Please complete the form below and send from to [certification@grscertification.com](mailto:certification@grscertification.com)

|  |  |
| --- | --- |
| Date |  |
| Name of the Person/ Business |  |
| Address |  |
| Phone |  |
| E-mail |  |
| Details of compliant (Details of the issue): | |
| GRS Review |  |
| GRS Action |  |
| Final Outcome |  |
| Details of Appeal(Details of the issue): | |
| GRS Review |  |
| GRS Action |  |
| Final Outcome |  |
|  |  |
| Evaluation of Actions ( Effectiveness of the action) |  |
| Evaluators Name |  |
| Position |  |
| Date |  |

**GRS Complaint Handling Flowchart:**

