

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

Name of the Person/ Business	
Address	
Phone	
E-mail	
Date of Complaint	
Details of Compliant:	
GRS Review	
GRS Action	
Outcome	
Date of Appeal	
Details of Appeal:	
GRS Review	
GRS Action	
Outcome	
Evaluation of Actions (effectiveness of the action)	
Evaluator's Name	
Position	
Sign:	Date:

## GRS Complaint Handling Flowchart:

