



**PROCESSING OF COMPLAINTS,
APPEALS AND REPORTING**

COMPLAINT RESERVED AREA

Name: _____

Surname: _____

Company Name: _____

Address: _____ Postcode _____ City _____

Tel. _____ Fax _____ e-mail _____

Detailed description of the complaint / appeal / report:

Any attached documents supporting the complaint / appeal / report (e.g. indicate the number and title of the document):

Signature of the Complainant _____

Date: _____

CIMAC RESERVED AREA: COMPLAINT / APPEAL / REPORT N° ____ OF ____

Complaint Appeal Report

Written (fax / post / mail) Telephone (for reporting only)

Function / person receiving the complaint / appeal / report: _____

Receipt notification of the complaint to the Complainant:

Responsible for implementation: _____ Implementation date: _____

Analysis of the complaint / appeal / report: _____

Decision on the complaint / appeal / report received:

- Unfounded complaint / appeal / report
- Request for implementation of non-compliant activities
Non-compliant Report / Non-compliant activity Nr. _____ of _____
- Corrective action required
Corrective Action Reference Nr. _____ of _____

Responsible function that analyzes the complaint: _____

Resolution of the complaint / appeal / report:

Responsible for implementation: _____ Implementation date: _____

Signature of the person in charge of the area concerned: _____

Signature for approval (independent function): _____

Information to the complainant:

Responsible for implementation: _____ Implementation date: _____

Closing the complaint / appeal / report:

Has the non-compliant activity / Corrective Action been implemented? YES NO

Implementation date: _____

Was the Corrective Action effective? YES NO

Notes: _____

Closing date (verification of effectiveness): _____

Signature of the person in charge of the closure: _____