

BMNS SERVICES PRIVATE LIMITED

BMNS/CSP 15/FOR 01

COMPLAINT, DISPUTES and APPEAL FORM

Date: 11-05-2024

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Complaint, Disputes and Appeal form					
General Information					
Name of the applicant					
Name of the Organization					
Address with phone number and					
email ID					
BMNS's contract number	If applicable				
CSP project number	If applicable				
Туре	Validation/verification				
Description	Describe here the complaint/dispute/appeal				
For BMNS Use					
Date of Complaint/Dispute/Appeal received? (Retain appropriate term amongst complaining/dispute/appeal)					
Has the Complaint/Dispute/Appeal been acknowledged?					
Description	Summarize here the issue				
Detail of personnel (subjects) involved in the case as applicable	*Please mention the name of BMNS personnel identified as subjects to the complaint/dispute/appeal and ensure that any of them, including but not limited to Director-Quality, is/are not involved, in complaint/dispute/appeal handling and				
	establishment of panel				
Verification of the validity by Director-	Quality*				
Complainant is a genuine stakeholder					
Identity of complainant is established					
Complaint is formal					
Its relates to validation and					
verification function					
Background information and evidences collected					
Is the complainant asked for					

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additional information?	
What all information is collected?	
Is the collected information	
satisfactory to request Director for	
the constitution of the panel?	
Constitution of Panel	
Name of the three members of Panel	1.
	2.
	3.
	(In case Director- Quality is subject to complaint, dispute or
	appeal, the case including appointment of independent panel,
	will be handled by Director- Operations. Please ensure, in any
	case, that that selected members are independent and there is
Is the team independent of these who	no self-appointment)
Is the team independent of those who	
carry out the work?	
Are the person appointed as team member have the same competency	
of the subjects to complaint or	
higher?	
Have the team members provided	
their no conflict of interest and	
confidentiality declaration in advance	
of taking the job?	
Is the team lead by Director-	
Operations?	
Approval	
Is the proposed team found	
appropriate?	
Date of approval	
Investigation and outcome	
Summary of investigation made	
Outcome (report)	
Action proposed	
Date	
Has the outcome been sent to the	
applicant?	
In case of dissatisfaction has he	
informed about the option of	
complaining to the board?	
Corrective action by Director- Quality	
Correction	

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Corrective action				
Date of review of effectiveness				
Date				
Approval by Managing Director				
Decision approved				
Correction approved				
Date				

Document History

Issue No.	Details of Revision	Approval date	Prepared by	Reviewed & Approved by
1	Initial Adoption	11.05.2024	Shiv Kumar Kashyap	HB Muralidhar

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