QRC® Quality • Risk • Compliance be assured . be secured	**Appeal and Complaint Form**

Organization Name				
Address (Head Office)				
Appellant	**Department**		**Tel.**	
	Name/Position		**Fax.**	

Appeal/ Complaint

Appellant: _____(Signature) **Date:** _____

ISMS Scheme Manager Decision **By:** _____(Signature) **Date of Response :** _____	Verified by Appellant □ Satisfied □ Not by_____ (Signature) date :
Appeal Committee Decision (If needed) **Date of Appeal:**_____ **Date of Meeting:** _____ **Chairperson:** _____ (Signature) **Date of Response:** _____	Verified by Appellant □ Satisfied □ Not by_____ (Signature) Date:

*** NOTE: Any relevant information can be attached.**