|  |  |  |
| --- | --- | --- |
|  | IPMA-SA Certification BodyComplaint Form |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Role** |  |

Nature of the complaint

|  |
| --- |
| Please provide details here. |

Are there any supporting documents to support your complaint?

|  |
| --- |
| Please list documents here. |

Date of complaint (YYYY-MM-DD): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For the Certification Body office’s use only:

|  |  |  |  |
| --- | --- | --- | --- |
| Name who reviewed the complaint |  | Date |  |
| Outcome |  |