**Grievance Application Form**

No.\_\_\_\_\_\_\_\_\_

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| **Applicant** |
| **Type of the Applicant** | （）Enterprise （）Assessment organization（）Assessor（）Second-party assessment program（）Third-party assessment program（）Industrial initiative（）Other, please specify:  |
| **Information of the applicant** |
| Name:  |
| Nationality:  |
| Name of the organization that you work for： |
| Registered address of the organization:  |
| Website:  |
| Position:  |
| Postal address:  |
| Email:  |
| Tel.:  |
| Mobile:  |
| **Grievance object**  |
| **Type of the grievance object**  | （）Enterprise （）Assessment organization（）Assessor（）Second-party assessment program（）Third-party assessment program（）Industrial initiative（）Other, please specify:  |
| **Information of the grievance object** |
| Organization name:  |
| Registered address:  |
| Website:  |
| Contact name  |
| Contact position:  |
| Postal address:  |
| Email:  |
| Tel.:  |
| Mobile:  |
| **Grievance issue** |
| Description of the grievance issue: |
| List of relevant instruction and supporting materials (Please send the materials as attachments to the grievance email): |
| Have you communicated the grievance issue with the grievance object?( ) Yes, please describe the discussion process and results in detail: ( ) No, please specify the reason:  |
| **Confidentiality Claim** |
| Do you expect to keep applicant information confidential? ( ) Yes ( ) No |
| **Applicant Declaration** |
| The applicant hereby declares: 1. I submit this application based on good faith and the purpose of voluntary and equal resolution of the grievance issue.
2. I will not seek for any illegitimate benefit or any other interests that are not related to the resolution of the grievance issue in the process of application submission and consultation;
3. I respect the confidentiality requirement of all parties involving in the grievance handling;
4. I will not threaten, persecute, revenge on, restrict or defame any party in any form at any time during and after the process of grievance handling;
5. I promise that all the statements, information and supporting materials are valid and authentic;
6. I will respect and actively cooperate with the Assessment Center in following the procedure of the grievance mechanism;
7. I agree that the Assessment Center will share the information in the *Grievance Application Form* with the staff of the Grievance Handling Working Group and Grievance Expert Committee (if necessary) for the purpose of verifying and handling the grievance, except for

the information which is clearly required to be kept confidential. Applicant name or organization name: Signature or seal:  Signing date:   |

Please fill in this form, and send the signed and sealed application to the grievance receiving email of the Assessment Center: rbc@cccmc.org.cn