



**INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA**  
**INTERNATIONAL INSTITUTE FOR MUSLIM UNITY**  
**(COMPLAINT/SUGGESTION FORM)**

LOCATION : Gombak

DATE :

1.  COMPLAINT  SUGGESTION

2. SUBJECT :

3. DESCRIPTION :

Name : \_\_\_\_\_

Matric No./Staff No. : \_\_\_\_\_

Address : \_\_\_\_\_

Tel. No. : \_\_\_\_\_ E-Mail : \_\_\_\_\_

**FOR OFFICE USE ONLY :**

Received By : \_\_\_\_\_ Date Received : \_\_\_\_\_

Investigation Done (*Identify the genuineness of the complaint*) :

Root Cause of the Problem :

Corrective Action Taken:

1) Immediate Action & Completion Date

2) Long-Term Action & Completion Date

Verified By :