COMPLAINT AND APPEAL FORM

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# COMPLAINT AND APPEAL FORM

## A. Information of the Complainant/ Appellant

Name of Managing Entity / 4C Certification Body:

Name of the contact person: E-mail: Phone:

## B. Details of complaint/appeal

|  |  |
| --- | --- |
| ***Complaint*** | ***Appeal*** |
| ( ) A local auditor has a conflict of interest | ( ) A Managing Entity disagrees with the certification decision of any 4C Unit of their knowledge |
| ( ) A Managing Entity confidentiality is concerned | ( ) A Managing Entity disagrees with a certification decision |
| ( ) An audit team is not competent to perform their respective tasks | ( ) A certification body disagrees with the auditor selection process of a Managing Entity |
| ( ) A Managing Entity disagrees with the final conclusion on their overall result made by auditor during and/or after the on-site audit | ( ) A certification body disagrees with termination decision of their framework contract |
| ( ) A certification body disagrees with decision to dis-/approve their auditor |
| **Important**: Please provide a statement giving full details of your complaint/appeal. Your statement should include the following information:   * Name and title of people involved * Dates and times of events * The effect the complaint/appeal has had on you, your 4C Unit or your company * Copies of any documents relating to your complaint/appeal (e.g witness statements) | |

## C. Declaration by complainant or appellant

Please note that your application will not be assessed until the appropriate documentation is provided.

( ) I have read the 4C Procedure for complaints and appeals on certification

( ) I declare that the information provided by me is true and complete

Place, Date:

Name of the contact person: Signature:

## D. For use by 4C Services GmbH

Date complaint/appeal received: [dd.mm.yyyy] Received via e-mail ( ) regular mail ( )

Registration number of complaint/appeal:

Confirmation of relevance: Yes ( ) No ( )

|  |
| --- |
| Received documents as evidence (in case Yes)/additional documents to be submitted (in case No): |

Member of staff handling this case: [full name, position]

Date acknowledgement sent to complainant/appellant: [dd.mm.yyyy]

|  |
| --- |
| Findings and conclusions: |

|  |
| --- |
| Major sources of information for evaluation: |

Date findings and conclusions communicated to complainant/appellant: [dd.mm.yyyy]

## E. Response by complainant/appellant on findings/conclusions:

( ) I accept the findings/ conclusions

( ) I reject the findings/ conclusions. I would like 4C Services to forward my complaint to the 4C Services Advisory Board

|  |
| --- |
| Justification for rejection and escalation of complaint/appeal: |

Date acceptance/rejection of findings/conclusions sent to 4C Services:

Date the 4C Services announces to 4C Services Advisory Board:

( ) Clearance ( ) Escalation

## F. Major activities and timelines

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Major activities** | **Timeline (working days)** | | | | | |
| 5 | 5 | 5 | 5 | 5 | 5 |
| 1. File a formal complaint/ appeal after an event |  |  |  |  |  |  |
| 2. Acknowlege receipt and confirm ir-/relevance of complaint/ appeal |  |  |  |  |  |  |
| 3. Communicate findings and conclusions |  |  |  |  |  |  |
| 4. Reach an amicable resolution by parties involved |  |  |  |  |  |  |
| 5. Inform all parties involved of final resolution |  |  |  |  |  |  |
| 6. Forward escalation to the Mediation Board |  |  |  |  |  |  |