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| Operator*/*Group of Operator/Producer/Unit Name: |  |
| Name of person filling out the form: |  |
| Address: |  |
| Phone: |  |
| E-mail: |  |
| Fax: |  |
| Date of appeal or complaint: |  |
| Purpose of filling out the form: | Appeal  Compliant |
| Does the appealing/complainant operator*/*Group of Operator/producer/unit request the name of the unit or employee involved in the case be notified? | Yes  No, keep my name private. |
| Is there a supplementary aid supporting the appeal/complaint? | Yes, it is attached  No, there is no supporting documentation. |
| Classification of appeal/complaint: | Application Process(application form, offer, contract etc.)  Inspection (specify inspector name and inspection date)  Inspector Name:       Inspection Date:  Certification decision (specify date, number and scope)  The date of certification decision:       Scope:  General Management  Procedures (specify name):  Behavior (specify employee name):  Residue Investigation Result  (please specify the date of result notification):  Other |
| Explanation about the appeal/complaint: | Please give a brief explanation about the case you have highlighted above: |
| Will the appealing/complaining operator*/*Group of Operator/producer accept Başak Ekolojik appeal and complaint evaluation committee and its decisions? | Yes ⇨Date:  No ⇨Date: |
| Information note: If there is a disagreement between Başak Ekolojik and the operator or group of operator regarding the outcome of the Appeal/Complaint, to ensure impartiality in its activities and to improve service quality; Başak Ekolojik Appeal and Complaint Evaluation Committee is formed completely independently of inspection and certification processes such as the acceptance of applications, the assignment of inspectors, the execution of inspections, their reporting and certification decision. | |
| Notifier's name, date, signature: |  |

The following part will be filled by Başak Ekolojik.

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| The operator/Group of Operator/producer/organisation that made the appeal/complaint was informed that the appeal/complaint was accepted by Başak Ekolojik. | Yes ⇨Date:  accepting person: |
| There is no conflict of interest between the operator/Group of Operator/producer/organisation making the appeal/complaint and the members of the appeal and complaint evaluation committee. | Yes  No |
| The deadline for the appeal/complaint planned by Başak Ekolojik: |  |
| Basak Ekolojik evaluation result of the appeal/complaint: |  |
| By whom and when the appeal/complaint was answered by Başak Ekolojik: | Person giving the answer:  Date: |
| Response of the operator/Group of Operator producer/organisation who made the appeal/complaint upon the reply of Başak Ekolojik: | Positive, case closed  Negative |
| The experience of Başak Ekolojik about the appeal/complaint, the area that needs improvement: |  |
| Responsible Unit Manager name, date, signature: |  |

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| Evaluation by Quality Unit | |
| The seriousness of the appeal/complaint | High  Medium  Low |
| Has the right action been taken? | Yes  No |
| Is there any need for further action/improvement as a result of the activity carried out? | Yes ⇨Please Explain:  No |
| Quality Unit name, date, signature: |  |