


Complaint		Appeal		Dispute	
					
REPORTING OF COMPLAINT, APPEAL OR DISPUTE (CAD)					
Name of Complainant					
Position in Organisation					
Name and location of Organisation	E-Mail				
	Tel				
AQRATE Certificate No	Fax				
DETAILS OF CAD : To be completed by client (Use separate sheet if necessary)					
Signed by Complainant		Date			
INVESTIGATION AND ROOT CAUSE : (Use separate sheet if necessary)					
Signed by Investigator		Date			
PROPOSED CORRECTIVE ACTION AND IMPLIMENTATION : (Use separate sheet if necessary)					
Signed by Investigator		Date			
CAD Closed and approved by AQRATE CEO		Date			
FOR OFFICE USE ONLY					
CAD Reg. Number	CAD received by	Date received			
Investigation to be carried out by					
Date of Occurrence that led to Complaint / Appeal / Dispute (Delete as applicable)					