

Appeal Form

Autorization:

Version N°: 01
Prepared by: Quality Control
Revision: 01
Approved by: General Manager
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Application: Immediately
Code document: F-AU-14-1E

Contact:

Sustainable Farm Certification International, Ltda.
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Availability:

Copies of this document in digital and / or physical version, are available through Quality Control of Sustainable Farm Certification

Appeal Form

IDR (for internal use):

Dear customer:

1. The information provided herein is strictly confidential. Sustainable Farm Certification will coordinate with your representative if revealing this information is required in order to resolve this case.
2. Please fill out this form in block letters, or use the electronic form
3. If you have any doubts, please contact our office
4. Please send this form to the e-mail address: cert@sustainablefarmcert.com or fax (506) 2234-9009 ext. 305.

1. General Information	
Name of client:	
Date:	
Name of person responsible for the appeal:	
Title:	
Telephone:	
Fax:	
E-mail:	
Mailing address:	
2. Service	
<input type="checkbox"/> Certification Audit	<input type="checkbox"/> Verification Audit
<input type="checkbox"/> Annual Audit	<input type="checkbox"/> Other. Specify:
3. Appeal against:	
<input type="checkbox"/> Audit report complaint	<input type="checkbox"/> Certification decision
<input type="checkbox"/> Inspection process	<input type="checkbox"/> Certification cancellation
<input type="checkbox"/> Other. Specify:	
4. Conditions of the appeal	
Problem description:	

Appeal Form

Has the Certification Committee revised or made a decision about this matter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you received a response or decision about the matter within the established time frame?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you think the decision was made on the basis of impartiality?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explain:		
Do you think that a conflict of interest exists in the decision made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explain:		
5. Appeal justification		
List of documents attached as evidence:		
6. Requested Action		
I hereby request that the above be:		
<input type="checkbox"/> Revised again	<input type="checkbox"/> Clarified	
<input type="checkbox"/> Other. Specify:		
Comments:		
Responsible signature:		