

COMPLAINT AGAINST THE CERTIFICATION BODY

Name of Complainant:				
Date of complaint:				
Complainant's telephone number:				
Complainant's email address:				
Complainant's address:				
If you are making a complaint on behalf of an Employer please complete the shaded boxes:	Complainant's Company/Employer:			
Nature of Company/Employer business:				
Complainant's position in Company:				
If you are making a complaint against an individual within the certification body, please complete the box below:				
If you are making a complaint against an ind	ividual within the certification	body, please co	omplete the box b	elow:
If you are making a complaint against an ind Name of individual the complaint is about:	ividual within the certification	body, please co	omplete the box b	elow:
	ividual within the certification	body, please co	omplete the box b	pelow:
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Note: All complaints or appeals must be made in writing. Please send or email to complaint@iracs.org