

Title:	QP07 – Complaints and Appeals	Responsible:	VP – Mary Ann Llanes	Last Update:	2-1-2020	Controlled:	Y/N	Yes
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Procedure – 7. Complaints and Appeals	QP07
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1.0 Purpose

The purpose of this procedure is to describe handling of incident, complaint and appeals received from the client, in house and from other parties.

2.0 Scope

This procedure covers all complaint and appeal received at ICG by any means, such as written, verbal, e–mail etc. It also includes adverse findings during audits.

3.0 Responsibility

3.1 The Program Management and Audit PQM (PQM) is responsible for receiving the complaint and appeal from the clients / other parties. In consultation with the office staff and auditors the PQM is responsible for handling, validating and analysis of the complaint and appeal to the satisfaction of the clients / other parties

3.2 The overall responsibility to execute this procedure is given below.

Activity	Responsibility
Completion and submittal of incident report records	All ICG staff members
Incident investigation and analysis	PQM
Handling of Appeals and Submission to Appeal subcommittee (for appeals)	President
Appeal review, analysis and decision	Appeal Subcommittee

4.0 Description of activity

4.1 Quality System Incidents

4.1.1 For the purposes of this document “Quality System Incidents” are defined as complaints, suggestions, observations and opportunities for improvement. Quality System Incident data is managed following the Corrective Action procedure (QP05). This procedure describes the methodology by which ICG collects and processes incident reports; and communicates the impact to staff members.

4.1.2 ICG recognizes that incidents occur in daily operation that collectively have an impact on the QMS. In order to properly analyze and address system issues a consistent and thorough process for collection of information is vital.

4.2 Complaints

Complaints are incidents of grievance or dissatisfaction with ICG’s service. Complaints may be:

- internal - raised by a ICG staff member with regard to internal service, operations or employee performance
- external - raised by ICGclients, suppliers or other affiliated ICGs

Complaints may be received verbally, in written form either on paper or electronic

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- verbally
- written form, either via electronic mail, message or on paper

Client may communicate complaints by calling +1 619 990 0101 or via email by writing to complaints@ic-group.com

4.3 Terminology used in this procedure for incidents

The incidents and complaints are considered as any of the below 4 elements listed between 4.3.1 and 4.3.5.

4.3.1 Suggestions

ICG recognizes that positive feedback is as important as negative feedback. Suggestions are vital in identifying risk and system improvement. As with complaints, suggestions may be internal or external in nature, written or verbal.

4.3.2 Appeals

ICG recognizes that the client may have some reservations or may not agree with the conduct of auditor, audit findings, certification committee decision and / or overall interaction with ICG staff. Client is free to communicate the same to the ICG Appeal subcommittee.

Client may communicate Appeals by calling +1 619 990 0101 or via email by writing to complaints@ic-group.com

4.3.3 Observations

Observations are witnessed incidents of service/operational deficiency, malfunction and or failure. Observations are often made by individuals independent of the activity witnessed and therefore objective in nature . Observations also play important role in identification of risk and system improvement.

4.3.4 Opportunities for Improvement

Opportunities for Improvement are incidents where the system has not failed, yet greater operational efficiency may be obtained in analyzing current practice. Opportunities for Improvement are often collected internally, but input from external sources is also beneficial.

4.4 Receipt of Incidents

4.4.1 The quality incident may be reported by any means – verbal or written. In case of an external source, the incident report may be received by any staff member. The staff member shall fill the incident report recording all the information and details of the complaint. The filled report is sent to the PQM for further action. In case of internal source, the incident report shall be filled by the staff member and submitted to the PQM.

4.4.2 PQM shall contact (telephone, email, letter) the external source to acknowledge the receipt of information within 5 working days of receipt. PQM shall understand the issue in detail from the source (to avoid any error in writing the report) and may decide to personally meet the initiator, depending on the gravity and seriousness of issue.

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4.4.3 In case of Complaints and Observations, it may be against ICG (a system / procedure or a person) or an ICG certified company (client). In case of suggestion / opportunity for improvement, it is for ICG to study the suggestion and decide.

4.4.4 All such incidents received by any means or by any one is first recorded in the D18 - Incident report with the details of;

- Complaint and appeal number
- Mode of receipt,
- Received by,
- Name of client / other parties,
- Description of complaint and appeal,

4.4.5 Client / other parties' complaint and appeal incident report are issued to the PQM for analyzing the root cause.

4.4.6 PQM validates the complaint after checking necessary back-up records or personal interview of auditors / staff members (who were involved in to job).

4.5 Handling of Client Complaint and Observations

4.5.1 In case of a complaint / observation against ICG, PQM analyses the issue to determine if there is system error or person error. PQM shall determine the root cause and determine corrections needed and associated corrective actions. The possible complaints are:

- Administration: problems with appointments, certification files, certificates issued or issued late
- Auditor / subcontractor: problems with incomplete audit or surveillance documentation
- Agents: problems with general compliance with ICG administration or audit procedures

4.5.2 The correction is executed as fast as commercially possible to satisfy the complainant. This may include training / counseling the person involved. The CAP D23 is discussed with management during next Management Review. Appropriate action is taken based on discussion.. An email is sent out to all applicable staff detailing the issue and remedial action (for information). ICG keeps a copy of the complaint and investigation details in the respective individual's personnel file for reference at the performance appraisals.

4.5.3 In case of a complaint / observation against a certified client, the PQM studies the complaint and discusses with the auditor the last audit. If the complaint is found to be genuine and valid, such a with a system failure, the complaint is sent to the client for a response. No confidential reports or information will be sent to complainants without written permission from the client. Adequate time is given to the client for response. If required, PQM follows up with the client for the response. Depending on the response, PQM may decide to –

- Write to the complainant about the response and asks for his response.
- Ask further clarification from the client
- Depute an auditor to personally visit the client and investigate for system failure. Such visit shall be considered as special visit and charged to client.
- Request a joint meeting with client, complainant and ICG

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4.5.4 PQM shall communicate with the complainant at the end of the process detailing the findings and to formally close the complaint. A copy of the correspondence is kept in the client file for records and the same is passed to auditor during next audit. The details of all complaints and action taken (Correction, CAP) are discussed in the Management Review.

4.6 Handling of Appeals

Any company or organization who fails to satisfy an audit or surveillance may appeal against the decision. Where an appeal is received the following procedure will be followed.

4.6.1 The President will appoint the members of the appeals committee under the leadership of PRESIDENT who will hear the appeal and determine the outcome. In case the President is part of the audit/ certification team, the President shall decide the investigating officer for the appeals process. In such a scenario the President shall approach the Impartiality Committee and/or ICG team to provide decision on the appeal. The decision on the appeal shall be taken based on the decision by ICG committee and the Impartiality committee. Results of the appeal will be reported to the board of directors.

- All appeals shall be received by the PGM and details of appeals shall be recorded in the and maintained by the PGM.
- PGM shall investigate the appeal made and inform the client about its plan of action for investigation and action there upon.
- An investigation report (Incident Report) for each individual appeal shall be maintained by the PGM. In case, any further corrective action is required post actions identified and taken based on Incident report – Corrective action procedure QP05 is implemented.
- A copy of the investigation report shall be sent to the client.
- In case of any further ambiguity, the same shall be reviewed by the board of directors and appropriate decision arrived at.
- In case the issue still remains open; the same shall be intimated to the accreditation board for its valuable comments.
- All appeals made are analyzed on a yearly basis.
- Necessary corrective actions shall be taken based on the appeal trend.
- Appeal trends and corrective action taken shall also be reviewed as part of the Management committee meeting and Impartiality committee meeting.
- PQM shall ensure that details with respect to the appellant and actions there upon is not shared with the audit team members.
- PQM shall ensure that no discriminatory action is taken against the appellant.
- The client is made aware of the appeals process and is available to him on request.

4.6.2 In case of an appeal made by a client against a decision made by auditor, Lead auditor or certification committee, the appeal shall be recorded by PQM and forwarded to the Appeal Subcommittee. Appeal subcommittee shall review the

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appeal, investigate (which may include discussion with concerned client, respective auditor / lead auditor and review of audit report). Appeal subcommittee may also direct any other lead auditor to visit the site and determine the validity of the appeal. The decision taken by Appeal subcommittee shall be communicated to the client and to PQM for necessary action. The case is also discussed during the next MRM and Impartiality Committee meeting. In special cases, the case may be discussed with Impartiality Committee members on one-to-one basis.

4.7 Handling of Suggestions /Opportunity for improvement

- In case of suggestion / opportunity for improvement, the source is predominantly internal and the concerned staff member fills the incident report and submits to PQM. The other source may be internal / external audit.
- PQM studies the suggestion to determine any conflict with ISO17021 or ICG's Policies. In case the suggestion is in conflict, the same is communicated to the initiator. However, the suggestion is also discussed in Management review. In case the suggestion is found not in conflict, the suggestion is studied for benefits and the impact on other processes.
- The suggestion is accepted if found beneficial and does not adversely impact any other process. PQM determines the changes in existing documentation and implements through Document Control Procedure (QP01).
- If any certified client or interested party asks for the appeal/complaint handling process then it is forwarded to PQM. He will inform a certified client /any other interested party the appeals and complaint handling process of ICG if any complaints / appeals are received by certified clients / interested party

4.8 Closing of complaint and appeal

4.8.1 Depending on the nature of the non-conformity, the PQM may follow up with requests for corrective actions. When the investigation of client complaint and appeal determines that remote operation or other external ICGs contributed to the complaint and appeal, the PQM or a delegate contacts the ICG involved individuals and provides them with all relevant information.

4.8.2 Every client complaint and appeal is recorded. The records are maintained by the PQM. When there are copies of written communication, reports and other documents related to a complaint and appeal, these records are organized into a file and are identified with the complaint and appeal number and also having records of the corresponding corrective action. The records of investigations that concern product quality or other test characteristics are maintained by the PQM. Based on analysis of Client / Other Parties complaint and appeal, necessary actions are taken and client is replied for closing the complaint and appeal. PQM identifies need for taking corrective action to prevent such complaint and appeal in future and accordingly concerned person is informed.

4.8.3 All the complaint and appeal received by ICG will be closed within 7 working days after receipt of the complaint and appeal. Operation Manager / Technical Manager is authorized for closing of complaint and appeal.

5.0 References

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| 5.1 | QP01 | Procedure for control of documents |
| 5.2 | QP05 | Procedure for corrective action |

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6.0 **Enclosures** None
7.0 **Documents / Exhibits**
7.1 D18 Incident Report