**RISQS-SG-F2 Complaint Form v1.0**

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| Organisation Name: |  | |  | RISQS ID: | |  |  |
|  |  | |  |  | |  |  |
| Complaint Type | Behaviour / Conduct / Scheduling etc. | | | | | |  |
|  |  | |  |  | |  |  |
| Auditor |  | |  | Audit Date: | | DD/MM/YYYY |  |
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|  |  | |  |  | |  |  |
| Description of complaint | | RISQS Ref Nr: | | |  | |  |
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| Review carried out by: |  | |  | on: | | DD/MM/YYYY |  |
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| Scheme Management Office response and actions: | | |  |  | |  |  |
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| Appeal carried out by: |  | |  | on: | | DD/MM/YYYY |  |
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| Scheme Manager response and actions: | | |  |  | |  |  |
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