

	<b>COMPLAINTS APPEAL AND SUGGESTION FORM</b>	Document No	PR.07-FR.01
		Release Date	20.06.2024
		Revision No	00
		Revision Date	00
		Page No	1/1

<input type="checkbox"/> Appeal	<input type="checkbox"/> Complaint	<input type="checkbox"/> Suggestion	NO:
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**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)**

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Name of Requested	Signature	Date
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**Evaluation Result \***

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**Appeal/Complaint/Suggestion Result\***

<input type="checkbox"/> Appeal accepted and submitted to customer
<input type="checkbox"/> Appeal not accepted and submitted to customer
<input type="checkbox"/> 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