



### CLAIM/APPEAL BY PROFICIENCY TESTING PARTICIPANT

Name \_\_\_\_\_

Affiliation \_\_\_\_\_

Address \_\_\_\_\_

Tel. \_\_\_\_\_ e-mail \_\_\_\_\_

**Description:**

Large empty box for describing the claim/appeal.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Do not fill in this section**

Request received on \_\_\_\_\_

**By the Director**

the claim/appeal is valid? YES  NO

action to be implemented following the claim/appeal (correction of the specific inadequacy, corrective action/s, information to be forwarded to the participant, etc.):

to be implemented before: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

The planned action has been implemented? YES  NO

The participant was informed on the action implemented on: \_\_\_\_\_ YES  NO

The participant declared to be satisfied with the action implemented YES  NO

Date: \_\_\_\_\_ Signature: \_\_\_\_\_