Purpose: In addressing Form CBF-704-08, this form is for appeal deriving from an evaluation–or otherwise as dictated by Procedure CBP-713-01 (Appeal, see also CBP-713-02 for instructions, as needed). Prospect/Client-Organizations may raise and appeal to EPIL or assessment team decision (complementing this form information obtained through a telephone call, fax, letter, e-mail may be attached).

Judiciary Note: Because EPIL carries international accreditation as a legally binding signatory and bearer any Appeal may escalate to the International Accreditation Platform Accreditation Body or if applicable to local accreditation when equally carry accreditation-recognition the processing complaints and appeal may carry legal consequences

DATE OF INITIATION OF THIS APPEAL:

APPELLANT:

Name	
Organization	
Address	
Telephone	
E-mail address	
Fax	

(Attach contact records to this form, if desired and determined)

Nature of the requesting Appeal (continue on separate sheets, if deemed necessary):

EPIL handling case includes the designated Appeal Committee (which is a Committee) members, explain in the space below:

Provide information on acceptance of the Appeal Committee by the Appellant:

Date:
Who Accepted?

Has a Form CBF-713-02 being logged with the appeal?

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Summarize the actions that are taken (and dates) in resolving this matter (continue on separate sheets as deemed necessary). Quantify, as these are viable, especially regarding monetary impact to certification-registration or appellant:

[Information and data relevant to the appeal must be part of this packet]

HAS THE APPELLANT ACCEPTED THE AC DECISION (DATE, EXPLANATION, WHO if different than the appellant)?

Is (Correction and) Corrective Action required (e.g. evaluation Team Leader), explain and provide reference document is applies?

INDICATE CLOSING DATE _____ OPENING/DATE _____

Final review by EPIL STAFF in representation of the decision of the Appeal Committee _____ (initials/dated)

Cc, as herein noted:

EPIL

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