



BPB MALAYSIA GYPSUM SDN BHD
CUSTOMER COMPLAINT ACTION FORM

DATE:

Customer name:	_____
Address:	_____ _____ _____
Tel / Fax / Email:	_____
Production date/time:	_____
Purchase date:	_____
Item description/code:	_____

Description of complaints:

BPB Malaysia representative:	
Name: _____	Position: _____
Recommended action:	

Action Concurred & Approved by:	
Name: _____	Position: _____