

**KULLIYAH OF LANGUAGES AND MANAGEMENT**  
**INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA**

**CUSTOMER COMPLAINT FORM**  
**(FOR IIUM PAGOH CAMPUS ONLY)**

**CUSTOMER INFORMATION**

STAFF                       STUDENT                       PUBLIC

<b>Name:</b>	
<b>Staff No. / Matric No.:</b>	
<b>Phone No.:</b>	
<b>Email Address.:</b>	

**DETAILS OF COMPLAINT**

**OFFICES/UNIT/DEPARTMENT** (✓ that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Office of The Dean   | <input type="checkbox"/> Office of Deputy Dean Academic and Internationalisation | <input type="checkbox"/> Office of Deputy Dean of Student Development and Community Engagement |
| <input type="checkbox"/> Office of Deputy Dean of Responsible Research and Innovation | <input type="checkbox"/> Office of the Principal (Mahallah Zaid Bin Harithah)    | <input type="checkbox"/> Office of General Administration                                      |
| <input type="checkbox"/> IT Unit  | <input type="checkbox"/> Finance Unit  | <input type="checkbox"/> Development and Planning Unit   |
| <input type="checkbox"/> Department of Arabic   | <input type="checkbox"/> Department of English                                   | <input type="checkbox"/> Department of Malay   |
| <input type="checkbox"/> Department of Tourism  | <input type="checkbox"/> Department of General Studies                           |  |

**ISSUES** (✓ that apply)

- Academic Matters                       Administration                       Welfare

**Facilities** (Please mention location. i.e. café, classroom, office, toilet)  
**Location:** \_\_\_\_\_

**PLEASE DESCRIBE THE COMPLAINT IN DETAILS:**

Date: \_\_\_\_\_

**FOR OFFICE USE**

Received By : \_\_\_\_\_ Date Received : \_\_\_\_\_

Investigation Done (*Identify the genuineness of the complaint*) :

Root Cause of the Problem:

Corrective Action Taken:

1) Immediate Action & Completion Date

2) Long-Term Action & Completion Date

Verified By :