



Complaints Form

Doc No: BO123
 Approved By: Executive Committee

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Client Name:			
Client Location			
Tel:		Email:	
Date of Verification:		BEE Online Certificate Number:	
Nature of Complaint:			
Signature of Complainant		Date:	
Position in Company			
FOLLOWING SECTION TO BE COMPLETED BY BEE ONLINE			
Root Cause Investigation:			
Recommended Corrective Action:			
Signature of Investigator		Date:	
Position in Company			
Date			
MD review of recommendation Date:		MD Signature of Approval	
Date Outcome Communicated to Client			
Date Closure of Complaint			