



COMPLAINT AND/OR APPEAL FORM

<b>1. GENERAL INFORMATION:</b>				(Please mark "x" where applicable)	
<input type="checkbox"/> Complaint		<input type="checkbox"/> Appeal		<input type="checkbox"/> Any other (please specify) .....	
Name of Client:					
Name of Organization:					
Address:					
Telephone:				Email Id:	
Any other information related to Complaint /Appeals: (Job No, certificate no. etc.)					
Description of Complaint / Appeals:					
Date of Submission:				Signature of Client :	
<b>For Markek International Certifications Private limited Use only:</b>					
Date of receipt of Complaint/ Appeal:			Compliant/ Appeal Status:		<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected
Complaint/ Appeal acknowledge by:			Person responsible for investigation:		
Root-Cause analysis or Investigation details :					
Corrective action taken: (if needed)					
Details of the final decision taken:					
Name of the decision maker: (reviewed & approved authority )			Signature:		
Responsible person for follow-up with clients:			Tracking of complaints/Appeals		<input type="checkbox"/> In Progress <input type="checkbox"/> Hold <input type="checkbox"/> Close
Outcome communicated to Client:		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Date of communication: ( )	
Client feedback (if any):					
Date of Closing of complaint/Appeals:			Signature of Responsible Person:		