

BORANG MAKLUMBALAS & ADUAN PELANGGAN
BAHAGIAN KAWALAN INDUSTRI
(Customer Feedback / Complaint Form for Maritime Industrial Control Division)

Sila tanda pada kotak yang berkenaan
Please tick in the appropriate box

Nyatakan urusan anda (Gunakan borang berasingan bagi setiap maklumbalas / aduan)
Identify your transaction (Use different form for different feedback / complaint)

Permohonan Sijil Interim
(Application For Interim Certificate)
 Permohonan Penyemakan Dokumen
(Application For Document Review)
 Permohonan Pengauditan Awal/ Pembaharuan
(Application For Initial Audit/ Renewal)
 Permohonan Pengauditan Tahunan
(Application For Annual Audit)

Permohonan Pengauditan Tambahan
(Application For Additional Audit)
 Permohonan Pindaan Butiran Sijil
(Application For Certificate Amendments)
 Lain-lain (nyatakan
Others (specify)

KUALITI PERKHIDMATAN <i>SERVICES QUALITY</i>	Penilaian (Sila Guna Skala Penilaian) <i>Evaluation (Please Use Evaluation Scale)</i>	Tidak Berkenaan <i>Not Applicable</i>
1. Maklumat Perkhidmatan <i>(Services Information)</i>	_____	
2. Masa Menunggu <i>(Waiting Time)</i>	_____	
3. Kredibiliti Pegawai <i>(Officer Credibility)</i>	_____	
4. Komunikasi/Layanan <i>(Communication/Service)</i>	_____	
5. Jangkamasa Perkhidmatan Diterima <i>(Timeliness of services)</i>	_____	

Skala Penilaian *(Evaluation Scale)*

Sangat Kurang Memuaskan <i>Very Not Satisfactory</i>	Kurang Memuaskan <i>Not Satisfactory</i>	Sederhana <i>Fair</i>	Memuaskan <i>Satisfactory</i>	Sangat Memuaskan <i>Very Satisfactory</i>
1, 2	3, 4	5, 6	7, 8	9, 10

Apakah aduan/cadangan yang anda ingin kemukakan kepada pihak kami.
(What are the complaint/suggestions that you would like to bring forward to us)

Sila berikan nama dan alamat anda untuk membolehkan kami menghubungi anda
(Please give us your name and address to enable us to contact you)

Nama *(Name)* : _____

Alamat *(Address)* : _____

Telefon *(Telephone)* : _____

Emel *(Email)* : _____

Tarikh *(Date)* : _____