

**Controlled Document:**Document F02  
**Complaints Form**

*This policy applies to Consolidated Verification Services personnel, independent contractors and BEE experts working with Consolidated Verification Services providing BEE verification services*

**Complaints Form**

<b>Name Measured Entity:</b>	<b>Date:</b>
<b>Representative of the Organisation:</b>	<b>CVS Employee responsible for the procedure:</b>
<b>Certificate Number for the entity?</b>	
<b>Define: State the Problem</b>	
<b>Signature:</b>	<b>Date:</b>
<i>For Internal use only</i>	
<b>Action Taken by Complaints Committee</b>	
<b>Has Action been communicated to Client</b>	