



DATE: _____

COMPLAINT TYPE

<input type="checkbox"/> Complaint / Non-conformity	<input type="checkbox"/> Suggestion / Tip for improvement
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SUBJECT OF THE COMPLAINT

<input type="checkbox"/> Food safety	<input type="checkbox"/> Product quality, fraud	<input type="checkbox"/> Legal compliance	<input type="checkbox"/> Environmental safety	<input type="checkbox"/> Economic practices
Child, forced or compulsory labour	Discrimination, disciplinary practices	<input type="checkbox"/> Collective bargaining	<input type="checkbox"/> Workers' safety	Working hours, remuneration

Description of the reported matter

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Possible suggested corrective action

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SPACE RESERVED FOR MANAGEMENT

Complaint number	Processing date	<input type="checkbox"/> Pertinent	<input type="checkbox"/> Not pertinent
ACTIONS TO BE TAKEN:			CLOSURE DATE
			ENO SIGNATURE