



BEE EMPOWERED
BEE RATING AGENCY

PROCEDURE MANUAL	Doc Ref No: BEE/MP/9/A3
Title: Complaint Form	Revision No: 05
Copy No: 01	Page: 1 of 1
Compiler: L Frank	Date Compiled: 19 September 2012
Approver: R Ackerdien	Effective date: 19 September 2012

COMPLAINT FORM

This section to be completed by the **MEASURED ENTITY**.

NAME OF MEASURED ENTITY: _____

BEE REF NUMBER: _____

NAME AND CONTACT DETAILS OF AUTHORISED REPRESENTATIVE OF THE MEASURED ENTITY: _____

NATURE OF COMPLIANT

SOLUTION DESIRED

SIGNATURE OF DULY AUTHORISED REPRESENTATIVE OF THE MEASURED ENTERPRISE

DATE

RECEIVED BY BEE EMPOWERED ON: _____

RECEIVED BY: _____



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PROCEDURE MANUAL	Doc Ref No: BEE/MP/9/A4
Title: Complaint Form: Verification Manager's Response	Revision No: 05
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Approver: R Ackerdien	Effective date: 19 September 2012

THE VERIFICATION MANAGER'S RESPONSE

(This document must be completed and returned to the Measured Entity within 3 days after having received the complaint, or within 3 days after having reconsidered the merits of the complaint)

NAME OF VERIFICATION MANAGER: _____

NAME OF MEASURED ENTERPRISE (COMPLAINANT): _____

BEE REF NO OF MEASURED ENTITY: _____

NATURE OF COMPLAINT

VERIFICATION MANAGER'S RESPONSE TO COMPLAINT

SIGNATURE _____ DATE _____

MEASURED ENTITY'S RESPONSE

(This section must be completed and the form must be returned to BEE EMPOWERED within 2 days after having received the Verification Manager's response)

1. Are you satisfied with the Verification Manager's response? YES / NO
2. Do you wish to take the Complaint further? YES / NO



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REASONS FOR PURSUING THE COMPLAINT (Administration Manager: **STAGE 2**)

SIGNATURE OF DULY AUTHORISED
REPRESENTATIVE OF MEASURED
ENTITY

DATE





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THE ADMINISTRATION MANAGER'S RESPONSE

(This document must be completed and returned to the Measured Entity within 3 days after having received the complaint)

NAME OF ADMINISTRATION MANAGER: _____

NAME OF MEASURED ENTITY CONCERNED: _____

BEE REF NO OF MEASURED ENTITY: _____

NATURE OF COMPLAINT

ADMINISTRATION MANAGER'S RESPONSE TO COMPLAINT

SIGNATURE _____ DATE _____

MEASURED ENTITY'S RESPONSE:

(This section must be completed and the form must be returned to BEE EMPOWERED within 2 days after having received the Verification Manager's response)

3. Are you satisfied with the Administration Manager's response? YES / NO
4. Do you wish to take the Complaint further? YES / NO

REASONS FOR PURSUING THE COMPLAINT (Managing Member: **STAGE 3**)



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SIGNATURE OF DULY AUTHORISED
REPRESENTATIVE OF MEASURED
ENTITY

DATE

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THE MANAGING MEMBER'S / DESIGNATED MANAGER'S RESPONSE (STAGE 3)
(This document must be completed and returned to the Measured Entity within 3 days after having received the complaint)

NAME OF MANAGING MEMBER / DESIGNATED MANAGER: _____

NAME OF MEASRUED ENTITY CONCERNED: _____

BEE REF NO OF MEASURED ENTITY: _____

NATURE OF COMPLAINT

OUTCOME:

IF AFTER DISCUSSION, IF THE OUTCOME OF SETTLEMENT IS ACCEPTABLE TO THE MEASURED ENTITY, THE FOLLOWING SIGNATURES ARE REQUIRED:

SIGNATURE OF DULY AUTHORISED REPRESENTATIVE
OF THE MEASURED ENTITY

DATE



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IF SETTLEMENT IS NOT REACHED, THE MANAGING MEMBER / DESIGNATED MANAGER SHOULD STATE REASONS: (ATTACH ADDITIONAL DOCUMENTATION IF NECESSARY)

SIGNATURE OF MANAGING
MEMBER / DESIGNATED MANAGER

DATE

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