

Handling Form

Appeal Complaints Dispute	
Contract Number:	No:
Name of the organization:	
Address	
Telephone	
E-mail address	
Contact Name	
Date:	
Description of Appeal/Comple	aint/Dispute:
	cuments, this appeal/complaint/Dispute:
requires action does n	ot require action
Quality Manager name & sign	ature:
Date: Committee Member Names:	
Committee Member Names:	
Root cause:	
	lates) 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	
If yes, No of corrective action	101111:
Actions were taken on <type t<="" td=""><td>the date&gt;, and the customer was notified according to 🗌 phone 🗌 e-mail 🗌 letter</td></type>	the date>, and the customer was notified according to 🗌 phone 🗌 e-mail 🗌 letter
🗌 other,	
Action taken was 🗌 effective	was not effective, the follow up corrective action no:
Date:	
Quality Manager Name & Signature:	

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