**RISQS-SG-F3 Appeal & Complaint Form v1**

**Supplier Details**

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| --- | --- |
| **Organisation Name** |  |
| **RISQS ID (if applicable)** |  |
| **Contact Person** |  |
| **Email Address** |  |
| **Phone Number** |  |

**Complaint or appeal details**

|  |  |
| --- | --- |
| **Complaint, appeal or both?** |  |
| **Auditor name (if applicable)** |  |
| **Audit date (if applicable)** |  |
| **Appeal or complaint reference number** | *To be issued by RISQS* |

**Complete for complaint:**

|  |  |
| --- | --- |
| **Nature of complaint** | *Customer service, scheduling, audit process, behaviour or conduct, scheme rules etc.* |
| **Description of Complaint and requested resolution** |  |

**Complete for appeal:**

|  |  |
| --- | --- |
| **Service/Assessment Involved** |  |
| **Decision Being Appealed** |  |
| **Reason for Appeal** |  |

**Supporting Evidence (if applicable)**

|  |  |
| --- | --- |
| **List of Attached Documents** |  |

Please send completed form to appeals.complaints@risqs.org and we will investigate and issue a response, within 10 working days of receipt.

To be completed by Scheme Management Office

**Complaint review**

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| --- | --- |
| **Complaint reviewed by** |  |
| **Date** |  |
| **Stage 1 response and actions** |  |

**Appeal review**

|  |  |
| --- | --- |
| **Appeal heard by** |  |
| **Date** |  |
| **Review decision and actions** |  |

**Escalation (if required)**

|  |  |
| --- | --- |
| **Escalation heard by** |  |
| **Date** |  |
| **Response and actions** |  |