(Your information will be treated confidentially.)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | |