



Register for appeals, complaints & disputes

Name of the client:	Category: Complaint /Appeal / Dispute
The standard against which client's management system has been certified	
Name of the party making the appeal, complaint or dispute	

Date of receipt	Description	Results of investigation	Actions proposed
Name of the investigating officer		Name of the approving authority	
Signature:		Signature:	
Date:		Date:	
Date of proposed completion:	Responsibility:	Completion date:	Intimated client on:

<i>Originated by: SSC</i>	<i>Issue: 2</i>	<i>Issuance date: 01-03-2018</i>	<i>Prepared by: Eng. Shima Mousa</i>	<i>F/SSC-OP-12-01</i>
<i>If printed it's not controlled</i>			<i>Reviewed by: Dr. Ahmed Aly</i>	<i>Page 1 of 1</i>