



COMPLAINTS APPEAL AND SUGGESTION FORM

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Appeal Complaint Suggestion

NO:

Information About the Complainant/Refuser/Proponent

Name Surname	
Organization Name	
Address	
Telephone Number	
E- Mail	
Date of Complaint/Appeal/ Suggestion	

Details of Appeal/Complaint/Suggestion (Supportive documents shall be attached)

Name of Requested	Signature	Date
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Evaluation Result *

Appeal/Complaint/Suggestion Result*

- Appeal accepted and submitted to customer
- Appeal not accepted and submitted to customer
- The activity is performed and submitted to customer according to complaint/suggestion evaluation result

Corrective action is	<input type="checkbox"/> Required	<input type="checkbox"/> Not Required
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Approved by:	Date:
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“*” fields will be filled by DZN