



**MALAWI BUREAU OF STANDARDS
MANAGEMENT SYSTEM CERTIFICATION DIVISION**

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COMPLAINT FORM

Appeal Nr.: (To be filled by MBS officer)		
Name of Complainant		
Name of organization		
Address	P.O. Box	
	Physical location	
	City	
	Country	
	Telephone	
	Fax	
	email	

Details of Complaint (Attach separate sheet if necessary)

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Attach documentary evidence in support of appeal if available

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Declaration

I certify that the details furnished above are true to the best of my knowledge. I agree to abide by the decision of MBS in dealing with my above stated complaint.

Signature of complainant		Date	
Name of MBS complaint receiving officer			
Signature of MBS complaint receiving officer		Date	