

Document Name	Appeals & Complaints Lodgement Form
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Issued By	Carina de Lange
Approved By	Johan Kamper

Client Comments, Complaints and / or Appeal

Once completed, please fax the form to 086 580 4306 or e-mail it to johan@atrs.co.za or carina@atrs.co.za

Rated Entity: _____

Contact Person of rated entity: _____

Email Address of contact person: _____

Telephone Number: _____

Rating of Service

Knowledge of the Codes	Low	Medium	High
Performance of Verification	Low	Medium	High
Verification conducted within time frame	Low	Medium	High
Overall Client Satisfaction	Low	Medium	High

Type: Complaint: Yes / No -- Appeal: Yes / No

Description of the complaint/appeal

THIS DONE AND SIGNED AT _____

ON THIS _____ DAY OF _____ 20__.

FOR AND ON BEHALF OF (RATED ENTITY): _____

BY: _____

(Sign Name)

 (Print Name)

WHO WARRANTS HIS/HER AUTHORITY HERETO.

Received by : _____ Dated: _____