

Complaint & Appeal Form

Date:

Initiator details:	
Company Name:	
Company address:	
Contact telephone:	contact email:
Type of communication: Complaint <input type="checkbox"/> Appeal <input type="checkbox"/>	

How the complaint / appeal was initiated (brief description):
Complaint / Appeal detailed description (please provide documented evidence as needed):
Person filing the complaint/appeal (name, signature):

Complaint / Appeal No. This is for our personnel
Investigation of findings: This is for our personnel
Root cause analysis: This is for our personnel

Validity of complaint / appeal: Yes <input type="checkbox"/> No <input type="checkbox"/> This is for our personnel	
Associated NCR: This is for our personnel	
Investigator (name & signature):	Date of closure:
Customer contacted: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Suggested actions: This is for our personnel	
Quality Manager:	Date:

Corrective / preventive actions (as needed):	
This is for our personnel	
Managing director:	Date:

Evaluation of implementation & effectiveness	
completed as: non satisfactory <input type="checkbox"/> acceptable with concerns <input type="checkbox"/> satisfactory <input type="checkbox"/>	
General remarks:	
Quality manager:	Date: