



REPORTING OF COMPLAINT, APPEAL OR DISPUTE (CAD)

Complaint		Appeal		Dispute	
Name of Complainant					
Position in Organisation					
Name and location of Organisation		E-Mail			
		Tel			
NERA Certificate No		Fax			
DETAILS OF CAD : To be completed by client (Use separate sheet if necessary)					
Signed by Complainant				Date	
INVESTIGATION AND ROOT CAUSE : (Use separate sheet if necessary)					
Signed by Investigator				Date	
PROPOSED CORRECTIVE ACTION AND IMPLIMENTATION : (Use separate sheet if necessary)					
Signed by Investigator				Date	

CAD Closed and approved by NERA CEO		Date	
FOR OFFICE USE ONLY			
CAD Registration Number		CAD received by	Date received
Investigation to be carried out by			
Date of Occurrence that led to Complaint / Appeal / Dispute (Delete as applicable).			