

I. Customer Complaint and Feedback Registration Form

Section A: Complaint Information (To be completed by the Complainant)

1. Complainant's Information:

- Name: Chua Siew Ee
- Identity Card No.: 530807-07-5010
- Address: 42 Lorong Batu Uban 1 Taman Century 11700 Glugur Penang
- Phone Number: 016-3315378
- Centre: Penang International Dental College
- Branch: Penang

2. Type of Complaint:

- () Complaint
- () Inquiry
- () Feedback

3. Description of Complaint:

- Denture can't fit well despite many visits, attended by Dr. Priyanka
- Asking for compensation from Dental College.

(If space is insufficient, please attach an additional sheet)

Section B: For Office Use Only (To be completed by the Receiver of Complaint)

1. Signature and Date of Receipt:

- Signature: _____
- Date: 20 June 2024

2. Notes (If any):

- Date: 20/6/2024
- Method: Patient Feedback Survey Form
- Complaint summary: Denture can't fit well despite many visits, attended by Dr. Priyanka and Asking for compensation from Dental College
- Action taken: Read the complaint and forwarded it to management for further action.
- Next steps: Management will investigate and take appropriate action.
- Date forwarded to management: 21/6/2024

II. Customer Complaint and Feedback Registration Form

Complaint and Feedback Information (To be completed by the Head of Office/Complaint Receiver)

1. Complaint Category:

- Product
- Service Quality
- Fasilitas
- Employee Conduct
- Staff Misconduct
- System/Process
- Other: _____

2. Complainant's Information:

- Name: Chuah Siew Ee
- Phone Number: 016-3315378
- Address: 42 Lorong Batu Uban 1 Taman Century 11700 Glugur Penang
- Date of Complaint: 20/6/2024

3. Method of Complaint Reception:

- Survey Form
- Email
- Phone
- Other: _____

Complaint and Feedback Receipt Confirmation

1. Receiver of Complaint:

- Date Received: 20/6/2024
- Location/Office: Polyclinic 3
- Name of Receiver: Matron Sabariah Bt Aziz
- Signature: _____

2. Head of Office/Supervisor:

- Date Received: 21/6/2024
- Name of Receiver: Dr. Kalyan Chakravarthy Deputy Dean Clinics & Administration.
- Signature: _____

3. Remarks/Instructions for Action:

- : On June 20, 2024, a patient named Chuah Siew Ee filed a complaint regarding dentures made by Dr. Priyanka, stating that the dentures could not be used. On June 25, Dr. Kalyan called the patient in for a consultation to understand the issues the patient was facing. After the discussion, Dr. Kalyan decided to provide the patient with a new set of dentures, which would be made by a different dentist.
 - The new dentures were created on July 1, 2024, and were completed and delivered to the patient on July 16, 2024.
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Investigation and Action (To be completed by the Responsible Officer - PYB)

1. Investigation Details:

- investigation conducted on the malfunctioning dentures that were unsuitable for the patient.
- Interview with the patient and review of dental records and the denture creation process.

2. Root Cause of the Complaint:

- The dentures were not properly sized and did not fit the patient's mouth.
- Measurement and fitting process was not carried out accurately.

3. Suggested Improvements/Corrective Action:

- Review and improve the denture creation procedure.
 - Provide additional training for the dentist on denture fitting techniques.
 - Provide the patient with a new set of dentures or an alternative solution if the fault lies with the clinic.
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Verification of Action Taken (Management Representative/Head of Office)

1. Action Status:

- () Follow-up Action or Investigation Required
- () Complaint Resolved, No Corrective Action Needed

2. Verification:

- Signature: _____
 - Name: Dr. Kalyan Chakravarthy Deputy Dean Clinics & Administration.
 - Date: 25/62024
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III. Customer Complaint and Feedback Analysis Report

1. Complainant's Details:

- Name of Complainant: Chuah Siew Ee
- Centre/Branch: Penang Dental College Poly.3

2. Complaint Information:

- Date Complaint Received: 20/6/2024
- Complaint Category: Service Quality
- Brief Description: Patient complaint her denture can't fit well despite many visits, attended by Dr. Priyanka and Asking for compensation from Dental College

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3. PYB (Name of Officer Responsible for Investigation):

- Name of Officer: Dr. Kalyan Chakravarthy Deputy Dean Clinics & Administration.

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4. Identified Root Causes:

- The dentures were not properly sized to fit the patient's mouth, leading to discomfort and dysfunction.
- The fitting procedure was not thoroughly conducted, causing the dentures to be ill-fitting and unusable.
- There was insufficient communication between the dentist and the patient regarding expectations and potential issues with the dentures.

5. Action Taken/Feedback/Status:

- Action Taken: Investigation conducted to confirm the issue with the dentures being unsuitable and non-functional.
- Review of records and discussion with the involved dentist to understand the procedure followed in making and fitting the dentures.
- Patient informed about the corrective actions to be taken, including offering new dentures or alternative solutions.
- Improvement in the measurement and fitting process to ensure accuracy and comfort in future procedures.
- Date of Formal Response Letter Issued to Complainant: 25/6/2024
- Status of Complaint:
 - () Resolved
 - () Under Investigation
 - () Resolved, Corrective Action Plans to be Sent to Process Owner



6. **Prepared By: Matron Sabariah Bt Aziz**

- Unit : Clinical Department Penang International Dental College

7. **Verified By (Head of Office/Supervisor):**

- Signature: _____
- Name: _____
- Date: _____