



ISTA
Seed Quality Assurance

ISTA Secretariat

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COMPLAINTS AND APPEALS

Complaint ☐

Appeal ☐

Description *(details on complainant)*

Date:

Initials / Signature:

TO BE COMPLETED BY THE ISTA SECRETARIAT

Follow-up with complainant necessary? ☐ Yes ☐ No **date, signature**

Correction (*immediate action*)

Due date: Signature:	Done date: Signature

Root cause (*possible sources of error*)

Due date: Signature:	Done date: Signature

Corrective Action (*long term action*)/ **Preventive Action** (*action to prevent re-occurrence*)

Due date: Signature:	Done date: Signature

Feedback given to the complainant? ☐ Yes ☐ Not applicable

Date/Initial

Evaluation of effectiveness (*if measure initiated was effective to prevent recurrence of problem*)

Due date: Signature:	Done date: Signature

Close off

Date: Initials/Signature: