

Complaint, Appeal and Dispute (CAD) Form

Doc No: MS122-06 **Last Modified:** 4 August 2025
Approved By: Executive Committee **Revision No.:** 06

Please tick the applicable procedure			
Complaint			
Appeal			
Dispute			
Complainant Name:			
Complainants Position within the company:			
Tel:		Email:	
Date of Verification:		Moore BEE Certificate Number:	
Details of issue:			
Signature of Complainant		Date:	
Name:		Position in Company	
FOLLOWING SECTION TO BE COMPLETED BY MOORE INFINITY BEE PROPRIETARY LIMITED FOLLOWING RECEIPT OF COMPLAINT/ APPEAL/ DISPUTE			
Root Cause Investigation:			
Recommended Corrective Action:			
Signature of Investigator		Date:	
Position in Company			
MD review of recommendation Date:		MD Signature of Approval	
Date Outcome was Communicated to Client in writing			

FOLLOWING SECTION TO BE COMPLETED BY COMPLAINANT FOLLOWING FEEDBACK RECEIVED	
Complaint / procedure / conclusion is Approved/Rejected by Complainant	Approved/Rejected
Name:	
Date:	
Comments or additional feedback:	
Complaint resolved:	Yes/No
FOLLOWING SECTION TO BE COMPLETED BY MOORE INFINITY BEE PROPRIETARY LIMITED FOLLOWING ACCEPTANCE OF FEEDBACK/ CORRECTIVE ACTION	
Matter closed:	Yes/No
Date Closure of Appeal	