Complaints and Appeals - Form

1. Details of the person/organisation submitting the appeal/complaint

Name of organisation/person:

Address

Telephone

Email

Preferred method of contact: ☐ Email☐ Telephone☐ Post

2. Type of feedback

☐ Appeal

☐ Complaint

3. Reference to the process/project (if applicable)

Project name / report no.:

Date of decision/service:

Name of the person/department involved at SSA TIC (if known):

4. Description of the appeal/complaint

Please provide a detailed description of the facts. Describe what you believe was decided, done or omitted incorrectly. Attach supporting documents if necessary.

5. Expected measures / suggestions (optional)

(e.g. desired clarification, re-examination, recommendations for action)

6. Attachments / evidence

☐ Emails ☐ Correspondence ☐ Contracts / reports ☐ Other documents:

7. Declaration and signature

Place, date:

Name (in block letters):

Signature

Complaints and Appeals - Form

For internal use by SSA TIC (to be completed by the person processing the appeal/complaint)

Date of receipt:

Processing department:

Case number (register entry):

Validity check completed? ☐ Yes ☐ No Date:

Processing history / measures:

Completion date / Communication sent on:

Decision approved by: Name / Position: