**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. |
|       |
|  |  |  |  |  |  |  |  |
| **Office Use Only:** |
| Person Reviewing |       | Date Received |       |
|  |
| **Resolution Description:** |
|       |
|  |
| Signature |       | Date Resolved |       |