

Document code:  
F01-P05/0

## Appeal Recording and Review



### Applicant Information

Name:	Request date:
E-mail:	Direct Phone:
Request Tracking No.:	Contract No.:
Channel of reception: <input type="checkbox"/> Phone <input type="checkbox"/> Web Site <input type="checkbox"/> E-mail <input type="checkbox"/> Letter <input type="checkbox"/> Fax <input type="checkbox"/> Verbally	

### Description of Complaint

Documents provided by the appellant:

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

Name & Signature:

### Appeal handling

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

Managing Director  
Name, Date & Signature:

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

- The appeal is not valid.
- The appeal is valid.

Description:

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

Committee member	Position	Signature

Document code:  
F01-P05/0

## Appeal Recording and Review



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

The root causes of problem/error/fault:

Corrective action No. (if needed) :

Management Representative  
Name, Date & Signature:

### Managing Director Review

Managing Director's Comment:

- The appeal is not valid.
- The appeal is valid.

Managing Director  
Name, Date & Signature:

#### Description of determined actions

Situation	Actions description	Responsible	Deadline	Report	Date & Signature
The appeal is not valid	Contact appellant/customer and informing the results				
The appeal is valid					

In ( .....date..... ), contacted to the appellant to report on actions taken through Phone In person E-mail Letter Other ( ..... ) and the appellant:

- Satisfied
- Dissatisfied; Corrective action No.:

Name & Signature:

**Document code:**  
**F01-P05/0**

## Appeal Recording and Review



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

Name & Signature: