



CUSTOMER COMPLAINT FORM

Your Detail			
Complainant Name			
Position			
Company Name			
Address			
Business Type / Scope			
Certificated by ANIC Halal Authority	Yes () No ()		
Telephone / Cell #		E-mail	

Please Tick the following;					
Complaint	<input type="checkbox"/>	Appeal	<input type="checkbox"/>	Withdrawal	<input type="checkbox"/>
Dispute	<input type="checkbox"/>	Suspension	<input type="checkbox"/>	Other	<input type="checkbox"/>

Detail of Complaint:

Signature	
Date	