



Complaint Form

Date:	
To:	Regional Manager of Management System Certification DUBAI Halal Certification Department shaheer.marath@tuvsud.com
Client:	
Subject of Complaint:	
Short Description of the Complaint:	
Attached Document(s) in support of the Complaint (if any):	
Name of Client contact person & phone:	
Signature:	



Complaint Form

For TUV SUD MIDDLE EAST Quality Certification Body use only:

Identify cause of complaint:	
Corrective Action taken (If needed):	
Personnel in-charge to Follow-up with Clients:	
Client Feedback after follow up	
Reviewed by (with Remarks)	
Position& Signature	
Approved by (with Remarks)	
Position& Signature	