

	<b>UGANDA NATIONAL BUREAU OF STANDARDS CERTIFICATION SCHEME</b>	Document No: <b>CERT/F16</b>	
		Effective Date: 2/01/2019	
Document Title: <b>COMPLAINTS, DISPUTES &amp; APPEALS FORM</b>	Issue No: 02	Rev. 01	

Reference No. \_\_\_\_\_

1. Date of Reporting Complaint/Appeal/Dispute \_\_\_\_\_

2. How the report received? (Please tick)

Telephone  Walk-in  Letter  Email  Media   
 Other (Specify) \_\_\_\_\_

3. Details of Person reporting the Complaint/Appeal/Dispute

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Organisation: \_\_\_\_\_ Email Contact: \_\_\_\_\_

4. Description of the Complaint/Appeal/Dispute

Description of Complaint, Appeal or Dispute	<i>Make reference to any attachments and/or supporting evidence as applicable</i>
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*Persons external to UNBS may email form to: [cert-feedback@unbs.go.ug](mailto:cert-feedback@unbs.go.ug)*

5. Nonconformity\* relates to Certified client  Certification Body

6. Registered and acknowledged by \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

7. Forwarded to: Head of Division/Certification Manager/Quality Manager

8. Date received \_\_\_\_\_ Signature \_\_\_\_\_

9. Forwarded to \_\_\_\_\_ Date \_\_\_\_\_

10. Communication:	Date	How done (Attach as appropriate)				Done by:
		Email	Phone	Letter	Physical	
Acknowledgement						
Progress report(s)						
Final response						

**Please investigate, find causes and propose corrective action(s) (Please Turn Over)**



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<b>Root Cause Analysis</b>	<i>Fill in the results of the identified cause(s) of the nonconformity* (Attach supporting evidence as necessary)</i>		
<b>Correction and Corrective Action taken or suggested</b>	<i>Fill in the <b>correction</b> (remedial action) for the nonconformity* (Attach supporting evidence)</i>		
	<i>Fill in the <b>corrective action</b> for the nonconformity* (Attach supporting evidence)</i>		
	<b>Name of Case Officer</b>	<b>Signature</b>	<b>Date</b>
<b>Evaluation of Corrective action taken</b>	<i>Comment on the appropriateness of the actions taken to address the nonconformity*</i>		
	<b>Name of Division Head</b>	<b>Signature</b>	<b>Date</b>
<b>To be filled by Division Head within 3 months from the date of conclusion of the case</b>			
<b>Verification of effectiveness of Corrective Action</b>	<i>Comment on the implementation of the corrective action taken and effectiveness</i>		
	<b>Name of Head Audit Planning &amp; Accreditation Management</b>	<b>Signature</b>	<b>Date</b>

*\*Replace nonconformity with complaint, dispute or appeal as appropriate*