## Suggestion, Complaint and Objection Form

**TÜV AUSTRIA TURK – General** 



Suggestion 🗌		Complaint 🗌	Objection 🗌
No		Name-Surname Title:	

Date	Address			
Phone	Fax		e-mail:	@

Explanation				
When you fill out this form online, please send it to	o infoturkey@tuv.at and/or selim.vilmaz@tuv.at			
You may also send it by post to Koşuyolu Mah. Katip Salih Sok. No: 69, 34718 Kadıköy - Istanbul.				
Recorded by (Name-Surname / Title)		Sign ature		
Note: When Complaint / Objection is communicated verbally, this form should be filled out by the authorized				
person of TÜV AUSTRIA TURK and the approval of the complainant/demurrer for true understanding of the				
Authorized Person to Follow-up the Complair (Name-Surname/Title):	nt			
Your Complaint/Objection has been recorded by TÜV AUSTRIA TURK, and the necessary work is carried out by				
the relevant person in charge of the below activity to be performed. You may contact our personnel at any time				
about your Complaint/Objection and get information about the process. In any case, you will be informed as soon				
as possible of the action to be taken regarding your complaint. You may raise your objection regarding the notified action within five (5) working days.				

## Activities to be Carried out and The Result and/or Objection

Activities to be carried out and decisions taken regarding your complaint are as above. We submit for your information.

TÜV AUSTRIA TURK

www. <b>tuvaustriaturk</b> .com ifturkey@tuv.at FRM-010a Rev.02/03.03.2017 Pag	e 1 / 2
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TÜV AUSTRIA TURK – General



## **Objection Committee:**

Information regarding the acknowledgement of the objection committee by the objecting organization

Date

Approved by

## Decision of Objection Committee

 Date

 Name
 Image: Signature

Did the objecting organization accept the decision of the objection committee?	🗌 Yes	□ No
Is corrective action will be taken on this subject?	🗌 Yes	□ No

**Related Responsible Person** 

/

Date – Signature

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