

Author: Certification Coordinator Approved By: BOD for CP Issued: 10.01.2021 Last Revised: N/A

COMPLAINT FORM

FORM INFORMATION

- Please read the Complaint Process before filling this form.
- Fill out the required information in **UPPERCASE LETTERS** in the PDF format.
- Incomplete forms will not be processed.
- Send your completed form together with all supporting documents to <u>complaints@treccert.com</u>.

SECTION 1 – INVESTIGATION INFORMATION (to be filled by TRECCERT)

INVESTIGATION DETAILS		
REFERENCE NO.		
INVESTIGATOR 1		
INVESTIGATOR 2		
INVESTIGATOR 3		

SECTION 2 – COMPLAINANT INFORMATION (to be filled by the complainant)

COMPLAINANT DETAILS		
FULL NAME		
EMAIL ADDRESS		
PHONE NUMBER		

SECTION 3 – COMPLAINT BRIEF

DETAILS OF COMPLAINT

1. Please briefly explain the grounds of your complaint.





2. Please briefly explain, what would be a satisfactory resolution to your complaint.



3. In case you are submitting supporting evidence to your complaint, please list below each piece of documentation that you have attached to this from.

SECTION 4 – DECLARATION

TERMS AND CONDITIONS

DATA PROTECTION STATEMENT

- I understand and agree that all the information collected in this form is necessary and relevant for the complaint process. The information will be subsequently used for administration and business purposes, in line with the requirements of the current data protection regulation.
- I understand and grant access to TRECCERT GmbH to access and disclose the certification status or decision for the purpose of investigation.
- I consent to TRECCERT GmbH using my personal data for the purposes described in this form and understand that I can withdraw my consent at any time.

Please refer to our Privacy Policy (<u>www.treccert.com/privacy-policy/</u>) for an overview of your rights as a data subject. If you wish to exercise any of these rights or have any question about the privacy policy, please contact us at <u>operations@treccert.com</u>.

COMPLAINANT STATEMENT

I hereby confirm that the information presented above is accurate to the best of my knowledge. By my signature, I acknowledge that I have read, understand, and agree to the Terms and Conditions.

SIGNATURE (PRINT NAME)	
DATE	