

FR22
COMPLAINTS AND APPEALS REQUEST
FORM

Date of Receipt of Complaint/Appeal:		Received by:	
Mode of Receipt:			
Complaint/Appeal Given by (Name of customer):			

Description of Complaints (or) Appeals:

Complaint/Appeal relates to CAB Activities:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:		
Reviewed By:		Complaint Number:

Nature of the Complaint:	<input type="checkbox"/> Critical	<input type="checkbox"/> Non-Critical
Assigned personnel(s) for the Investigation of the complaint:		
Approved by :	Signature of Designee's :	

Investigation and Root cause analysis:	
Signature of the Investigator:	

Corrective Actions	
Proposed By:	Verified By (Head of Certification):

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CERTPLUS

Certification and Inspection Service

Review of Outcome of Complaint:		
Verified By (Head of Certification):		
Reviewed and Approved By (Investigator):		

Remarks:	
Complaint Closed By (QM):	
Notified to Customer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mode of Notification:	