**Appeals Form**

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| |  | | --- | | **Notes for businesses**   * As the recipient of the inspection service you have a right to appeal the inspection services given, if you do not agree that the results found at the time of the inspection. * **You have 14 days (including weekends and bank holidays) from the date of receipt of the notification letter to lodge an appeal.** * Please use the form below and return it to ALFA EGYPT – contact details are provided below and with the written notification of your inspection results. * The operation manger will review your inspection results and communicate the outcome of your appeal to you within seven days. | |

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| Company Name : ............................................................................................................................................................  Type of inspection provided : ...........................................................................................................................................  Company address : ...........................................................................................................................................................  Contact number : ..............................................................................................................................................................  Date of inspection : .........................................................................................................................................................  Date of the inspection report : ............................................................................................................................................ |

I do not agree with the inspection results given by ALFA EGYPT because (please explain below under each of the three headings; continue a separate sheet if necessary):

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| --- | --- | --- | --- |
| |  | | --- | | 1. Compliance with inspection process / tools used : |   ...........................................................................................................................................................................................  ............................................................................................................................................................................................   |  | | --- | | 1. Compliance with the inspector: | | ...........................................................................................................................................................................................  ...........................................................................................................................................................................................   1. Compliance with the confidentiality: |   ...........................................................................................................................................................................................  ............................................................................................................................................................................................  Company Representative: …………………... Signature: …………………... Date: / / |