Australian National Imams Council

ANIC HALAL AUTHORITY

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		Appeal		Withdrawal	
Dispute		Suspension		Other	

Detail of Complaint:

Signature	
Date	

ANIC – F023 / REV-00
ISSUE DATE: 15-05-17