





**This section is only for the ACT office**

**Confirmation whether the complaint or appeal relates to certification activities ACT is responsible for**

- Does the complaint or appeal relate to the certification activities ACT is responsible for?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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- If “Yes” describe the certification activity (or activities) applicable to the complaint or appeal:

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**Complaint / Problem / Appeal Details**

Nature of Problem / Complaint / Appeal:  1. Customer/ employee/ SANAS complains 2. Appeal from suspended client
Investigation by Management Representative / Quality Manager          
Action taken          



Management review / Certified client Feedback

Management  
Representative sign

\_\_\_\_\_

Date

\_\_\_\_\_