COMPLAINTS PROCEDURE

1. Purpose

The purpose of this procedure is to ensure that the processes to be followed in order to address complaints in line with ISO 17021, and other applicable accreditation requirements.

2. Scope

This procedure applies to certification; gap analyses audits, third party inspections, and occupational trainings activities.

3. Responsibilities

Apply for details to info@qcs.az

4. Key areas of complaints process

Complaint is defined as an “complaint made by a client for a review of a decision taken by our organization in regards to verification/certification activities”. All complaints requests must be controlled, documented, evaluated, investigated and solved.

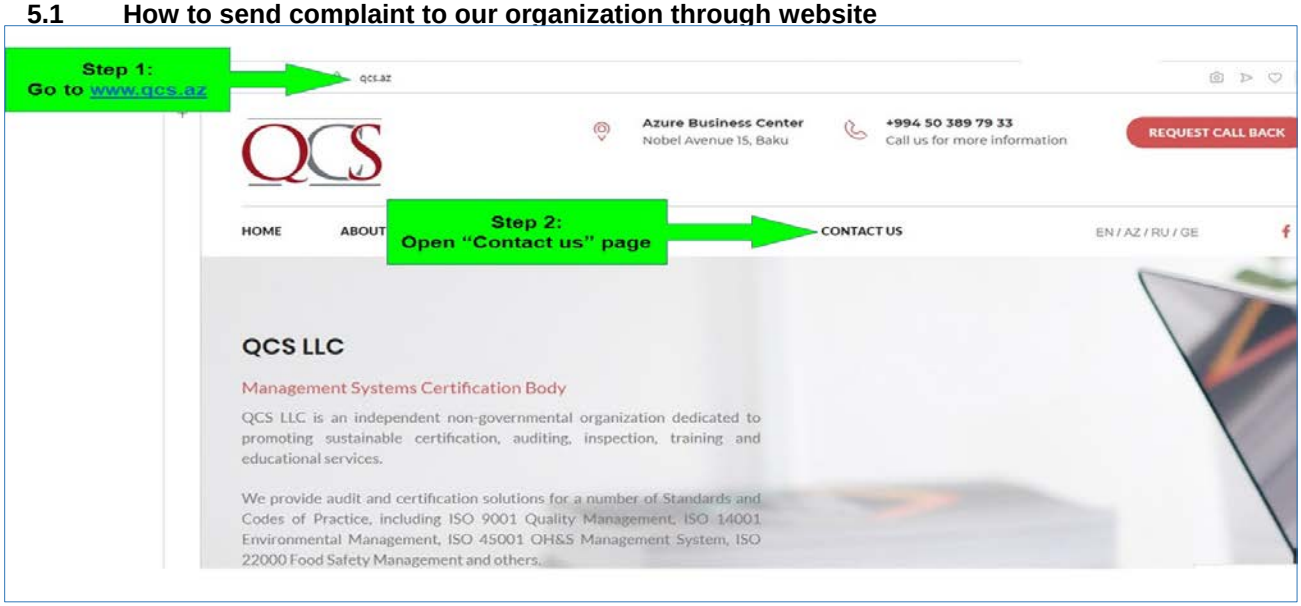
Complaints handling shall pass the following processes within company:

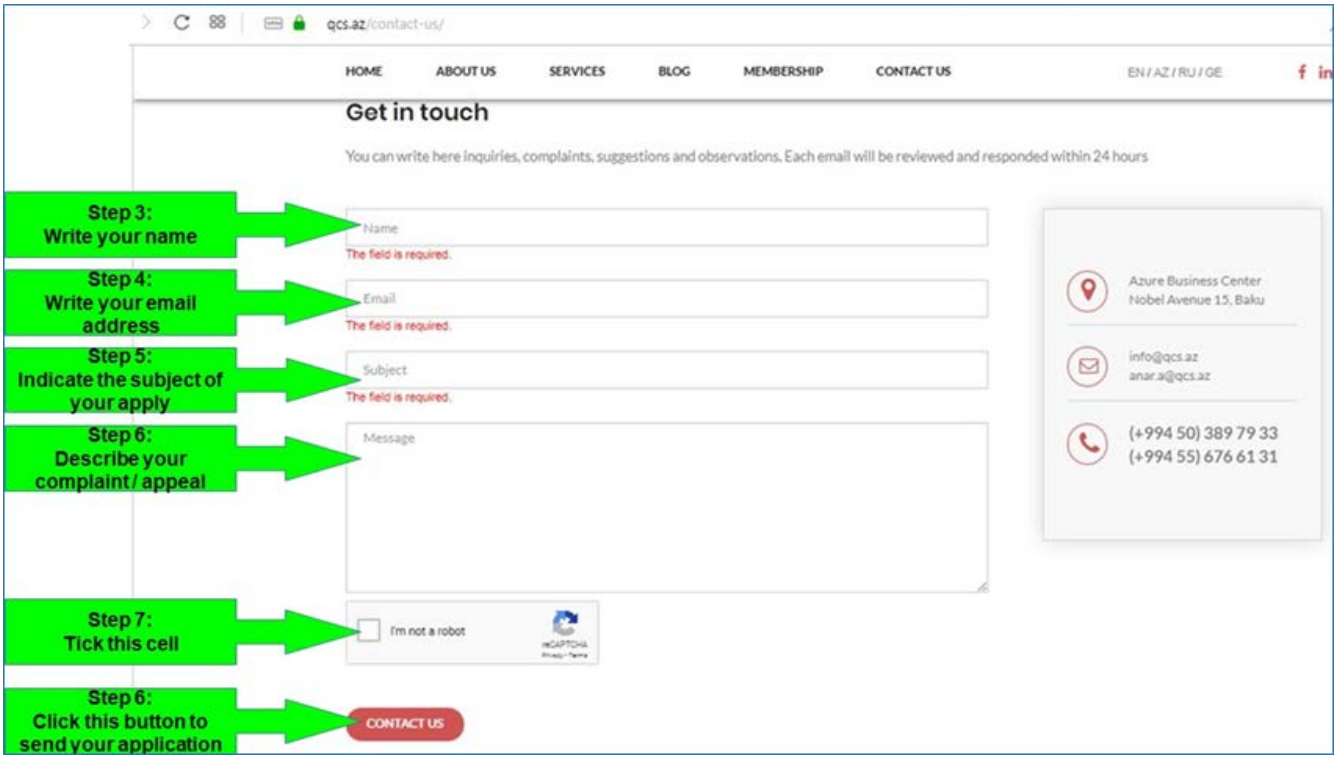
- Receipt
- Evaluation
- Investigation
- Decision making
- Reporting
- Evaluation of effectiveness of decision made

5. Receive of complaints

Our organization is committed to receive and investigate all complaints and complaints from its partners, clients and any other interested parties. Complaints and complaints must be received in writing or email to info@qcs.az alternatively complaints originator may raise an issue through our website as it indicated in chart below

5.1 How to send complaint to our organization through website





The complaints may be submitted in a language, which is most comfortable for reporter: Azeri, English or Russian. Company management will accept and consider all complaints regardless of the language used for reporting.
QA officer will acknowledge receipt of the complaint within 24 hours from time of receipt and provide the appellant with progress reports and the result of the complaint. All complaints shall be recorded in NCR register, “Complaints” section.

6. Evaluation & investigation of complaints

Investigation of complaints shall be implemented as per requirements of Non-Conformance Reporting, Corrective and Preventive actions Procedure QMS-PRO-004.

6.1 Investigation team

Depending of nature of complaint company management shall appoint persons responsible for investigation of the cases. Director and QA officer shall ensure that the persons engaged in the complaints-handling process are different from those who carried out the audits and made the certification decisions. The investigators shall be individual(s) not previously involved in the subject of the complaint.

6.2 Investigation process

Complaint may occur in different areas of company activities and most relevant person(s) shall be designated for investigation. Examples of typical areas of complaint are listed below but not limited and may vary depending of the work nature conducted by our company:

- Decisions about certification of organizations (certification process).
- Decisions about certification of persons (training process).

Investigation team shall avoid “blame policy”, i.e. system weakness to be identified rather than personal fault of the employee(s). Additionally the person reporting an complaint will never be subject to disciplinary action or retaliation for the act of making the report.

The person(s) responsible for investigation will carry out necessary interviews and review documentation and then complete the root cause analyses. This exercise should be thoughtful and detailed, so as to ensure the actual system failures are identified. The team can use Root Causes Analyses Checklist* for identification of system failures. Inability to conduct proper root cause analysis may result in the wrong cause being acted upon, and thus the problem not being permanently resolved. Once root cause of non-conformity is identified – the responsible persons shall be designated to implement corrective actions within indicated time bounds.

7. Decision on complaint / Corrective actions

Investigators shall accept decision and corrective actions and indicate them in Non-Conformance Report*. Actions raised as a result of investigation must be entered also into Actions Tracking Register*. This document shall include corrective actions to be taken, responsible personnel, a time scale for implementation and status of the actions.

Progress on the implementation of agreed corrective actions shall be permanently monitored by the Director and QA officer. Outstanding corrective actions shall be discussed on the next management meetings

8. Reporting

Non-Conformance Report* shall be sent to director and other related parties by lead of investigation team within three days from occurrence unless otherwise more time required for investigation.

Once the investigation is completed and decision made then the formal notice shall be send to the appellant. The decision on complaint to be communicated to the appellant by individual(s) not previously involved in the subject of the complaint.

The status of implementation of corrective / preventive actions is to be kept under company director's control and NCR to be closed as soon as all accepted corrective actions completed.

Evaluation of the effectiveness of the corrective actions to be conducted after 6 month from report issue and appropriate entries shall be made on report form.

Investigation reports shall be reviewed and analyzed as part of the Management Review Meeting.

9. Lessons learned

Lessons learned from investigation results are to be analyzed and in case of necessity shall be updated risks and opportunities determined during planning, or modifications to be made in the QMS. Conclusions altogether with recommendations to be communicated to related staff and other interested parties.

10. Preventive Actions

Company management shall continuously analyze all sources of information in order to identify the potential causes of non-conformances and for the introduction of preventive actions to avoid reoccurrence of the same or similar cases.
Necessary information is to be obtained but not limited from the following sources:-

- Internal or external audits;
- Consultations
- Inspections
- Suggestions / complaints;
- Non-conformance reports
- Publications
- Changes in legislation

- Others as appropriate

Preventive actions need to be identified and reviewed on a regular basis. This must also be discussed on Management Review Meetings. During these discussions, possible future problems that may arise are to be identified and relevant preventive actions formulated in order to prevent occurrence of any problem. Accepted actions shall be recorded in Actions Tracking register*

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