
	SICHMA Forms	Document No.	F39
		Revision No.	2
		Issue No.	3
		Date	20 APR 2021
Complaint Form			Page 1 of 2

Complainant Information	
Name:	Phone:
Address:	
Contact Name:	Contact Position:
Product Description:	Product Number

Complaint Information	
Complaint Date:	Complaint Taken By:
Complaint Details:	
First Response Corrective Action:	
Suspected Cause:	
Corrective Action Person(s):	
Corrective Action Follow –up:	

Supreme Islamic Council of Halal Meat in Australia 13, 10 Straits Avenue, South Granville NSW 2142 Australia Tel: +61 2 8764 8833 Email: halal@sichma.com.au	Prepared by	Name	Ahmed Ibrahim
		Designation	Quality Manager
	Approved by	Name	Muhammet Eris
		Designation	General Manager / Chairman
Copy Status CONTROLLED			

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What steps should be considered to avoid a repeat of the problem?
Date:

Note: Information provided will be treated confidential.

Name of Person Lodging the Complaint

Signature

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