

APPEALS, COMPLAINTS AND DISPUTES FORM

This form may be used to request an appeal or to submit a complaint or dispute the result or performance of an audit or auditor. Please provide as much information as possible with regard to your request (use additional sheets if necessary).

Name: _____

Phone #: _____

Address: _____

Farm/Facility Name: _____

Audit Date: _____

Audit/Certification Program:: _____

Audit Type: _____

Name of Auditor: _____

Problem Description: _____

Signature: _____ **Date::** _____

Send To: QA Manager
(Certified Mail is recommended)
2810 Industrial parkway
Santa Maria, CA 93455

PrimusLabs.com Audit # (if applicable): _____

Receipt Date of Appeal, Complaint or Dispute: _____

Resolved by QA Manager: _____ (see attached report) Date: _____

Management Review Committee Notified: _____ Date: _____

Is a hearing required? _____ (Attach list of committee members sent to appellant)

Date list sent to appellant: _____ Date accepted: _____

Hearing Date: _____

Resolution: See attached report

QA Manager Signature: _____ **Date:** _____

INSTRUCTION FOR APPEALS, COMPLAINT AND DISPUTES FORM

Auditor

1. During the closing meeting, inform the auditee that they have the right to appeal, submit a complaint or dispute the results or performance of the audit or auditor.
 2. Give the auditee a copy of this form and instructions.
 3. Ensure that the auditee has the name of the program for which they were being audited (e.g., Costco, EUREPGAP, National Organic Program, etc.) and the type of audit that was performed (field, harvest crew, cooler, etc.).
 4. Ensure the auditee has the correct spelling of the names of the participating auditors.
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Auditee

Note: The form provided to you by the auditor is NOT required to be used for appeal, submit a complaint or dispute, it is provided as a convenience to the auditee. However, if the form is not used, please provide the same information as is requested. If you initiate your request by telephone, you will be requested to submit it in writing as well to ensure no details are missed or misunderstood.

1. Enter your name address, phone number, farm or facility name, audit type (field, ranch, harvest crew, packinghouse, cooler, etc.), date, program that you are being audited to (EUREPGAP, organic, etc.) and the name of the auditor. If the audit was performed by more than one auditor, enter the lead auditor's name.
2. Provide a description of the problem that you are requesting to be reviewed, be as complete as possible, use additional sheets if needed.
3. Sign and date the form in the spaces provided.
4. Do not enter any information below the double line.
5. Mail the form to PrimusLabs Quality Assurance Manager at the address on the form. It is recommended that you send your request via Certified Mail.