

COMPLAINT AND APPEAL FORM



Compleinent/Appellent	-	
Complainant/Appellant Name	:	
Company Name	:	
Contact Number	:	
Email	:	
Туре	:	☐ Complaint ☐ Appeal
Section A:		
Product Details(To Be Completed By Complainant/Appellant)		
Product Name	:	
Product Version	:	
QS Certification Number (if any)	:	
Company Name	:	
Section B: Details of Complaint/Appeal (To Be Completed By Complainant/Appellant) Note: if available, please attach relevant documents to support complaint/appeal		
Authorization		
710011-011-011		
Please tick the following boxes below:		
☐ I confirm that I have read and understood the Malaysian Software Testing Board (MSTB) complaints and appeals procedure before lodging this complaint/ appeal.		
☐ I allow MSTB to proceed with an investigation of my complaint/appeal.		
Note: Any documents or information given will be treated with full confidentiality.		