



COMPLIANT REPORTING FORM

Doc No: CSS-GMSM-03-02

Updated On: 01-08-2025

Revision: 00

Page 1 of 1

COMPLIANT REPORTING FORM

Date of Compliant Reporting:	Report No:
Name:	Designation:
Project / Location:	Company:
NR IC / WP No (Last 4 Digit):	Contact No :
Compliant Reporting Against to:	Person Involved:
Mode of Compliant Reporting	
<input type="checkbox"/> Oral – By Meeting	
<input type="checkbox"/> Written – By Letter (Use this Form)	
<input type="checkbox"/> Oral – By Phone	
<input type="checkbox"/> Written – WhatsApp	
<input type="checkbox"/> Compliant Reporting Form	
<input type="checkbox"/> Others – By _____	
<u>Description of Compliant:</u>	
<u>Involved person details:</u>	
Name:	
Designation:	
Classification of Compliant: <input type="checkbox"/> Minor / <input type="checkbox"/> Moderate / <input type="checkbox"/> Major	
Description of Corrective Action Taken:	
Corrective Action Taken By:	Approved By:
Name /Designation/ Sign	Name /Designation/ Sign
Status of Compliant: Monitoring / Closed / Others : _____	
Additional Remark / Comments:	