



	<b>NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>
<b>COMPLAINANT / APPELLANT / INITIATOR:</b>			
<b>PHYSICAL ADDRESS:</b>		<b>EMAIL ADDRESS:</b>	
		<b>TEL:</b>	
		<b>FAX:</b>	

**FOR OFFICE USE**

	<b>NAME</b>
<b>VERIFICATION ANALYST:</b>	
<b>VERIFICATION MANAGER:</b>	
<b>PERSON ASSIGNED TO INVESTIGATE (*):</b>	
<b>INDEPENDENT PERSON / PERMISSION TO DISCLOSE CONFIDENTIAL INFORMATION REQUIRED:</b>	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
	<i>An independent person is required to investigate complaints and appeals.</i>  <i>Permission from the measured entity to disclose information may be required by contract.</i>

**ACKNOWLEDGEMENT**

*We acknowledge receipt of your complaint / Appeal / Information Request and are in the process of completing an investigation. The outcome of the investigation will be communicated to you.*

	<b>NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>
<b>MANAGING DIRECTOR:</b>			

# INVESTIGATION, IMPLEMENTATION & REPORT

*For complaints and Appeals only*

## ***Findings and client recommendation***

*Recommended Corrective Action submitted by person assigned to investigate and approved by the Managing Director.*

**APPROVAL**

*NOTE: A certificate may not be issued without identification of the root cause.*

	<b>NAME</b>	<b>SIGNATURE</b>	
<b>PERSON ASSIGNED TO INVESTIGATE</b> (13):			
<b>MANAGING DIRECTOR:</b>			<b>DATE</b>
<b>WRITTEN RESPONSE PROVIDED TO CLIENT:</b>			
<b>INDEPENDENT PERSON REQUIRED TO REVIEW AND REISSUE CERTIFICATE?</b>	<b>YES</b> <b>NO</b>	<input type="checkbox"/> <input type="checkbox"/>	<i>An independent person is required to investigate complaints and appeals. If changes are required, a different person is required to review and reissue.</i>

## ROOT CAUSE AND INTERNAL CORRECTIVE / PREVENTIVE ACTION

*For office use only*

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***Root Cause of error (where applicable)***

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***Corrective / Preventative Action (where applicable)***

### CORRECTIVE ACTION COMPLETE

	NAME	SIGNATURE	DATE
MANAGEMENT REPRESENTATIVE:			