

## Feedback about appeal

Form code: F9.09-02

Issue No.: 01

Issue date: 01/09/2024

Revision No.: 01

Revision Date.: 29/09/2024

Page 1 of 1

Complainant /Appellant name			
Company			
Address			
Telephone			
Mobile			
Official email address			
Reference number of complaint/appeal			
Name of receiver			
Date of complaint/appeal			
Method	□Verbal	□ telephone	□ document (as attached)
Method	□ verbar	□ telephone	□ document (as attached)
Туре	□Complaint	□ telephone	
		□ telephone	<u> </u>
Туре		□ telephone	<u> </u>
Туре		□ telephone	<u> </u>
Туре		□ telephone	<u> </u>
Туре		□ telephone	<u> </u>
Туре			<u> </u>
Type  Feedback concerning the complaint/appeal:	□Complaint		<u> </u>
Type  Feedback concerning the complaint/appeal:  Quality manager	□Complaint  General manage		<u> </u>