



# Complaint Investigation and Corrective Action Report

IGC-MSC P07-F02, Rev: 00, Dated on: 06.02.2025

CAR ID		Date Initiated	
Client Name/ID		Source of Complaint	<input type="checkbox"/> Certified Client <input type="checkbox"/> Public <input type="checkbox"/> Regulator <input type="checkbox"/> Other:
Personnel Involved		Complaint Received Date	
Description of Complaint			
Investigation Findings	<input type="checkbox"/> Substantiated (Valid) <input type="checkbox"/> Not Substantiated (Invalid) <input type="checkbox"/> Other (Specify)	Investigator Name:	
		Date:	

## Root Cause Analysis & Correction

*This section is required ONLY if the complaint was Substantiated.*

Root Cause Determination			
Cause Type	<input type="checkbox"/> System/Procedure Failure <input type="checkbox"/> Training/Competence Gap <input type="checkbox"/> Human Error/Conduct <input type="checkbox"/> Other:		
Correction (Immediate Action)			
Correction Responsibility		Target Date:	

## Corrective Action Plan & Verification

Corrective Action (Systemic Fix)			
Corrective Action Responsibility		Target Date:	
Actual Completion Date			
Verification of Implementation	Implementation Verified By:	Date:	
Verification of Effectiveness	Date of Effectiveness Check:	Check Method:	
Effectiveness Status	<input type="checkbox"/> Effective (Problem has not recurred) <input type="checkbox"/> Ineffective (Requires a new CAR)		

## Final Closure

Decision Point:		Signature:	
Client Informed of Final Outcome:		Date:	
Top Management Approval:		Signature:	
CAR Closed in Log (C-Log ID:)		Date:	