TÜV AUSTRIA MARINE



Suggestion	Complaint 🗌

Objection 🗌

No	Name-Surname Title:			
Date	Address			
Phone	Fax		e-mail:	@

Explanation				
When you fill out this form online, please send it to	<u>info@</u>	2tuvaustriamarine.com and/or		
You may also send it by post to				
Recorded by (Name-Surname / Title)			Sign	
			ature	
<b>Note:</b> When Complaint / Objection is comm		•		•
person of TÜV AUSTRIA MARINE and the subject should be ensured.	appr	oval of the complainant/demurrer for t	true un	derstanding of the
	<b>.</b> +			
Authorized Person to Follow-up the Complain (Name-Surname/Title):	IL			
Your Complaint/Objection has been recorde	d by	TÜV AUSTRIA MARINE, and the nece	essary	work is carried out
by the relevant person in charge of the below	activ	vity to be performed. You may contact of	our pers	sonnel at any time
about your Complaint/Objection and get info	matio	on about the process. In any case, you	ı will be	informed as soon
as possible of the action to be taken regardin	g you	ır complaint. You may raise your object	ion reg	arding the notified
action within five (5) working days.				
Activities to be Carried out and The R	esul	t and/or Objection		

Activities to be carried out and decisions taken regarding your complaint are as above. We submit for your information.

TÜV AUSTRIA MARINE

## Suggestion, Complaint and Objection Form

## **TÜV AUSTRIA MARINE**



## **Decision of Objection**

Date			
Name			
Signature			

Did the objecting organization accept the decision of the objection?	□ Yes	🗆 No
Is corrective action will be taken on this subject?	🗆 Yes	🗆 No

**Related Responsible Person** 

/

Date – Signature