

FORM FOR SUBMITTING COMPLAINTS AND APPEALS

Relevant to:	<input type="checkbox"/> Appeal against a decision by AREAS Certificazioni
	<input type="checkbox"/> Complaint against a product certified by AREAS Certificazioni
	<input type="checkbox"/> Complaint against AREAS Certificazioni behavior
Complaint / appeal by:	
Agency:	
The complaint / appeal refers to the practice:	
The activity in question was performed on:	This complaint / appeal was filed on:
Object of the appeal / complaint:	

<i>Name and Surname of the Complainant</i>	<i>Date:</i>	<i>Signature</i>