



Complaints & Appeals Form

1. The Complaint/Appeal information

Application Registration No.:	Registration Date:
Application Registrar:	

2. The subject of the complaint/appeal

Complaints/Appeals Registration	Complainant/appellant/ Body's Name:
	Address/ Tel:
	Complaint/appeal reporting tool by the complainant/appellant¹: <input type="checkbox"/> Letter <input type="checkbox"/> Email <input type="checkbox"/> Phone call <input type="checkbox"/> Complaining in person
	If applicable, select one of the following:
	<input type="checkbox"/> A complaint/appeal should be filed out because the customer satisfaction on the survey form is below the acceptable level;
	<input type="checkbox"/> The customer's complaint/appeal is related to the accreditation decision;
<input type="checkbox"/> The complaint/appeal should be filled out due to the approvals of Review Committee.	
Describe the subject of the complaint:	
Completed by: [Full name]	Signature & Date:

¹ the appeal should be submitted in writing; unwritten is not an accepted method.





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Assessment the Matter	<p><input type="checkbox"/> Complaint: The subject of the complaint is related to IPIAB <input type="checkbox"/> Yes, <input type="checkbox"/> No</p> <p><input type="checkbox"/> Appeals: Conformity assessment code</p> <p>Remarks:</p> <p>Person in charge:</p> <p>Deadline for action:</p> <p style="text-align: right;">Signature & Date: The Quality Department of IPIAB</p>
Action	<p>Report of the taken actions</p> <p>Corrective/preventive action No. (if needed):</p> <p>The attached documents:</p> <p style="text-align: right;">Person in charge: [Date & Signature]</p>
Accreditation decision	<p>Final decision</p> <p>Minutes of the meeting No.:</p> <p>The complainant/applicant was informed</p> <p style="text-align: right;">The IPIAB Director Signature & Date:</p>

