



Incident Report

This section is for the person raising the incident

Details of person raising incident, fill in as applicable:

<input type="checkbox"/> ACT staff member	
<input type="checkbox"/> Certified client	
<input type="checkbox"/> Certified client's customer	
<input type="checkbox"/> Others	

Date incident is raised	
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Indicate the incident type:

<input type="checkbox"/> Complaint	<input type="checkbox"/> Appeal	<input type="checkbox"/> Improvement Opportunity
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Provide a description for the incident:

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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:

Complaint / Problem / Appeal Details

Nature of Problem / Complaint / Appeal: <ol style="list-style-type: none">1. Customer/ employee/ SANAS complains2. Appeal from suspended client
Investigation by Management Representative / Quality Manager
Action taken



Management review / Certified client Feedback

Management
Representative sign _____

Date _____