**APPLICANT/COMPLAINANT DETAILS :**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | | |
| Company/Organization |  | | |
| Contact Details - phone |  | email: |  |
| Relationship to Inspection Body | (e.g., client, applicant, third party) | | |

1. **Type of Submission**

|  |  |
| --- | --- |
|  | **Complaint** |
|  | **Appeal** |
| *(Please tick as appropriate)* | |

1. **Description of Complaint/Appeal**

|  |  |
| --- | --- |
| Date of Incident |  |
| Reference Number  (if applicable) |  |
| Detailed Description |  |

1. **Supporting Documents**

|  |  |
| --- | --- |
|  | Attached |
|  | Not Attached |
| *(Please list any supporting evidence or documents)* | |

1. **Acknowledgement of Receipt** *(to be completed by Inspection Body)*

|  |  |
| --- | --- |
| Date Received |  |
| Received By |  |
| Reference Number Assigned |  |

1. **Investigation & Handling** *(Internal Use Only)*

|  |  |
| --- | --- |
| Responsible Officer |  |
| Date of Investigation Start |  |
| Actions Taken |  |
| Outcome/Decision |  |

1. **Communication to Complainant/Appellant**

|  |  |
| --- | --- |
| Date of Response |  |
| Means of Communication: *(e.g., email, letter, meeting)* |  |
| Summary of Response |  |

1. **Confirmation of Closure**

|  |  |
| --- | --- |
| Closed by |  |
| Date of Closure |  |

1. **Impartiality Statement**

*The Inspection Body ensures that all complaints and appeals are handled impartially, confidentially, and in accordance with the requirements of ISO 17020, the SERMI scheme, and ACCREDIA. No discriminatory actions will be taken against any complainant or appellant.*

1. ***For Office Use Only***

|  |  |
| --- | --- |
| Record Filed (Yes / No) |  |
| Corrective/Preventive Actions Required (Yes / No) | *If yes, reference to Corrective and Preventive Action  record* |