

Handling Form

Appeal Complaints Dispute	
Contract Number:	No:
Name of the organization:	
Address	
Telephone	
E-mail address	
Contact Name	
Date:	
Description of Appeal/Compla	int/Dispute:
According to the reviewed doc	ruments, this appeal/complaint/Dispute:
requires action does no	t require action
Quality Manager name & signa	iture:
Date:	
Committee Member Names:	
Root cause:	
	ates) to resolve this matter. Quantify, as these are viable, especially regarding
monetary impact to certification	
Does it need corrective action	
If yes, No of Corrective action	orm:
Actions were taken on <type t<="" td=""><td>he date>, and the customer was notified according to 🗌 phone 🗌 e-mail 🗌 letter</td></type>	he date>, and the customer was notified according to 🗌 phone 🗌 e-mail 🗌 letter
O other,	
	was not effective, the follow up corrective action no:
Date:	· · · · · · · · · · · · · · · ·
Quality Manager Name & Signature:	

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