

Non Conformity, Complaints and Appeals Document



A/A:	Issue Date:
Client Organization/Interested Party Name:
Type of sanction:	Non Conformity <input type="checkbox"/> Complaint <input type="checkbox"/> Appeal <input type="checkbox"/> If other <input type="checkbox"/> , then please describe

DESCRIPTION		
.....		
Date:	Responsible:	Approved by:
INVESTIGATION (LEVEL 1-2-3)-CAUSE ROUT ANALYSIS		
.....		
Date:	Responsible:	Approved by:
CORRECTION/ CORRECTIVE AND PREVENTIVE ACTIONS		
.....		
Date:	Responsible:	Approved by: Closed until:
EFFECTIVENESS		
.....		
Date:	Responsible:	Approved by:

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