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|--|--|---|----------------|
| COMPLAINT <input type="checkbox"/> OBJECTION <input type="checkbox"/> | COMPLAINT OR OBJECTION NUMBER | CLIENT <input type="checkbox"/> THIRD PARTY <input type="checkbox"/> | DATE OF RECORD |
| SUBMITTER'S DETAILS | | | |
| NAME OR COMPANY NAME: | | | |
| ADDRESS | | | |
| CONTACT INFORMATION | PHONE: | EMAIL: | |
| PROBLEM DESCRIPTION | | | |
| | | | |
| EDITOR: | | DATE: | |
| QUALITY MANAGER: | | DATE: | |
| PROBLEM INVESTIGATION (TO BE FILLED BY THE CERTIFICATION BODY) | | | |
| CAUSE OF THE PROBLEM | | | |
| | | | |
| ULTIMATELY RESPONSIBLE: The Certification Body ... <input type="checkbox"/> The Client ... <input type="checkbox"/> Other ... <input type="checkbox"/> | | | |
| QUALITY MANAGER | | CERTIFICATION BODY DIRECTOR | |
| PROBLEM RESOLUTION METHOD | | | |
| | | | |
| INSPECTION OF THE INVOLVED ACTIVITIES HAS BEEN CONDUCTED: YES ... <input type="checkbox"/> NO ... <input type="checkbox"/> | | | |
| NECESSARY CORRECTIVE ACTIONS HAVE BEEN TAKEN: YES ... <input type="checkbox"/> NO ... <input type="checkbox"/> A/A E.807-1 / | | | |
| CUSTOMERS WERE INFORMED IN WRITING: YES ... <input type="checkbox"/> NO ... <input type="checkbox"/> | | | |
| RESPONSIBLE FOR IMPLEMENTATION: | | DATE: | |
| QUALITY MANAGER: | | DATE: | |
| DIRECTOR OF THE ORGANIZATION: | | DATE: | |

| DECISION OF THE APPEALS COMMITTEE | |
|-----------------------------------|-------|
| | |
| APPEALS COMMITTEE MEMBERS | |
| NAME: | DATE: |
| NAME: | DATE: |
| NAME: | DATE: |
| INFORM CLIENT OF THE RESULT | |
| | |
| QUALITY MANAGER: | DATE: |
| DIRECTOR OF THE ORGANIZATION: | DATE: |
| | |