



# COMPLAINT / APPEAL REPORT

(ISO 17020 Inspections)

COMPLAINT N°:  
APPEAL N°:  
DATE

FORM N° CAF 01 - REV.02 (01/02/2023)

## TO BE COMPLETED BY THE COMPLAINANT / APPELLANT

COMPANY NAME

COMPANY ADDRESS

STAKEHOLDER CATEGORY

CUSTOMER

FINAL USER

OTHER, Specify:

ISSUANCE DATE

CONTACT PERSON

TELEPHONE NUMBER

EMAIL ADDRESS

INSPECTION REPORT NR.

SUBJECT OF COMPLAINT / APPEAL:

## TO BE COMPLETED BY ACES-GQS

### TYPE OF ISSUE

COMPLAINT

APPEAL

### COMPLAINT / APPEAL RECEIVED BY

NAME, SURNAME & ROLE

DATE

SIGNATURE

### COMPLAINT / APPEAL REVIEWED BY

NAME, SURNAME & ROLE

DATE

SIGNATURE

REVIEWED DOCUMENTATION / COMMUNICATIONS:

PERSONNEL INTERVIEWED (if any):

TECHNICAL REVIEW SUMMARY:

TO BE NOTIFIED TO OTHER INVOLVED STAKEHOLDERS?

YES

NO



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## FINAL DECISION (To Be Provided by ACES GQS)

TECHNICAL EXPLANATION & FINAL OUTCOME:

INTERNAL NON CONFORMITY?

YES

Ref.:

NO

INTERNAL CORRECTIVE ACTION?

YES

Ref.:

NO

NOTIFIED TO OTHER INVOLVED STAKEHOLDERS?

YES

NO

NAME, SURNAME & ROLE

DATE

SIGNATURE

## COMPLAINANT / APPELLANT FEEDBACK

REPLY with COMMENTS / NOTES (if any):

## FEEDBACK ISSUED BY

NAME, SURNAME & ROLE

DATE

SIGNATURE