



**COMPLAINTS AND DISPUTES FORM
(FOR DOEs)
Version 01.1**

Name, address and contact information of the complaining AE/DOE	
Subject of the complaint	<input type="checkbox"/> The CDM-AP <input type="checkbox"/> The CDM-AT <input type="checkbox"/> The secretariat <i>(Please provide exact name and titles, if known)</i>
Information on the project or assessment relevant to the complaint:	
Area of the complaint	<input type="checkbox"/> Compliance with the CDM accreditation procedure <input type="checkbox"/> Unethical behaviour <input type="checkbox"/> Disagreement on a non-conformity raised or not closed <input type="checkbox"/> Other, please specify:

Summary of the complaint:

(Please provide as well all the necessary documentation to substantiate your complaint.)

I declare that the information given in this form is correct to the best of my knowledge and belief.

Signed:

Name (print)

Date

History of the document

Version	Date	Nature of revision
01.1	20 April 2012	Editorial changes to include new logo and other improvements.
01	22 October 2010	Initial adoption.
Decision Class: Regulatory		
Document Type: Form		
Business Function: Accreditation		