



BORANG MAKLUM BALAS & ADUAN PELANGGAN

Customer Feedback & Complaint Form

JABATAN LAUT MALAYSIA - BAHAGIAN PENDAFTARAN KAPAL

Marine Department Malaysia - Ship Registry Division

Nyatakan urusan spesifik anda. Sila tanda/isi pada kotak berkenaan.
Identify your specific transaction. Please tick/fill where appropriate.

CAWANGAN PEJABAT URUSAN:-
Dedicated Branch Office:-

IBU PEJABAT LAUT
Marine Headquarters

PEJABAT LAUT/WILAYAH :.....
Port Office/Region

Permohonan Nama Kapal
Application of Ship Name

Pemindahan Pelabuhan Pendaftaran
Transfer of Registry To Another Port

Pendaftaran Kapal
Ship Registration

Pindaan Maklumat Pendaftaran Kapal
Amendment of Ship Registration Information

Gadaian Kapal dan Pengeluaran Surat 'Free of Encumbrances'
Ship Mortgage and 'Free of Encumbrances' Letter Issuance

Lain/lain:.....
Others

KUALITI PERKHIDMATAN
Service Quality

Amat tidak memuaskan <i>Very not satisfactory</i>	Kurang Memuaskan <i>Not satisfactory</i>	Memuaskan <i>Satisfactory</i>	Baik <i>Good</i>	Cemerlang <i>Excellence</i>
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Skala Penilaian
Evaluation Scale

	1	2	3	4	5	6	7	8	9	10
1. Kredibiliti & Integriti <i>Credibility & Integrity</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Masa Menunggu <i>Waiting Time</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Pengetahuan & Layanan <i>Knowledge & Service</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Keselesaan <i>Comfortability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Jangkamasa Perkhidmatan <i>Duration of Service</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Aduan/cadangan anda:
Your complaint/suggestion:

Nama anda:
Your name:

(optional)

Nama syarikat/organisasi:
Your company/organisation:

(optional)

Nombor telefon:
Telephone number:

(optional)

Tarikh:
Date:

Alamat emel:
Email address:

Tandatangan/Cop:
Your initial/Stamp: