(Your information will be treated confidentially.)

|  |  |
| --- | --- |
| **[ ]** Testing laboratory[ ]  Inspector | **Name:****Contact person:** |
| 1. **Description of complaint:**

      | **Registration No.** **of Solar KEYMARK certificate** |
| 1. **Responsible certification body (CB):**
 |
|  |
| Evaluation of the complaint: | [ ]  | minor | [ ]  major |  |
|  |
| Further review of documents: | [ ]  |
|  |  |
| Special audit (testing laboratory) / witness audit (inspectors): | [ ]  |
| 1. **Response / corrective action(s) agreed and confirmed by the testing laboratory / inspector:**

      |
| **Date for rectifying the complaint:**(for major complaints max. 4 weeks, for minor complaints max. 2 months) |      …......................................... |
|   |
| 1. **Close out of complaint:**
 | [ ]  | Yes | [ ]  | No | [ ]  with condition |
|  Remarks, if necessary:       |
|       |  |  |  |  |
| Place/Date |  |  |  | Signature of certification body |
| 1. **Internal discussion within CB:**

 (if not satisfactory for the notifying body) | [ ]  | Yes | [ ]  | No | [ ]  | with condition |
| Remarks:       |
|       |  |  |  |  |
| Place/Date |  |  |  | Signature of convener SKN CB group |