



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:**