

Date	Description of modification			Revision number
25/09/2024	Initial version			
(Once a complaint is received, this form is to be completed by HPK Secretariat)				
☐ Testing laboratory		Name:		
☐ Inspector		Contact person:		
1. Description of complaint:				Heat Pump KEYMARK certificate registration number
				Complaint Registration No.
2. Responsible certification body (CB):				
Evaluation of the complaint:				
Further review of documents:				
Special audit (testing laboratory) / witness audit (inspectors):				
laboratory  Date for rectify	/ inspector: ying the comp			
4. Close out	of complaint:	∐ Yes	L No	with condition
Remarks, if neo	cessary:		***************************************	
Place/Date			Signature of certification body	
<ul><li>5. Internal dis CB:</li><li>Remarks:</li></ul>	scussion with	i <b>n</b> □ Yes	□ No □	with condition
Place/Date			Sigı	nature of Lead HPK CB group