



COMPLAINT / APPEAL / INFORMATION REQUEST

Please complete form and email to info@amaxsa.co.za

NAME/ INITIATOR	MEASURED ENTITY	DATE
TYPE OF REQUEST:	Complaint Appeal Information Request	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

DESCRIPTION OF COMPLAINT / BASIS OF APPEAL / INFORMATION REQUEST / QUERY:

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

FOR OFFICE USE ONLY

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

ACKNOWLEDGEMENT

We acknowledge receipt of your complaint / Appeal / Information Request and will provide a response with 7 days.

	NAME	SIGNATURE	DATE
MD:			

INVESTIGATION AND IMPLEMENTATION

For complaints and Appeals only

	NAME	SIGNATURE	DATE
PERSON ASSIGNED TO INVESTIGATE:		<hr/> <i>I confirm that I have not been involved with this measured entity before</i>	

Details of Investigation & Root Cause Analysis:

Recommendation:

APPROVAL

Recommended Corrective Action submitted by person responsible for investigation and approved by the Managing Director

	NAME	SIGNATURE	DATE
PERSON ASSIGNED TO INVESTIGATE:			
CEO:			
RESPONSE PROVIDED TO CLIENT:			

IMPLEMENTATION

Corrective Action Implemented

	NAME	SIGNATURE	DATE
PERSON ASSIGNED TO INVESTIGATE:			

REPORT AND ACKNOWLEDGEMENT

For Complaints, Appeals and Information Requests

Report of Findings and Corrective Action Taken / Information Provided:

ACCEPTANCE BY INITIATOR

I confirm my acceptance of the outcome of this Action

	NAME	SIGNATURE	DATE
PERSON ASSIGNED TO INVESTIGATE:			
COMPLAINANT / APPELLANT / INITIATOR:			