

Complain report

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

Complainant					
Name				Project code	
Company				Application date	
Address				Evaluation date	
E-mail				Certification date	
Date				Product type	
Details of the Complaint					
Describe the Complaint	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 certification director
				1) The complaint: <input type="checkbox"/> Relates to GCA certification activities. <input type="checkbox"/> Doesn't relates to GCA certification activities.	1) The recommended decision is: <input type="checkbox"/> Approved. <input type="checkbox"/> Disapproved.
				2) Evaluation documentation:	2) Comments, if any:
				3) Recommended decision:	3) Note: Once the decision is taken and approved the complainant shall be formally acknowledged by any accessible mean.
				Name: Date: Signature: Customer voice code: Received method: Received by:	Name: Date: Signature:

Note: Against this approved GCA decision the client has the right to file an appeal against it within one months.