|  |  |  |
| --- | --- | --- |
|[ ]  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.*