

Reliable Organic Certification Organization

Complaint Form

Client ID:	
Person/organization who complained (Name and address)	
Telephone:	
Email:	
Type of Certification:	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ICS/LOCAL GROUP <input type="checkbox"/> WILD COLLECTION <input type="checkbox"/> LARGE AREA <input type="checkbox"/> INPUT <input type="checkbox"/> PROCESSING <input type="checkbox"/> TRADING
Complaint Date:	
Complaint taken by:	
Complaint Details:	

Customer Signature

For ROCO use only:

Identify cause of complaint:	
Corrective Action taken (If needed):	
Personnel incharge to Follow-up with Clients:	
Client Feedback after follow up	
Reviewed by (with Remarks)	
Position& Signature	
Approved by (with Remarks)	
Position& Signature	