**CSQ Appeal and Complaint Form**

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| **Customer Information:** | | | | | | | | | | | | | | |
| Facility Name: | |  | | | | | | Contact Name: | | |  | | | |
| Facility Address: | |  | | | | | | Contact Email: | | |  | | | |
| City, State, Zip: | |  | | | | | | Contact Phone: | | |  | | | |
|  | | | | | | | | | | | | | | |
| Date of Appeal/Complaint: | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Appeal/Dispute Type:** | | | | | | | | | | | | | | |
| Auditor | | |  | |
| Non-Conformance | | |  | |
| Technical Review | | |  | |
| Certification Decision | | |  | |
| Certification Body | | |  | |
|  | | | | | | | | | | | | | | |
| **Description**: Please include **ALL** persons involved, name and position if applicable. If appealing a specific audit finding, include the item number and non-conformance. | | | | | | | | | | | | | | |
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| **Office Use Only:** | | | | | | | | | | | | | | |
| Person Reviewing | |  | | | | | Date Received | | |  | | | | |
|  | | | | | | | | | | | | | | |
| **Resolution Description:** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Signature |  | | | | | | | | Date Resolved | | | |  | |