**FM 026 RECORD OF AN APPEAL AND/OR COMPLAINT**

1. To be filled out by the IAAC Secretary:

**Information of the claimant and/or appellant:**

|  |  |  |
| --- | --- | --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephones: +(\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Type:  Complaint ( \_ )  Appeal ( \_ )  Receipt date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Complaint No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|

**The issue is related to:**

|  |
| --- |
| Issue:  ( \_ ) IAAC activities  ( \_ ) IAAC member accreditation body  ( \_ ) MLA Group decision  ( \_ ) MLA management process and MLA peer evaluators  ( \_ ) IAAC decision |

|  |  |
| --- | --- |
| DATE | IAAC SECRETARY RESPONSE TO THE ISSUE |
| xx/xx/xx | ACCEPTED  NOT ACCEPTED (REASONS OR REQUEST APPLICANT TO ADDRESS ISSUE PREVIOUSLY OR TO RESOLVE IT) |
| DATE | APPLICANT’S RESPONSE |
| 20xx/xx/xx |  |
| DATE | SECOND IAAC RESPONSE (IF APPLICABLE) |
| 20xx/xx/xx | ACCEPTED  NOT ACCEPTED |

|  |  |
| --- | --- |
| Appointment of Working Group by the IAAC Chair:  Date: 20xx/xx/xx | |
| Members of the Working Group to address the complaint (CWG) (delete as appropriate): | Accepted by:  Name/position:  Date: 20xx/xx/xx |
| Members of the Working Group to address the appeal (AWG) Or appointed team leader (delete as appropriate): | Accepted by:  Name/position:  Date: 20xx/xx/xx |

2) To be filled out by the leader of the CWG/AWG:

**INVESTIGATION REPORT OF THE APPEAL /COMPLAINT**

A) SUMMARY OF THE APPEAL/COMPLAINT

B) MANAGEMENT OF THE APPEAL/COMPLAINT

- Attach the report that describes the steps taken by the Working Group which contains the items established in the PR 005 procedure (Items 4 to 7, as appropriate).

- List the evidence submitted to IAAC- Previous and additional information including, if applicable, information related to the AB’s response, resolution or negotiation. Attach those considered necessary to make a decision.

- Information obtained from witnesses or experts contacted during the course of the investigation, as appropriate.

C) CONCLUSIONS AND RECOMMENDATIONS

DATE OF SUBMITTAL: 20xx/xx/xx

3) To be filled out by the IAAC Secretary:

FINAL DECISION

(Decision text indicating who made it and the supporting resolution, as appropriate)

DATE: 20xx/xx/xx

4) To be filled out by the leader of the CWG/AWG:

PUBLIC SUMMARY OF THE APPEAL/COMPLAINT

This summary should be a general description of the appeal/complaint without details of the organizations or persons involved. This summary must not contain any information that is considered confidential.

DATE: 20xx/xx/xx