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| **Section A** (Complainant to Complete) |
| **Instructions:**  Use this form to complain about any aspect of our service or the service or performance of a company certified by ISONIKE.  You must provide an answer to each question including the section with the justification of your complaint. You must also provide the evidence and basis for your Complaint  Your complaint must be received by ISONIKE within 90 days of the date of the incident you complain for.  Submit your signed complaint form and supporting documentation via email to [info@isonike.com](mailto:info@isonike.com) or via ground mail to ISONIKE Ltd, P.O. Box 62432 PC 8064, Paphos, Cyprus.  ISONIKE commits that complaints and appeals will not result to any discriminatory actions |

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| **A.1. Complaint.** | | | | |
| Date of the decision / incident you Complain for : |  | | | |
| Are you a customer of our Certification Body? | Yes |  | No |  |
| If **‘Yes’,** please give certificate number(s) and expiry date: |  | | | |
| You complain against (choose one): | | | | |
| Complaints about ISONIKE | | | | |
| ISONIKE, its operation and/or procedures | | | |  |
| Auditors, experts, committee members or staff. | | | |  |
| Certification process followed by the auditors and/or by the company | | | |  |
| Complaints about a Company certified by ISONIKE | | | | |
| Effectiveness and/or performance delivery of the Management System of a Certified Company. | | | |  |
| Misinterpretation or general activities of a Certified Company. | | | |  |
| Misuse of the certification status either in scope or in use of the logo or mark | | | |  |
| Other (provide details on the A.3. section) | | | |  |

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| **A.2. Company Information.** | | | |
| **Company Name**: | |  | |
| **Contact Person Name** : | |  | |
| **Address** . | **Street & No**: |  | |
| **City, State/Province, Postal Code**: | |  | |
| **Country**: | |  | |
| **Telephone No.**: |  | **Fax No.** : |  |
| **e-mail:** |  | **Web Site:** |  |

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| **A.3. Complaint Detail**. | | | |
| Detailed statement and justification for Complaint | | | |
| \*If additional space is required please attach a separate sheet of A4 paper. | | | |
| Supporting documentation (choose one) : | | | |
| Additional documents are attached |  | No additional documents are attached |  |

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| **A.4. Complainant’s Declaration and Signature.** |

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| **Declaration:**  The company / organization hereby submits the present Complaint and accepts the Complaints process as stated in ISONIKE’s Certification Policy published on the website: ([www.isonike.com](http://www.isonike.com)). | | | |
| I (the undersigned) hereby declare that I am authorized, on behalf of the company / organization, to submit this Complaint and that the information contained herein is both correct and accurate to the best of my knowledge and belief. | | | |
| **Signature & Company Stamp:** |  | **Date:** |  |
| **Print Name:** |  | **Position:** |  |

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| **Section B** (ISONIKE Ltd to complete) |
| **Instructions:**  CTO to ensure that the steps of ‘Complaints’ process are implemented and recorded  All boxes to be completed. |

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| **B.1. Receipt and Validation of the Complaint** | | | | | | |
| Date Received: |  | Received by: |  | | | |
| Appeals and Complaints Register Reg #: |  | Date receipt acknowledged to Complainant: |  | | | |
| `Is the Validation of Complaint completed ? | | | Yes |  | No |  |
| If **‘No’,** record reason and actions taken : | |  | | | | |

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| **B.2. Evaluation and Investigation of the Complaint** | |
| Actions taken and conclusion for the evaluation and investigation of the Complaint: | |
|  | |
| Date Progress Report sent to Complainant (wherever possible) : |  |

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| **B.3. Decisions on Actions Required** | |
| Decisions made and Actions Required: | |
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| Date Progress Report sent to Complainant (wherever possible) : |  |

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| **B.4. Corrective Actions for Resolutions of the Complaint** | |
| Corrective Actions made for the Resolution of the Complaint and Evaluation of their Effectiveness : | |
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| Date Progress Report sent to Complainant (wherever possible) : |  |

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| **B.5. Closure and Notifications** | | | | | | |
| Date Closed: |  | Closed by: |  | | | |
| Appeals and Complaints Register Reg #: |  | Date of Closure Notice to Complainant: |  | | | |
| Is the Complaint handled and closed to the satisfaction of the Complainant? | | | Yes |  | No |  |
| If **‘No’,** record reason and actions taken : | |  | | | | |
| Are any further actions required? | | | Yes |  | No |  |
| If **‘Yes’,** record actions and plan : | |  | | | | |