COMPLAINT / APPEAL / INFORMATION REQUEST FORM

Please complete form and email to avita@advanced-es.co.za

NAME/ INITIATOR	MEASURED ENTITY	DATE
TYPE OF REQUEST:	Complaint ☐ Appeal ☐ Information Request ☐	

DESCRIPTION OF COMPLAINT / BASIS OF APPEAL / INFORMATION REQUEST / QUERY:

	NAME	SIGNATURE	DATE
COMPLAINANT / APPELLANT / INITIATOR:			
PHYSICAL ADDRESS:		EMAIL ADDRESS:	
		TEL:	
		FAX:	

FOR OFFICE USE ONLY

	NAME	SIGNATURE	DATE
VERIFICATION ANALYST:			
VERIFICATION MANAGER:			
PERSON ASSIGNED TO INVESTIGATE:			

INDEPENDENT PERSON / PERMISSION TO DISCLOSE CONFIDENTIAL INFORMATION REQUIRED:	YES ☐ NO ☐	*An independent person is required to investigate complaints and appeals.* *Permission from the measured entity to disclose information may be required by contract.*

ACKNOWLEDGEMENT

We acknowledge receipt of your complaint / Appeal / Information Request and will provide a response with 7 days.

	NAME	SIGNATURE	DATE
CEO			

INVESTIGATION AND IMPLEMENTATION

For complaints and Appeals only

	NAME	SIGNATURE	DATE
PERSON ASSIGNED TO INVESTIGATE:		_____ *I confirm that I have not been involved with this measured entity before*	

Details of Investigation & Root Cause Analysis:

Recommendation:

APPROVAL *Recommended Corrective Action submitted by person responsible for investigation and approved by the Managing Director*

	NAME	SIGNATURE	DATE
PERSON ASSIGNED TO INVESTIGATE:			
CEO:			
RESPONSE PROVIDED TO CLIENT:			

IMPLEMENTATION *Corrective Action Implemented*

	NAME	SIGNATURE	DATE
PERSON ASSIGNED TO INVESTIGATE :			

REPORT AND ACKNOWLEDGEMENT

For Complaints, Appeals and Information Requests

Report of Findings and Corrective Action Taken / Information Provided:

ACCEPTANCE BY INITIATOR *I confirm my acceptance of the outcome of this Action*

	NAME	SIGNATURE	DATE
PERSON ASSIGNED TO INVESTIGATE:			
COMPLAINANT / APPELLANT / INITIATOR:			