Part 1 To be filled by the Sender

Applicant (name of the Organiztion)	
Address of the Organization	
Contact person (Name, Surname, position)	
Contacts (phone; fax; e-mail)	
Subject of the complaint: (laboratory activity / test request / test report / correspondence / impartiality / other)	
Reason for complaint (you can mark more than one)	☐ Non-fulfillment of the terms under agreement / offer / contract ☐ Claim related to test report № ..... / ..... ☐ Doubt about the validity of the results / declared compliance ☐ Incompetence and /or impartiality of the staff ☐ Failure to maintain professional secrecy ☐ Other
About (description of the facts in the complaint)	…… …… …… ……
Attached documents	I enclose the following documents / information related to this complaint : …… …… …… ……

Date: ..... Applicant: .....
(Name, Surname, signature)

Part 2 To be filled by Test Laboratory at Elkabel JSC, Burgas

Complaint № ..... / .....

Acceptance of the complaint	☐ in person ☐ e-mail / fax ☐ letter sent by mail to address: Elkabel JSC, Burgas, 15 Odrin Str Date: ..... Person accepting the complaint: ..... (Name, Surname, signature, position)

Statement of reviewing the Complaint	Review of documents/information and/ or circumstances: …… …… …… (to be described) Does the complaint concern laboratory activities / responsibility for the activities / processes subject of complaint, of the Test Laboratory at Elkabel JSC? ☐ Yes ☐ No Date: ..... Processed by: ..... (Name, Surname, signature, position) Notification of the sender : Date: .....

Actions for solving the complaint	1. …….. Person in charge: …….. (Name, Surname, signature, position) Date: ..... Session: ..... 2. …….. Person in charge: …….. (Name, Surname, signature, position) Date: ..... Session: ..... Defined actions: …….. (Name, Surname, signature, position) Date: .....

Implementation control (conclusion)	☐ The specified actions have been completed on time ☐ The specified actions have been completed after the deadline ☐ Actions has not been completed ☐ At the time of performance, the actions has been changed Notification to the sender (in case the actions are changed during the implementation) Date: ..... Performed by: ..... (Name, Surname, signature, position) Date: ..... Additional actions are needed: ☐ **Yes** ☐ **No** Description: ..... Performed by: ..... (Name, Surname, signature, position) Date: .....

Notification to the sender of the Complaint	Date of the "Letter of notification"	Stage of the process	Performed by (Name, Surname, signature, position)
	……		
	……		
	……	End of processing the Complaint	