

## COMPLAINT FORM

### Section 1: Complainant Information

Full Name \_\_\_\_\_

Organization (if applicable) \_\_\_\_\_

Contact Number \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

### Section 2: Compliant Details

Date of Incident or Issue \_\_\_\_\_

Area of Concern

☐ Certification Process ☐ Personnel Conduct ☐ Misuse of  
Certification ☐ Impartiality Concern ☐ Other (Specify):

Description of Complaint  
(please provide detailed  
information, including  
names, dates, and  
circumstances)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supporting Documents Attached? ☐ Yes ☐ No

### Section 3: Desired Outcome (optional)

Please describe any resolution  
or action you seek, if applicable

\_\_\_\_\_  
\_\_\_\_\_

#### Section 4: Declaration

I declare that the information provided in this complaint is accurate and complete to the best of my knowledge. I understand that GSMR will treat this complaint seriously, confidentially, and impartially.

Complainant Signature \_\_\_\_\_

Date \_\_\_\_\_

**Note:**

- *GSMR will acknowledge receipt of the complaint **within 5 business days** and aim to resolve the complaint **within 30 business days**.*
- *Email the compliant form and supporting documents to: [certification@gsmsgulf.org](mailto:certification@gsmsgulf.org)*