



## Complaint Form

<b>Information about the complainant</b>	
Full Name:	Organisation:
Address:	
Phone:	Email:
Person to contact (if another than the above mentioned person):	
<b>Summary of complaint</b>	
<b>Appendices</b>	
Date:	Signature of complainant:

**Certification Body for Non Destructive Testing - Sri Lanka**

<b>Title</b> : Complaint Form		<b>Doc No:</b> CBNDDT/FRM/COM
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