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| **NOTE: THIS PORTION TO BE COMPLETED BY THE CLIENT** | |
| Select one: | Complaint  Appeal  Dispute  Concern |
| Company Name: |  |
| Company Address: |  |
| Portion completed by: |  |
| Phone: |  |
| Position: |  |
| E-mail: |  |
| Date: | Click here to enter a date. |
|  |  |
| Summary of the issue: | |
|  | |
| Summary of accompanying documentation: | |
|  | |
| **PLEASE MAKE SURE THAT THE ABOVE PORTION IS COMPLETED AND RETURNED TO AIBI-CS. ONCE AIBI-CS HAS RECEIVED THIS FORM YOU WILL BE INFORMED THAT:**  **FOR AN APPEAL/COMPLAINT/DISPUTE/CONCERN – THE INVESTIGATION PROCESS HAS STARTED WITHIN 10 DAYS FROM THE RECEIPT OF THIS DOCUMENT.**  **FOR AN APPEAL –THE INVESTIGATION WILL BE FINALIZED WITHIN 30 CALENDAR DAYS FROM THE RECEIPT OF THIS DOCUMENT. 20 DAYS FOR IFS AUDIT APPEALS.** | |

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| **NOTE: THIS PORTION TO BE COMPLETED BY AIBI-CS** | | | | |
| Facility #: | |  | Date REC6 received: |  |
| Date Investigation Started: | | Click here to enter a date. | Date Investigation Complete: | Click here to enter a date. |
| Decision to be carried out by: | | |  | |
| **Manager Impartiality:**  Have you conducted any consultative work including, but not limited to, GMP inspections, non-bundled SQMS audits or in-house private training at this facility in the past 2 calendar years? Do you have any other possible conflicts such as a relationship with the client? | | | Yes  No  ***If “YES’, you are unable to conduct the investigation for this client. Please send back to the administrative staff for re-assignment.*** | |
| **Personnel involved in Certification Process:**  *(This will include auditor, technical reviewer, and any other personnel involved in the audit or certification process.)* | | |  | |
| Summary of accompanying documentation to be held on file: | | |  | |
|  | | |  | |
| **NOTE: Decision maker must not be included in personnel involved in certification process.** | | | | |
| Summary of Information Gathered: | | | | |
|  | | | | |
| Root Cause Analysis: | | | | |
|  | | | | |
| Corrective Action Plan/Corrective Actions Taken: | | | | |
|  | | | | |
| Preventive Action Taken: | | | | |
|  | | | | |
| Final Outcome/Summary of Decision: | | | | |
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|  | | | | |
| **Signature of Manager:** | | | | |
| Signature: |  | | | |
| Title: |  | | | |
| Date: | Click here to enter a date. | | | |

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| Final Circulation: |
|  |