|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Appeal |  | Complaint |  | Suggestion |
|  |  |  |  |  | ŞvİK No1: |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Information Regarding the Person or Organization Requesting Complaint/Appeal/Suggestion | | | | | | | | | | |
| Name Surname | | |  | | | | | | | |
| Organization Name | | |  | | | | | | | |
| Address | | |  | | | | | | | |
| Telephone Number | | |  | | | | | | | |
| E-mail | | |  | | | | | | | |
| Date of Complaint / Appeal / Suggestion | | |  | | | | | | | |
| Name of Request | | |  | | | | | | | |
| Date of Occurrence | | |  | | | | | | | |
| Details of Complaint/Appeal/Suggestion (Supportive documents shall be attached.) | | | | | | | | | | |
|  | | | | | | | | | | |
| Requested by | |  | | Signature |  | | Date | |  | |
| Pre-evaluation of Complaint/Appeal/ Suggestion2 | | | | | | | | | | |
|  | | | | | | | | | | |
| Evaluated by | |  | | Signature |  | | Date | |  | |
| Corrective action is | | required (DF No:      )  not required | | | | | | | | |
|  | | | | | | | | | | |
| Evaluation of Complaint/Appeal/ Suggestion3 | | | | | | | | | | |
|  | | | | | | | | | | |
| Evaluated by |  | | | Signature |  | | Date | |  | |
| The Result of Complaint/Appeal/Suggestion | | | | | | | | | | |
| *Appeal accepted and submitted to the appeal holder* | | | | | | | | | |  |
| *Appeal not accepted and submitted to the customer* | | | | | | | | | |  |
| *The activity is performed and submitted to complainant according to complainant evaluation result* | | | | | | | | | |  |
| *The suggestion is accepted and submitted to the relevant according to suggestion evaluation result* | | | | | | | | | |  |
| *Approved by* | |  | | | | *Date* | |  | | |

(1) ŞvİK No: *Complaint Appeal and Suggestion Number*

(2) *Fields will be filled by SZUTEST Konformitätsbewertungsstelle GmbH.*

(3) *Appeals are evaluated by Chairman of the Committee.*