Please complete the form below and send from to 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:**

