# 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 COMPLAINT**

__________________________________________________________________________________

__________________________________________________________________________________

**SOLUTION DESIRED**

__________________________________________________________________________________

__________________________________________________________________________________

**SIGNATURE OF DULY AUTHORISED REPRESENTATIVE OF THE MEASURED ENTERPRISE**

__________________________________________________________________________________

**DATE**

**RECEIVED BY BEE EMPOWERED ON:** ________________

**RECEIVED BY:** ________________
### 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
<table>
<thead>
<tr>
<th>PROCEDURE MANUAL</th>
<th>Doc Ref No: BEE/MP/9/A4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title: Complaint Form: Verification Manager's response</td>
<td>Revision No: 05</td>
</tr>
<tr>
<td>Copy No: 01</td>
<td>Page: 2 of 2</td>
</tr>
<tr>
<td>Compiler: L Frank</td>
<td>Date Compiled: 19 September 2012</td>
</tr>
<tr>
<td>Approver: R Ackerdien</td>
<td>Effective date: 19 September 2012</td>
</tr>
</tbody>
</table>

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

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

SIGNATURE OF DULY AUTHORISED REPRESENTATIVE OF MEASURED ENTITY

DATE
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)
<table>
<thead>
<tr>
<th>PROCEDURE MANUAL</th>
<th>Doc Ref No: BEE/MP/9/A5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title: Complaint Form: Administration Manager’s Response</td>
<td>Revision No: 01</td>
</tr>
<tr>
<td>Copy No: 01</td>
<td>Page: 2 of 2</td>
</tr>
<tr>
<td>Compiler: L Frank</td>
<td>Date Compiled: 19 September 2012</td>
</tr>
<tr>
<td>Approver: R Ackerdien</td>
<td>Effective date: 19 September 2012</td>
</tr>
</tbody>
</table>

SIGNATURE OF DULY AUTHORISED REPRESENTATIVE OF MEASURED ENTITY

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

________________________________________________________

________________________________________________________

SIGNATURE OF MANAGING MEMBER / DESIGNATED MANAGER