

**Form for CLAIMS or IMPROVEMENT INPUTS
of the SA Management system of DIENPI**

RESERVED TO THE PROMOTING ENTITY		
<input type="checkbox"/> CLAIM	<input type="checkbox"/> IMPROVEMENT PROPOSAL	DATE / /
<p>Filed by (optional fields) :</p> <p>Name and surname: _____ Contact details: _____</p> <p><input type="checkbox"/> Staff <input type="checkbox"/> customer <input type="checkbox"/> supplier/sub-contractor <input type="checkbox"/> labour union <input type="checkbox"/> other _____</p>		

DESCRIPTION OF THE CLAIM / OPERATION TO BE IMPROVED				
<input type="checkbox"/> Health and Safety	<input type="checkbox"/> Forced labour	<input type="checkbox"/> Discrimination	<input type="checkbox"/> Salary	<input type="checkbox"/> Working hours
<input type="checkbox"/> Labour union rights	<input type="checkbox"/> Freedom of	<input type="checkbox"/> Emplovm. of	<input type="checkbox"/> Disciplinary	<input type="checkbox"/> Management
SUGGESTED REMEDIES / IMPROVEMENT ACTIONS				

RESERVED TO THE COMPANY						
Form received by:	<input type="checkbox"/> email	<input type="checkbox"/> RLSR	<input type="checkbox"/> fax	<input type="checkbox"/> hand	<input type="checkbox"/> ordinary mail	<input type="checkbox"/> other
ANALYSIS OF THE CLAIM / OPERATION TO BE IMPROVED						
CLASSIFICATION	<input type="checkbox"/> NOT SIGNIFICANT (iter interruption)			<input type="checkbox"/> SIGNIFICANT		
	<input type="checkbox"/> DOES NOT GENERATE NC	<input type="checkbox"/> GENERATES	Ref. to open NC			
Reply by:	<input type="checkbox"/> ema	<input type="checkbox"/> RLSR	<input type="checkbox"/> fax	<input type="checkbox"/> hand	<input type="checkbox"/> ordinary mail	<input type="checkbox"/> other
DECISIONS ON THE ACTIONS TO BE TAKEN (In charge of implementation: RD)						
Date _	_____	_____	_____			
	AD signature	RD signature	RLRS signature			
CHECK OF ACTION EFFICIENCY						
Date of iter completion _				RD signature _		