

GRAND SUBANG

FEEDBACK FORM

Unit No. :
Serial No. :
(Office use only)

Owner's Particulars

Owner Tenant

Name : NRIC/Passport No. :
Email : Contact No. :

Would you describe your feedbacks as (Please tick where applicable)

Comment Complaint Complement Suggestion

Type of incident / Complaint

Security Maintenance Services Cleanliness Car Park/Traffic
 Others _____

My feedback:

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Owner/Tenant's Signature
Date:

Received by:
Date:
Time:

FOR OFFICE USE ONLY

Action taken by: _____ Date: _____ Time: _____

Description of action:

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Part Used/ Materials replaced:

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Checked &verified by:
completion

Date:

Confirmation of satisfactory

Of work by complainant/occupant
Date: