



EPIL

Appeal/Complaints/Dispute Handling Form

Document Code: CBF-713-01

Document version: 00

Revision Date: 2022 Jan 18

Page 1 of 1

Appeal Complaints Dispute

Contract Number: No: Name of the organization: Address Telephone E-mail address Contact Name Date:

Description of Appeal/Complaint/Dispute:

According to the reviewed documents, this appeal/complaint/Dispute: requires action does not require action

Quality Manager name & signature: Date:

Committee Member Names:

Root cause:

Summarize the actions (and dates) to resolve this matter. Quantify, as these are viable, especially regarding monetary impact to certification-registration or appellant: Does it need corrective action? Yes No If yes, No of Corrective action form:

Actions were taken on <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: