



## COMPLAINT / APPEAL / INFORMATION REQUEST

Please complete form and email to erikbotha@amax.co.za

NAME/ INITIATOR	MEASURED ENTITY	DATE
TYPE OF REQUEST:	Complaint Appeal Information Request	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**DESCRIPTION OF COMPLAINT / BASIS OF APPEAL / INFORMATION REQUEST / QUERY:**

	<b>NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>
COMPLAINANT / APPELLANT / INITIATOR:			
PHYSICAL ADDRESS:		EMAIL ADDRESS:	
		TEL:	
		FAX:	

**FOR OFFICE USE ONLY**

	<b>NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>
VERIFICATION ANALYST:			
VERIFICATION MANAGER:			
PERSON ASSIGNED TO INVESTIGATE:			
INDEPENDENT PERSON / PERMISSION TO DISCLOSE CONFIDENTIAL INFORMATION REQUIRED:	YES NO	<input type="checkbox"/> <input type="checkbox"/>	<small>An independent person is required to investigate complaints and appeals.</small>  <small>Permission from the measured entity to disclose information may be required by contract.</small>

**ACKNOWLEDGEMENT**

*We acknowledge receipt of your complaint / Appeal / Information Request and will provide a response with 7 days.*

	<b>NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>
MD:			

## INVESTIGATION AND IMPLEMENTATION

*For complaints and Appeals only*

	NAME	SIGNATURE	DATE
PERSON ASSIGNED TO INVESTIGATE:		<hr/> <i>I confirm that I have not been involved with this measured entity before</i>	

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### *Details of Investigation & Root Cause Analysis:*

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### *Recommendation:*

#### APPROVAL

*Recommended Corrective Action submitted by person responsible for investigation and approved by the Managing Director*

	NAME	SIGNATURE	DATE
PERSON ASSIGNED TO INVESTIGATE:			
CEO:			
RESPONSE PROVIDED TO CLIENT:			

#### IMPLEMENTATION *Corrective Action Implemented*

	NAME	SIGNATURE	DATE
PERSON ASSIGNED TO INVESTIGATE :			

**REPORT AND ACKNOWLEDGEMENT**  
*For Complaints, Appeals and Information Requests*

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**Report of Findings and Corrective Action Taken / Information Provided:**

**ACCEPTANCE BY INITIATOR**      *I confirm my acceptance of the outcome of this Action*

	<b>NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>
<b>PERSON ASSIGNED TO INVESTIGATE:</b>			
<b>COMPLAINANT / APPELLANT / INITIATOR:</b>			