

## 1. Purpose:

The purpose of this procedure is to explain the process for receiving and handling complaints. Complaints received by the GAC can be categorised as follows:

1. Complaints against the GAC (including staff) and its services,
2. Complaints against GAC accredited conformity assessment bodies (CABs).

## 2. Scope:

This procedure covers the investigation and resolution of any complaints received by the GAC. It does not cover procedures for appeals against accreditation decisions.

## 3. Responsibilities:

The Technical and Quality Manager (TQM) is responsible for ensuring that all complaints are investigated according to the GAC procedures, in a fair and impartial manner, recognising the concerns of all parties. Members of management are responsible for ensuring that complaints assigned to them for investigation are handled according to this procedure and other system procedures where applied (AC & QM series).

## 4. Procedure

### 4.1 Receiving of Complaints

A complaint shall be deemed to have been received when:

- a) The GAC has received a written submission that has been signed by the complainant;
- b) The nature of the complaint corresponding to one of the categories listed in §1;
- c) The complainant having direct or first-hand access to the basis of the complaint.

Submissions meeting these criteria shall be regarded as complaints, irrespective of the circumstances in which they are received.

All complaints received by the GAC must be conveyed to the Technical and Quality Manager as soon as they are received. The TQM must advise the Accreditation Services Manager (ASM) immediately when there is notification or receipt of particularly sensitive complaints or complaints that may have serious ramifications for the GAC.

All complaints shall be addressed as promptly as possible. In any prolonged absences of the TQM, complaints shall be referred to the relevant File Manager or ASM or Division managers as deemed necessary.

The TQM or delegate, shall log complaints meeting the criteria, in a Complaints and Appeals Register (QM 4.1). Each complaint shall be allocated a unique number denoting the sequential number followed with year number for legible tracking. The "date received" shall be the earliest date that the complaint is received by GAC.

For inquirers and complainants who are considered as vexatious as per the APAC's definition in APAC MS-005 Vexatious Behaviour Process, GAC follows the same process for identification, management and communication at the GAC level.

### 4.2 Acknowledgement to the complainant:

Receipt of the complaint must be acknowledged. In some cases, a verbal acknowledgment will be sufficient. In general, a written acknowledgment will be sent to the complainant by the TQM (or delegate) as soon as possible after the receipt of the complaint.

On occasions, further correspondence is received on a complaint which has been closed-out. The TQM is to judge whether this constitutes another complaint. If so, it must be recorded as a separate complaint.

### 4.3 Validation of complaint:

The TQM or delegate is responsible for the review of received complaint and to determine if it is relevant to category defined under section 1 of this procedure, the reviewer ensures gathering of information and verifying any available

information and that the complaint has relationship or is relevant and confirms that the service was provided by GAC when complaint is related to service provided by GAC or in case of complaint against GAC personnel including assessors whether they are currently employed or ex-employees and the validity adjudged is recorded within the complaint register form QM 4.1 as valid or not.

#### **4.4 Investigation of complaint and Timeline:**

The TQM either himself or can appoint one or more persons to conduct the investigation of the complaint and set a time frame for the investigation. TQM shall ensure that the personnel appointed for the investigation are independent and are not the affected party of the matter related to the original complaint, TQM also ensures that the decision to be communicated to the complainant is made by, or reviewed and approved by, individual(s) not involved in the activities in question and be knowledgeable about the accreditation process & related accreditation scheme requirements. In case of complaint against the TQM himself the TQM shall not appoint any personnel to neither review validity nor do any investigation, the matter will be informed to the management who can appoint independent resource for handling and resolving the complaint in order to ensure impartiality. Investigation and decision on complaints shall not result in any discriminatory actions against the complainant.

The timeline to resolve a complaint following the above protocols is normally 14 working days. However, in complex type of complaints or where the information is not clear or not readily available or when the complainant is not cooperative further time needed is admissible and the situation is recorded in the complaint records.

#### **4.5 Complaint resolution and end of complaint**

GAC gives formal notice of the end of the complaint handling process to the complainant (as conclusion), this can be reported via email or as notification using letter head,

### **5. Procedure for Investigating Category 1 Complaints**

The TQM or delegate shall carry out the investigation of Category 1 complaints.

The following steps are considered as part of investigation and be undertaken:

- a) acknowledge receipt of the complaint;
- b) collect copies of all relevant documents;
- c) obtain any other relevant information required to reach a conclusion;
- d) establish whether documented GAC procedures were followed;
- e) establish whether there are any conflicts, or gaps in the GAC procedures or policies requiring attention;
- f) establish whether any decisions require alteration;
- g) take action where required;
- h) Advise the complainant in writing of the outcome of the investigation within 14 days of the decision.

A review of the effectiveness of any action taken will normally be part of the next scheduled internal audit.

#### **Complaints against GAC staff:**

Where the complaint is against one of the personnel of the GAC the Technical and Quality Manager will ensure that the person against whom the complaint has been made is notified in writing. In such case, that person shall not contribute in the treatment of any matter related to the complaint such as the review of the complaint, its approval and the following decisions to respond to the complainant (see also 4.4 above);

The following steps are usually required:

- a) interview all parties to obtain accurate information;
- b) interview any witnesses;
- c) obtain written statements if necessary;
- d) review other relevant documentation (e.g. assessment reports, correspondence);
- e) all records must be kept of the investigation.

The staff member must be given an opportunity to respond to the allegations against him/her and to put his/her interpretation of the event(s). Accurate records need to be kept and it is desirable that the interviewee's own words

be recorded as far as possible. The interviewee must be given the opportunity to review, correct and endorse their record of interview.

At the conclusion of the investigation, the TQM and the Director General will determine the appropriate action for resolution of the complaint in consultation with the investigators.

If the allegations are found to be substantiated, the action required/taken may include any of the following:

- a) an apology;
- b) an undertaking that the behaviour will cease;
- c) counselling and training;
- d) disciplinary action transfer to another position.

#### Disputes:

A dispute may occur when the CAB disagrees one or more findings of the assessment team presented during the closing meeting. Team leader shall record this disagreement on the "AC 4.2 Nonconformity sheet and assessment report", then, he/she shall inform promptly the File Manager.

For each dispute, the File Manager (FM) will request a meeting of a restricted internal committee composed by the ASM or TQM and FM himself (to ensure ASM or TQM are not involved in the assessment). If needed, this committee can request the opinion of a qualified expert/assessor for the specific topic and not involved in the assessment. The decision of the committee prevails on the decision of the assessors.

GAC normally to provide its decision to the CAB & Assessment team on such disputes within 5 working days.

### 7. Procedure for Investigating Category 2 Complaints

The investigation of Category 2 complaints shall be delegated to the most appropriate File Manager unless the complaint suggests incompetence, negligence or inappropriate behaviour by an individual.

On receipt of a Category 2 complaint, the TQM and the investigator shall normally negotiate a timeframe for the investigation. In the case of an investigation taking an extended period of time, the complainant will be provided periodic advice on the progress of the investigation by the Technical and Quality Manager.

The following steps are usually required:

- a) acknowledge receipt of the complaint;
- b) collect copies of all relevant documents; and
- c) obtain any other relevant information required to reach a conclusion.

The investigation may involve one or more activities depending on the nature of the matter including:

- d) requesting the CAB investigate the matter and provide a submission outlining its findings and proposed corrective action, where necessary;
- e) requesting the CAB to retest or re-inspect items or request retesting to be done by an independent facility;
- f) forwarding information provided by the complainant or by the facility to technical specialists for review;
- g) conducting an early or routine reassessment;
- h) scheduling a special purpose visit to investigate the matter;
- i) requesting the laboratory to undertake a measurement audit or interlaboratory comparison;
- e) establish whether GAC requirements have been met;
- f) establish what, if any, remedial action is required;
- j) advise the facility of the outcome of the investigation within 14 working days of the decision. The facility must also be advised of any remedial action required and requested to provide a written response (accompanied by documentary evidence, if relevant) by a stated date;
- k) advise the complainant that the investigation has been concluded. Investigations of complaints should be conducted in the most open and constructive way possible. If, however, the complainant wishes to keep her or his identity confidential, this wish must be respected.

The complaints system of the accredited facility should be able to investigate and address complaints. Hence the accredited facility should be encouraged to take most of the initiative.

If, on investigation of a complaint, an accredited facility is found to be in breach of the GAC's requirements for accreditation, the procedures for dealing with non-conforming conformity assessment bodies described in the Accreditation Procedures shall be followed.

The majority of category 2 complaints received involve misrepresentation of the scope of GAC accreditation, for example, in advertising, on websites or by reporting the results outside the scope of accreditation on endorsed reports. The investigation and resolution of these complaints are usually handled by the most appropriate File Manager.

The following guidelines should be followed:

- a) the complaint is to be reviewed by the TQM on receipt and assigned to the relevant File Manager to follow up;
- b) the File Manager is to prepare a preliminary list of issues/questions to be discussed with the complainant;
- c) the complainant is to be interviewed, preferably in person, by the File Manager. A full record of discussions to be made by the GAC representative(s);
- d) the File Manager shall then contact the accredited conformity assessment body noting that a complaint has been received and the provide an outline of the nature of the complaint;
- e) the conformity assessment body must then respond within a stated timeframe;
- f) The response from the conformity assessment body along with the content of the complaint is to be reviewed by the File Manager who will then propose an action to the Technical and Quality Manager;
- g) Once the proposed action is confirmed by the Technical and Quality Manager the Office Manager will undertake that action and inform the complainant and relevant conformity assessment body of the action being undertaken.
- h) Unannounced or special assessments can be decided by the Director General in some cases of complaints against accredited CABs.

### 8. Associated forms and documents:

QM 4.1: Complaints and Appeals register.  
APAC MS-005 Vexatious Behaviour Process