

Document code: F01-P04/0

Complaint registration form



Complainant's Profile

Name:	Complaint date:
E-Mail:	Direct Phone:
Complaint tracking code:	Contract No.:

Channel of reception: Phone Web site E-mail Letter Fax Verbally

Description of Complaint

Complainant's suggestion for resolve:

Complaint Supporting Documents:

In (.....date.....), at (.....) complaint tracking code was informed to the complainant through Phone SMS E-mail Letter Other (.....) and the deadline for complaint handling (.....date.....) was confirmed.

Name & Signature:

Complaint handling

The members of the Complaints Handling Committee are determined as follows:

The complaint relates to violation of the principles of impartiality:

- No
Yes; A copy of the results shall be sent to the "*Impartiality Safeguarding Committee*"

Managing Director
Name, Date & Signature:

According to the investigation of documents and statements, the Complaints Handling Committee meeting was held on (.....date.....) and the result is as follows:

- The complaint is not valid.
 The complaint is valid.

Description:

It requires to hold a special meeting to review the complaint and submit the report till (.....date.....).

Document code: F01-P04/0

Complaint registration form



Committee member	Position	Signature

The special meeting was held by the Complaints Handling Committee on (.....date.....) and the result is as follows:

The root causes of the complaint:

Corrective action No. (if needed) :

Management Representative
Name, Date & Signature:

Managing Director Review

Managing Director's Comment:

- The complaint is not valid.
- The complaint is valid. In this case, the solutions for obtaining the satisfaction of the complainant:

Managing Director
Name, Date & Signature:

Description of determined actions					
Situation	Actions description	Responsible	Deadline	Report	Date & Signature
The complaint is not valid	Contact complainant/customer and informing the results				
The complaint is valid					

Document code: F01-P04/0

Complaint registration form



In (.....date.....), contacted to the complainant to report on actions taken through Phone In person E-mail Letter
Other (.....) and the complainant:
 Satisfied
 Dissatisfied; Corrective action No.:

Name & Signature:

The complainant satisfaction survey "complaint handling process" was received through Phone In person E-mail Letter
Other (.....) in(.....date.....) and the complainant:
 Satisfied
 Dissatisfied; Corrective action No.:

Name & Signature: