## ARS ASSESSMENT PRIVATE LIMITED



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## **Complaint Record Register**

Name of the		
Organisation		
Address		
Phone No.		
Email		
Date of Compliant		
Subject Matter for		
Complaint		
Corrective Action		
T		
Preventive Action		
Class Data		
Close Date		
Rederessal Report		
Attended By (Authorised Signatory)		Approved By