



## ERGONOMICS AND MUSCULOSKELETAL PAIN/DISCOMFORT COMPLAINT FORM

This form can be filled out by any employee of the company/organization. This form should be used for any work-related complaints on physical ergonomics and/or musculoskeletal disorder/pain. Ergonomic problem includes any workstations or work practices which could contribute to musculoskeletal disorders/pain.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Staff ID No.: \_\_\_\_\_

Department: \_\_\_\_\_ Job tasks/title: \_\_\_\_\_

Contact No.: \_\_\_\_\_ Email address: \_\_\_\_\_

**Please briefly describe the nature of the complaint and any potential cause.**

1. What is the nature of the problem?

\_\_\_\_\_  
\_\_\_\_\_

2. Where is the problem experienced?

\_\_\_\_\_  
\_\_\_\_\_

3. When was the problem first experienced?

\_\_\_\_\_  
\_\_\_\_\_

If we need to contact you to discuss about your complaint, when is the best time to reach you?

\_\_\_\_\_

So that we can respond promptly, please return this form to:

**Dr. Mohd Khairol Bin Jambli**  
**(082678569/013-8186053)**  
***khairol167@uitm.edu.my***

***(Do not write anything in the below section. To be filled by trained person only)***

File number:

Received by:

Date received:

Is the nature of the complaint ergonomics-related?

Yes

No

**Action taken: Investigation/Others (specify action taken/closed file)**