

COMPLAINTS AND APPELAS LODGEMENT MAN-08/F01

Title	COMPLAINTS AND APPEALS LODGEMENT
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Complaints and Appeals Lodgement Form

NB: Please send the filled in form to complaintsandappeals@ingwaneverifications.co.za

1. Details of complainant

I _____ would like to make an appeal or complaint about

_____ *or* _____

2. Complaint/ Appeal Type of appeal/ complaint please tick the main type(s) or issue(s) your appeal/ complaint relates to:

- ☐ Incorrect BEE Score
- ☐ Incorrect BEE Level
- ☐ Misinterpretation of BEE codes
- ☐ BEE initiatives Declined
- ☐ Staff qualifications or skills
- ☐ Verification Procedures
- ☐ Invalid BEE Certificate
- ☐ Bias BEE Process
- ☐ Staff attitude

Other (please list below):

3. Complaint/ Appeal details

Please provide specific details of what your complaint/appeal is about and when the matter involved occurred. Providing as much detail as possible will assist us in investigating your complaint. If necessary, you may attach an extra page to this form.

4. What is your desired outcome from your complaint/appeal?

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5. Authorisation

I hereby authorise INGWANE VERIFICATIONS (PTY) LTD to proceed with the investigation of my appeal/complaint.

Signature: _____ Date: _____

6. Complaint/ Appeal Action:

Office use only:

Complaint / Appeal received by:	
Date:	
Complaint/ Appeal Addressed by:	

Meeting Date and Attendees (if applicable):	
Outcome of meeting of complaint/ appeal	Successful Unsuccessful
Date that the letter detailing appeal/ complaint outcome was sent	

If complaint/appeal is successful, action has been taken to rectify and by whom:	☐	☐
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Comments:

7. Complaint/ Appeal Outcome

7.1 Details of the outcome of the appeal / complaint

7.2 Reasoning to the decisions towards the outcomes of the appeal/complaint

8. Authorisation:

☐ This complaint/appeal process has been completed and all parties involved have been informed of any changes in practice or operations where/when necessary

☐ This complaint/appeal process has not been completed and all parties involved have been informed of any changes in practice or operations where/when necessary. State remedial actions

Admin Signature:_____

Date: _____