



Feedback, Complaint and appeal form

Form n

This document has been edited by Maurizio Barbiere. He will keep it up to date and will inform the quality officer about changes. The quality officer will then do the necessary to update and distribute the modified document.

REFERENCES :

Upstream LAB-PRO-0400 Management of Complaints / appeals

Downstream

Distribution list

Classifier Records

SCOPE:

This form is used to register a feedback from a customer (participants to ILC or other parties) that could be related to a possible unsatisfied service or a disagreement on the result to an Interlaboratory comparison (ILC). The complaint/appeal can be communicated to a member of ERLAP team via email, a phone call or via the web application used to submit the results of ILC. After the evaluation, ERLAP (together with an independent person), reply to the customer of the result is provided (of the cause complaint/appeal process).

CUSTOMER NAME: _____

Project/ILC name: _____

Date : _____

Feedback	Voting (1=Low, 5=High)	comments
Pre Proficiency Test rating (Announcement, communication, registration)		
During Proficiency Test rating (Access to the site, installation, sampling process, dismantling)		
Post Proficiency Test rating (Data submission, reporting)		
Overall experience comments (any additional comments about your overall experience, especially to explain any low ratings)		

Specific Feedback:

Approved by : Annette Borowiak

Visa :27 Nov 2025



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If you would like to file a complaint / appeal please use the box below:

DESCRIPTION OF COMPLAINT / APPEAL

Date :

Name/Function :

Signature :



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THE FOLLOWING PARTS OF THE FORM WILL BE FILLED BY ERLAP:

ACCEPTANCE OF THE COMPLAINT / APPEAL

Is this complaint/appeal accepted: Yes NO

Date : Manager of activity : Signature

Date : Independent person Signature

1. DISPOSITION PROPOSAL (PROPOSTA DI CORREZIONE)

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2. DISPOSITION APPROVAL (APPROVAZIONE TRATTAMENTO)

Description of what is going to be done

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Is this anomaly jeopardizing the quality of a test under accreditation: YES NO If yes inform ACCREDIA

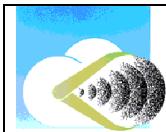
Is this anomaly linked to a test report: YES NO If yes launch **RES-PRO-0010** for correcting the test report n. _____

Responsible for the disposition execution	Foreseen Date:
Name:	Signature
Responsible for approval:	Date of approval:
Name:	Signature

Inform or send to quality officer that will monitor the work on this form:

Is it necessary to carry out an internal audit because of repetitive anomalies on the same activity? YES NO
If YES internal audit n. _____

Date : Quality Officer : Signature :



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CORRECTIVE ACTION ("CA") – AZIONE CORRETTIVA ("AC")

1. INQUIRY OF THE CAUSE (RICERCA DELLE CAUSE)

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Is it necessary to start a Corrective Action? YES NO If NO specify the motivation

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Date : Name/Function : Signature :

2. PROPOSAL OF CORRECTIVE ACTIONS ("AC") PROPOSTA)

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Date : Name/Function : Signature :

3. CHOSEN CORRECTIVE ACTION ("AC" SCELTA)

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Action Plan

Who	What	Planned	Executed	Observation of effect

Responsible for approval: Date of Approval:

Name: Signature

4. EVALUATION OF EFFECT OF THE "CA"

Is the "CA" been effective?: YES (%) NO

Date : Name/Function : Signature :



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PREVENTIVE ACTION (“PA”) – AZIONE PREVENTIVA (“AP”)

1. POSSIBLE ANOMALY (TO AVOID POSSIBLE ANOMALY)

Brainstorming results:

2. CHOSEN PREVENTIVE ACTION (“AP” SCELTA)

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Action Plan

Who	What	Planned	Executed	Observation of effect

Responsible for approval:

Date of Approval:

Name:

Signature

3. EVALUATION OF EFFECT OF THE CHOSEN (“PA”) (VALUTAZIONE EFFETTO DELL’(“AP”))

Is the “PA” been effective?: YES (%) NO

Date :

Name/Function :

Signature :

4. DOCUMENT REVISION AND CLOSING OF THE FORM (DOCUMENTI REVISIONATI E CHIUSURA DEL FORMULARIO)

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Date :

Quality Officer :

Signature :

