

COMPLAINT AND APPEAL EVALAUTION FORM

INFORMATION OF APPLICANT	
Name- surname	Title in the organization
Name of organization/sector	Date:
Address:	
Telephone no:	Fax:
Web site:	E-mail:
Subject of complaint or appeal:	
<i>Following parts will be filled by UDEM</i>	
Name of the UDEM responsible received the complaint and appeal:	
Date/signature	
NOT: For verbal complaints or appeals this form should also be filled and approved by the person who do the complaint or appeal to prove understanding of the situation.	
<u>EVALUATION AND DECISIONS:</u>	
When necessary all meeting minutes and copies of corrective and preventive actions will be attached to that form.	
MANAGEMENT REPRESENTATIVE	GENERAL MANAGER
Sign./date:	Sign./date:

ATTACHMENTS: