Doc No: IMM-CF-308 | Rev No: 01 | Date: 1-Dec-2024



INSTITUTE OF MATERIALS, MALAYSIA

FEEDBACK/COMPLAINT FORM

1. In order for the IMM to address your feedback/complaint, you must provide the

	following i	information			
Na	ıme:			-	
Ph	one No:			-	
2.	Feedback/	Complaint			
or	Office Use				
3.	Receipt of	feedback/complaint			
	Date :	Time	Por	reived by :	



4. Action Taken					
5. Acknowledgement					
Complainant/feedback provider was inform (Attach a copy of the letter/email or a shor	ned of the action taken by letter/email/phone to note of the phone conversation)				
6. Complaint/Feedback Closed Y	/es No				
If no, please state the reason(s)					
IMM Secretariat:	Verified by:				
Name:	Name:				
Date:	Date:				