Appeal and Complaint Form

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

Appeal/ Complaint

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

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

* NOTE: Any relevant information can be attached. These appeals are to be sent to QRC in writing at following e-mail id: Info.clients@qrcsolutionz.com