



**COMPLAINT AND APPEAL FORM**

Form Number: .....

Date: ...../...../.....

Submitter Details: .....

Tel: ..... email: ..... Responsible for Management: .....

Issue description:

Please provide relevant correspondence or other documents (certificate, complaint, customer brochures, etc.) as well as evidence (product under inspection, description of extent of damage, etc.).

COMPLAINT ☐

APPEAL ☐

QA MANAGER: ..... (Όνομα)

(Signature) Date: ...../...../.....

**Members of the Appeals Committee:**

..... (Name) ..... (Signature) Date: ...../...../.....

..... (Name) ..... (Signature) Date: ...../...../.....

..... (Name) ..... (Signature) Date: ...../...../.....

Committee President:

..... (Name) ..... (Signature) Date: ...../...../.....

**Corrective actions / decision of the Appeal Committee:**



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Notification of the person submitting the appeal/complaint: ..... Date: .../.../.....

Notification to: .....

**Related preventive actions of ERGOCERT HELLAS SA:**

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**Approval of Certification Director:** ..... (Signature) Date: .../.../.....

**Approval of CEO:** ..... (Signature) Date: .../.../.....

The above corrective and preventive actions have been completed effectively

QA Manager Signature: ..... Date: .../.../.....