FORM APPROVED
OMB NO. 0920-1424
EXP DATE: 12/31/2026

NAC
U.S. National Authority
for Containment of Poliovirus

Appeals and Complaints Form

A person and/or a facility reserves the right to initiate an appeal and/or a complaint based on products and/or services provided by the U.S. NAC. An appeal and/or complaint can be initiated if a person and/or facility is dissatisfied with the U.S. NAC's decisions, services, or representatives.

Facility Information

Indicate whether an Appeal or Complaint:	Choose One		
Facility Name:		Facility Street Address:	
Job Title:		Today's Date:	

**Submitter's name is optional and can be added along side the job title.*

Appeal or Complaint Information

Date Occurred:		Time Occurred:	
Appeal or Complaint Type:	Choose One		

Please Describe the Appeal(s) and/or Complaint(s) in Detail:

NAC
U.S. National Authority
for Containment of Poliovirus

Documentation

Please provide any documentation that can support your claim. All information will be reviewed, and an investigation will be conducted. For appeals the facility must provide documentation to support the claim of appealing the decision.

Please list documentation that supports the Appeal or Complaint:

Submission

All complaints and appeals are to be reported to the NAC Quality Team at nacqms@cdc.gov using this Appeals and Complaints form within **14 business days** of the appeal or complaint (audit, certification decision, meeting, call, etc.,).

NAC Quality Team Signature/ Date		**For U.S. NAC use ONLY**	
		Appeal and/or Complaint Number	