



OBJECTION, COMPLAINT AND SUGGESTION FORM

<input type="checkbox"/> Objection	<input type="checkbox"/> Complaint	<input type="checkbox"/> Suggestion	Record Nr.:
Company / Person making an Objection, Complaint and Suggestion:			Date :
Reference Document related to Objection, Complaint and Suggestion:			
Department / Person subject to Objection, Complaint and Suggestion:			
Telephone:	Fax:	E-mail:	
Subject of Objection, Complaint and Suggestion:			
* Following sections shall be completed by ACE GLOBAL and related departments.			
Date of Review:		Objection / Complaint / Suggestion received by:	
Personnel to Follow-Up the Process (Name-Surname / Title) =			
İtiraz, Şikayet ve Öneri Gerekçesi :			
Review / Action to be taken:			
Review by the Objection and Complaint Committee:			
Date of Responding to Objection / Complaint and Suggestion:		If Corrective & Preventive Action is required, CPA Nr.:	
Feedback to the Person Making an Objection / Complaint / Suggestion (Conclusion):			
Responsible Officer	Management Representative	General Manager	
SIGNATURE	SIGNATURE	SIGNATURE	