

Appeal report

Please fill in the information (Add NA if not applicable)

Appellant					
Name			Project code		
Company			Application date		
Address			Evaluation date		
E-mail			Certification date		
Date			Product type		
Details of the Appeal					
GCA Decision	Explanation of reasons for complain	Supplied evidence	Expected remedy	Investigation and Recommended Decision	Review and Approval
Filled by appellant			Filled by quality supervisor		Filled by the impartiality committee
	Decision type: <input type="checkbox"/> Decertification. <input type="checkbox"/> Complaint decision. <input type="checkbox"/> Suspension. <input type="checkbox"/> Withdrawal. <input type="checkbox"/> Scope reduction. <input type="checkbox"/> Declined application. <input type="checkbox"/> Required corrective actions. <input type="checkbox"/> Required objective evidences. <input type="checkbox"/> Other: Reasons are:			1) The appeal: <input type="checkbox"/> Relates to GCA decisions. <input type="checkbox"/> Doesn't relates to GCA decisions. 2) Evaluation documentation: 3) Recommended decision: 4) Certification Director Approval Name: Date: Signature: Name: Date: Signature: Customer voice code: Received by:	1) The recommended decision is: <input type="checkbox"/> Approved. <input type="checkbox"/> Disapproved. 2) Comments, if any: 3) Note: Once the decision is taken and approved the complainant shall be formally acknowledged by any accessible mean. Committee chairman: Name: Date: Signature: