

### 1. EXPORTER

Company Name:

Address:

Telephone No.:

Fax No.:

E-mail:

Contact Person:

### 2. EXPORTER'S COMPLAINT DISCUSSIONS

Prior to completing this form, the complaint should have already been discussed with the COTECNA office staff. Please advise what COTECNA office location has been contacted:

Person with whom the complaint was discussed  
Mr. / Mrs.:

### 3. REFERENCE NUMBERS

Cotecna reference no.:

(As advised by Cotecna or Importer)

Contract    Order    Proforma Invoice    Final Invoice  
No.:

(Tick as applicable)

### 4. DESCRIPTION OF THE GOODS

### 5. NATURE OF GRIEVANCE AGAINST THE COTECNA OFFICE

Please indicate, by marking an "x" in the appropriate box(es) below, what requirement(s) in your opinion has/have not been satisfied by the COTECNA office.

Category	Tick	Summary
Non Discrimination		
Site of Inspection		
Standards Applicable		
Testing Parameters		
Protection of Confidential Business Information		
Conflict of Interest		
Transparency		
Delay		

**NOTES:** If your grievance does not concern the above mentioned categories, please proceed to Section 6.

## 6. SUMMARY OF GRIEVANCE

Please provide the facts of the case and summarize the reasons why, in your opinion, the decision or conduct of the COTECNA office is not acceptable. Please attach copies of relevant documents.

## 7. PROPOSED SOLUTION TO THE GRIEVANCE

Please state your proposed solution to the grievance.

## 8. EXPORTER'S DECLARATION

I hereby declare that:

1. I am an Exporter's authorized employee and
2. The information here contained is correct to the best of my knowledge

FULL NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_ / \_\_\_ /20\_\_\_

NOTES :

Exporters with complaints about Conformity assessment activities are, in the first instance, requested to discuss the matter with the appropriate Manager of the COTECNA office responsible for performing the conformity assessment activity ("COTECNA office"). In case you were dissatisfied with the results of the investigation, you have the possibility to submit a request for reconsideration which will be handled by a higher level manager. Please refer to our guidelines on [complaints & appeals procedures](#).

**Please return this form to the appropriate COTECNA office responsible for the region you are located in.**  
**Contact List**