMPIANA PUCHONG PRIMA

## COMPLAINT FORM

Unit No \_\_\_\_\_  
 Name \_\_\_\_\_  
 Contact No \_\_\_\_\_

*Type of complaint*

<input type="checkbox"/> Maintenance	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Internal Defect	<input type="checkbox"/> Lift / Access System
<input type="checkbox"/> Security	<input type="checkbox"/> Admin/ Mgnt	<input type="checkbox"/> Carpark	
<input type="checkbox"/> Lanscape	<input type="checkbox"/> Comman Area	<input type="checkbox"/> Common Facilities	

No	Description of Complaint	APPOINTMENT
		DATE :
		TIME :
		REMARKS

<input type="checkbox"/> via waik in	<input type="checkbox"/> via Phone	_____ (date & time)	Checked by : _____
Purchaser's Signature ; _____	Attended by ; _____		Name : _____
Date : _____	Date : _____		Date : _____

DATE JOB ISSUE : _____	<b>JOB SHEET</b>	JOB SHEET NO : _____
WORK TASK TO : _____		P.O/ P.R NO : _____

**WORK TASK** \_\_\_\_\_

\_\_\_\_\_

**ACTION FROM PERSON INCHARGE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PICTURE : YES / NO _____	P.I.C SIGNATURE : _____
JOB DONE QN : _____	_____