



**A L P H A**  
BEE VERIFICATIONS

**COMPLAINT / APPEAL / INFORMATION REQUEST**

Please complete form and email to info@alphabee.co.za

<b>NAME/ INITIATOR</b>	<b>MEASURED ENTITY</b>	<b>DATE</b>
<b>TYPE OF REQUEST:</b>	Complaint Appeal Information Request	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**DESCRIPTION OF COMPLAINT / BASIS OF APPEAL / INFORMATION REQUEST / QUERY:**

	<b>NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>
<b>COMPLAINANT / APPELLANT / INITIATOR:</b>			
<b>PHYSICAL ADDRESS:</b>		<b>EMAIL ADDRESS:</b>	
		<b>TEL:</b>	
		<b>FAX:</b>	

**FOR OFFICE USE ONLY**

	<b>NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>
<b>VERIFICATION ANALYST:</b>			
<b>VERIFICATION MANAGER:</b>			
<b>PERSON ASSIGNED TO INVESTIGATE:</b>			
<b>INDEPENDENT PERSON / PERMISSION TO DISCLOSE CONFIDENTIAL INFORMATION REQUIRED:</b>	<b>YES</b> <b>NO</b>	<input type="checkbox"/> <input type="checkbox"/>	<small>An independent person is required to investigate complaints and appeals. Permission from the measured entity to disclose information may be required by contract.</small>

**ACKNOWLEDGEMENT**

*We acknowledge receipt of your complaint / Appeal / Information Request and will provide a response with 7 days.*

	<b>NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>
<b>MD:</b>			

## INVESTIGATION AND IMPLEMENTATION

*For complaints and Appeals only*

	NAME	SIGNATURE	DATE
PERSON ASSIGNED TO INVESTIGATE:		<small>I confirm that I have not been involved with this measured entity before</small>	

### ***Details of Investigation & Root Cause Analysis:***

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### ***Recommendation:***

#### **APPROVAL**

*Recommended Corrective Action submitted by person responsible for investigation and approved by the Managing Director*

	NAME	SIGNATURE	DATE
PERSON ASSIGNED TO INVESTIGATE:			
CEO:			
RESPONSE PROVIDED TO CLIENT:			

#### **IMPLEMENTATION** *Corrective Action Implemented*

	NAME	SIGNATURE	DATE
PERSON ASSIGNED TO INVESTIGATE:			

# REPORT AND ACKNOWLEDGEMENT

*For Complaints, Appeals and Information Requests*

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***Report of Findings and Corrective Action Taken / Information Provided:***

**ACCEPTANCE BY INITIATOR**

*I confirm my acceptance of the outcome of this Action*

	<b>NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>
<b>PERSON ASSIGNED TO INVESTIGATE:</b>			
<b>COMPLAINANT / APPELLANT / INITIATOR:</b>			