



PART A – COMPLAINT / APPEAL / DISPUTE SUBMISSION FORM

Verum et Accuratus strives to offer high quality services, meeting and exceeding clients expectations.

However, in the unfortunate event that as a client you feel the need to file a complaint / appeal, about a matter which is the responsibility of Verum et Accuratus, you may make use of this complaint / appeal form and provide same duly filled in and accompanied with any supporting evidence you deem necessary, in order to enable us investigate your complaint/ appeal. Evidence submitted should be as concise as possible and relevant to the complaint/ appeal. Unreasonable quantities of evidence or evidence which is deemed not to be relevant to your complaint/ appeal may not be considered.

The investigation of your complaint/ appeal will commence once you confirm / declare in writing that your supporting documentation is complete.

This complaint/ appeal form and any supporting documents may be seen by the person investigating your complaint/ appeal, by anyone named in the complaint/ appeal and by relevant staff in the department(s) being complained/ appealed about.

Complainant Details			
Name:			
Company:		Position:	
Tel. No.		e-Mail:	

Complaint Appeal Dispute

Detailed Summary on Complaint / Appeal / Dispute
<i>Please provide a detailed summary/description of the nature of the Complaint / Appeal / Dispute and attach any related documented evidence if deemed necessary)</i>

Details on actions taken so far for resolving the above issue and reason(s) why you consider same as yet unresolved
<i>Please provide details on actions taken so far for resolving the above issue and the reason(s) you consider same as remaining unresolved</i>

I, the undersigned, hereby declare that I consider the attached duly filled in Complaint / Appeal / Dispute Submission Form along with the additionally submitted attached supporting evidence, complete and fully representative of my complaint / appeal / dispute and request that my complaint / appeal / dispute is investigated and evaluated on this basis.

The Complainant:	
<i>Signature & Seal/Stamp</i>	
Date:	



**PART B – COMPLAINT / APPEAL / DISPUTE INVESTIGATION / EVALUATION
FORM**

Complaint Investigation / Validity – Root Cause Analysis:			
<i>Please provide a detailed description of the outcome of Complaint investigation, justify validity or not of the complaint and describe the root cause analysis and root cause that lead to the complaint (attach any related documented evidence if deemed necessary)</i>			
Person Responsible:		Date Started:	
Signature:		Date Completed:	

Suggested Actions:			
<i>Please provide details on suggested actions to resolve the complaint and avoid recurrence in the future (attach any related documented evidence if deemed necessary)</i>			
Quality Manager:		Date Started:	
Signature:		Date Completed:	

Corrective and Preventive Actions Considered Necessary:			
<i>Please provide details on Corrective and Preventive actions considered necessary, for resolving the complaint and avoiding recurrence in the future (attach any related documented evidence if deemed necessary)</i>			
General Manager:		Date Started:	
Signature:		Date Completed:	

Customer Notification on Complaint / Appeal / Dispute Decision			
Date:		Means of notification:	
Responsible Personnel:			

Implementation and Effectiveness Evaluation			
Satisfactory		Acceptable with Concern	
Completion Date:			
Remarks:			
Quality Manager:		Date:	
Signature			