



**Chemical Metrology Laboratory
Proficiency Testing (PT) Scheme /
External Quality Assessment (EQA) Programme
Feedback / Complaint / Appeal Form**

Date: _____
PT / EQA Code: _____
PT / EQA Title: _____

Part I – Feedback, Complaint and Comment

I would like to

- Give feedback
- Lodge a complaint
- Others: _____

(e.g. submit a request or seek clarification)

Please write your feedback, complaint or comment here. You may attach separate sheets and/or relevant documents if necessary.

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Part II – Appeal (Against the evaluation of performance only)

I would like to

- Make an appeal against the evaluation of my performance in the PT Scheme /
EQA Programme

*Errors made by the participant in data entry cannot be changed after reporting deadline,
and these errors are not grounds for appeal.*

Please write your appeal here. You may attach separate sheets and/or relevant
documents if necessary.

Part III - Your Particulars

Name:

Designation:

Company:

Telephone:

Email:

Please return the form by email to:
HSA_CMLPT@hsa.gov.sg (PT scheme)
HSA_CMLEQA@hsa.gov.sg (EQA programme)

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For Official Use (To be completed by HSA)	
Remarks:	Please tick all the applicable box(es): <input type="checkbox"/> Related to PT / EQA activities <input type="checkbox"/> Acknowledgment sent <input type="checkbox"/> Form classification reviewed and confirmed <input type="checkbox"/> Matter(s) need to be discussed in a QAU meeting (e.g. complaint and appeal) <input type="checkbox"/> Others:
Form completed by: <i>(Name, Signature and date)</i>	

Note:

- 1) For action(s) to close any appeal or complaint, refer to QAU meeting minutes.
- 2) Feedback is to be updated during QAU meeting.