# AFR CLIENT COMPLAINTS FORM

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| **This form is for its clients to submit a complaint report concerning any matter relating to the company. All information provided shall beremain confidential and efficient.**  **The complaint report should be sent to** [***compliance@afr-asiapac.com.my***](mailto:compliance@afr-asiapac.com.my) **. It will be reviewed by the Compliance Officer to ensure that appropriate actions are taken. All reports will be handled confidentially.** |
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| **1.** | **Particulars of Reporting** | |
| 1.1 | Date of Complaint |  |
| 1.2 | Full Name | Click or tap here to enter text. |
| 1.3 | Company (if applicable) | Click or tap here to enter text. |
| 1.4 | Contact Info (Phone) |  |
| 1.5 | Email Address | Click or tap here to enter text. |
| 1.6 | Mailing Address (Optional) | Click or tap here to enter text. |
| 2. | **Complaint Details** | |
| 2.1 | Nature of the Complaint (Please select the relevant category): | Service Quality  Product Issue  Staff Conduct  Delayed Response  Billing/Payment Discrepancy  Other (Please describe): Click or tap here to enter text. |
| 2.2 | Description of the Complaint (Please provide a detailed description of the issue, including dates and any relevant interactions or circumstances): | Click or tap here to enter text. |
| 2.3 | What outcome or resolution are you seeking? | Click or tap here to enter text. |
| 2.4 | Have you previously communicated this complaint to AFR?  If yes, please provide the date(s) and outcome(s) of any prior communications: | Yes  No  Click or tap here to enter text. |
| 2.5 | Additional Information:   * Supporting Documents (if any): Attach copies of relevant documents (e.g., emails, invoices, contracts) No supporting documents attached * Would you like to be contacted for further clarification or follow-up? | Click or tap here to enter text.  No Supporting Documents  Yes  No |
| 3 | **Client Acknowledgment:**  By submitting this form, I acknowledge that AFR Asia Pacific Ltd. will process this complaint in accordance with its Complaints Handling Policy and Procedures. I understand that I may be contacted for further details or clarification regarding my complaint. | |
|  | Signature |  |
|  | Date | Click or tap here to enter text. |

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| **FOR COMPLIANCE INTERNAL USE ONLY** | |
| Complaint Reference Number: |  |
| Received by: |  |
| Date Received: |  |
| Assigned to: |  |
| Investigation Start Date: |  |
| Resolution Date: |  |
| Outcome/Action Taken: |  |