

|   |                                  |                     |
|---|----------------------------------|---------------------|
|  | <b>SON MSC COMPLAINT FORM</b>    | <b>Version: 01</b>  |
|   | <b>Issue Date: 26 March 2014</b> | <b>Page: 1 of 2</b> |

## INTRODUCTION

- This form is intended for formal, documented complaint where a formal evaluation and documented response is deemed necessary?
- This form supplements details in the SON MSC complaint and appeal procedure. It can be obtained from SON MSC office at Lekki 1, Lagos or downloaded from our website at (<http://son.gov.ng/management-system-certification-services/> ) for completion and return to SON MSC through the DG SON's office.
- Complaints may formally be submitted to SON in cases arising from activities of:
  - SON Management Systems Certification Directorate
  - Clients certified by SON MSC
- Please complete this form and submit to SON MSC through the Director General's office.

## COMPLAINT FORM

| <b>1. GENERAL INFORMATION</b>                     |   |
|---|---|
| Designation of complainant                        |   |
| Name of Organisation                              |   |
| Date of submission                                |   |
| Consent of disclosure                             | <input type="checkbox"/> <i>No, keep all information about the complainant completely confidential.</i><br><input type="checkbox"/> <i>Yes, MSC may share information about the source of the complaint during the course of the investigation.</i> |
| Name of primary contact (If different from above) |   |
| Position/Title                                    |   |
| Phone   |   |
| E-mail  |   |
| Mailing address                                   |   |
| <b>2. TARGET OF COMPLAINT</b>                     |   |
| Target of complaint                               | <input type="checkbox"/> <i>Certification applicant, SON MSC client and its agent(s)</i><br><i>Name:</i><br><br><input type="checkbox"/> <i>SON MSC and its agent(s)</i>  |
|   |   |

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|   |
|---|
| <b>3. DESCRIPTION OF THE COMPLAINT</b>                                |
| Please specify exactly the nature of complaint:                       |
|   |
| List of attached documents/other items as evidence (where applicable) |
|   |
| Recommended Solution  |
|   |

Additional remarks

SIGNATURE

DATE

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