

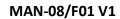


Complaints and Appeals Lodgement Form

Complaints and Appeals Lodgement Form

. Details of complainant	
would like to make an appeal or cor	nplaint about
Complaint/ Appeal Type of appeal/ complaint please tick the main type(s) or issue(s) relates to: Incorrect BEE Score	your appeal/ complaint
Complaint/ Appeal details Please provide specific details of what your complaint/appeal is about and when the management of the providing as much detail as possible will assist us in investigating your complaint. If nean extra page to this form.	
rela Co Ple Pre	mplaint/ Appeal Type of appeal/ complaint please tick the main type(s) or issue(s) tes to: Incorrect BEE Score Incorrect BEE Level Misinterpretation of BEE codes BEE initiatives Declined Staff qualifications or skills Verification procedures Invalid BEE Certificate Bias BEE Process Staff attitude Other (please list below) nb: Incorrect BEE Score Invalid BEE Certificate Bias BEE Process Staff attitude Other (please list below) nb:

Page 1 of 4 March 2019





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 4. What is your desired outcome from your complaint/appeal? 5. Authorisation I hereby authorise Noble BEE Ratings Pty (Ltd) to proceed with the investigation of my appeal/complaint. 								
					Signature:		Date:	
6. Complaint/ Appeal Action Office use only:	ı:							
Complaint / Appeal received by:								
Date:								
Complaint/ Appeal Addressed by:								
Meeting Date and Attendees (if applicable):								
Outcome of meeting of complaint/ appeal	Successful		Unsuccessful					

Page 2 of 4 March 2019



MAN-08/F01 V1

Complaints and Appeals Lodgement Form

Date that the letter detailing appeal/ complaint outcome was sent		
If complaint/appeal is successful, action has been taken to rectify and by whom:		
Comments:		
7. Complaint/ Appeal Outco 7.1 Details of the outcom	me e of the appeal / complaint	
7.2 Reasoning to the decisions towards the outcomes of the appeal/complaint		

Page 3 of 4 March 2019



MAN-08/F01 V1

Complaints and Appeals Lodgement Form	
8. Authorisation:	
This complaint/appeal process has been con any changes in practice or operations where	mpleted and all parties involved have been informed of /when necessary
This complaint/appeal process has not been informed of any changes in practice or operations who	a completed and all parties involved have been ere/when necessary. State remedial actions
Admin Signature:	
Date	

Page 4 of 4 March 2019