

APPEAL AND COMPLAINT EVALUATION FORM

In this section you can provide suggestions or make complaints if you are dissatisfied with the activities of the laboratory, or aspects that you would like to see improved.

Date of Complaint		Date of Suggestion	
Company and/or Person Making the Complaint or Suggestion:			
Complaint / Suggestion:			
Complaint / Suggestion Evaluation Result and Actions to be Taken:			
Laboratory Officer:		Date of Evaluation:	
Signature:		Planned Date:	
Conclusion:			
Laboratory Officer:		Date:	
Signature:			

This section is to be filled out if you would like a decision taken regarding the activities of ÖZERBAND TEST LABORATORY to be re-evaluated.

Appealing Company and/or person:		
Phone:	Fax:	E-mail:

APPEAL AND COMPLAINT EVALUATION FORM

Description of Appeal:

Decision of First Appeal Evaluation Team:

Team Leader:

Signature:

Date:

Action to be Taken by the Laboratory:

Name and Surname of the Officer:

Date of Evaluation:

Signature:

Planned Date:

Conclusion:

Laboratory Officer

Date:

Signature: