



FIPS 201 Evaluation Program Appeals Form

This form is to be submitted by a Supplier who wishes to formally disagree with a decision that has been made by an Evaluation Laboratory. Suppliers must complete this form in its entirety and provide as much of information as possible. This will better help us understand your appeal.

# of Pages	<input type="text"/>
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Date	<input type="text"/>
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General Information

Company Name	<input type="text"/>		
Address 1	<input type="text"/>		
Address 2	<input type="text"/>		
City	<input type="text"/>	State/Province	<input type="text"/>
Zip/Postal	<input type="text"/>	Country	<input type="text"/>
Phone	<input type="text"/>		

Contact Information

Primary Contact

Name	<input type="text"/>		
Phone	<input type="text"/>	Email	<input type="text"/>

Secondary Contact

Name	<input type="text"/>		
Phone	<input type="text"/>	Email	<input type="text"/>

Product/Service Information (if applicable)

Product ID:	<input type="text"/>
Date Submitted:	<input type="text"/>
Date of Failure Notice:	<input type="text"/>
Evaluated by Lab:	<input type="text"/>
Product Name:	<input type="text"/>
Version:	<input type="text"/>
Product Category:	<input type="text"/>



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Technical Appeals (if submitting complaint about an evaluation, one appeal per requirement)

Requirement No.	
Description	

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