

## Quality Management System

### Management Policy

#### MP-10 Appeals and Complaints

Issued By:	Philip Moseley	Authorised by:	Alison Kelly
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### Section 1.0 Purpose

1.01 The purpose of this procedure is to define the processes, responsibilities and ownership required for receipt, handling and responsiveness to appeals and complaints

### Section 2.0 Scope

2.01 This procedure applies to all areas of ISO Comply Limited. Submission, investigation and decision on appeals shall not result in any discriminatory actions against the appellant.

### Section 3.0 Procedure

#### 3.1 Appeals

3.1.1 Any client who wishes to appeal a decision regarding Certification will be required to put the appeal in writing addressed for the attention of the **Group Compliance General Manager** who will on receipt:

- 1) Review the client details to ascertain if the Group Compliance General Manager has had any commercial or consultative contact with the client in the last 2 years. If the Divisional Group Compliance General Manager has had such contact, they must rule themselves out of the process and defer to the **Interim Chief Executive**.
- 2) Write to the client acknowledge receipt and inform them of the process through which the appeal will be dealt also informing the client that an internal investigation will be conducted immediately. If the Operations Manager was involved in the original decision which led to the appeal the Technical Manager or other Senior Manager will write to the client and lead the investigation.
- 3) Log the appeal
- 4) Instigate an immediate review of the appeal and the circumstances which brought about the appeal. This investigation will be conducted by a member of staff who was not involved in the original decision which led to the appeal.
- 5) Determine whether the appeal is valid i.e. the appeal is against a decision that materially affects the certification of the client
- 6) Obtain further information from the client or members of staff involved in the original Certification Decision

3.1.2 Review the certification decision and determine whether that decision was correct. **NB.** Wherever feasible from receipt of appeal to conclusion of an internal investigation should last no more than 5 working days

3.1.3 On conclusion of the investigation into the appeal the **Group Compliance General Manager** will:

- 1) If clear evidence exists that an error has or may have occurred
  - a) Re submit the file to an appropriate person through the Certification Process.
  - b) If in the light of this Certification Review the original decision which led to the appeal is found to have been made in error the client will be informed in writing of this conclusion and where appropriate a new or revised certificate is issued.

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- 2) If it is clear (in the opinion of ISOComply Limited staff) from the investigation that the original decision that led to the appeal was correct
  - a) The client will be informed in writing by the Divisional Group Compliance General Manager of the result of the investigation
  - b) The client will be asked if they still wish to pursue the appeal.
- 3) If the appeal is withdrawn the matter will be considered closed. The log will be updated.
- 4) The circumstances that led to the appeal will be considered and where appropriate corrections or corrective actions will be taken

#### 3.1.4 If the client wishes to continue with the appeal.

- 1) An appeals panel consisting of the Group Compliance General Manager and the Chair of Impartiality, none of whom have had any involvement in the decision that led to the appeal or the internal investigation will be formed.
- 2) The panel will review the files and interview any staff involved.
- 3) The client will be kept informed by the appeals panel of progress.
- 4) The client will be invited to attend a meeting with the appeals panel in order that the client can explain the reasons for the appeal against the original decision.
- 5) If necessary, the client will be visited by a member of the appeals panel

#### 3.1.5 Conclusion of the appeal

##### 3.1.5.1 The panel will on conclusion of its deliberations reach a decision. If necessary, a majority decision will be accepted.

- 1) If the panel finds in favour of the client the original decision will be overturned and the file re submitted through the certification department for a certificate or amended certificate to be issued
- 2) The client will be informed in writing of the decision by a member of the appeals panel
- 3) The file will be retained and the log updated.
- 4) If the panel does not uphold the appeal the client will be informed in writing and provided with an explanation for the decision
- 5) The file will be retained and the log updated
- 6) The decision of the appeals panel will be final and binding on both the client and ISO Comply Limited.

#### 3.1.6 Improvement Action

##### 3.1.6.1 The panel will make recommendations for corrections and or corrective action (where appropriate) irrespective of whether the appeal is rejected or upheld.

##### 3.1.7 NB Appeals should be heard and a decision reached within 4 weeks of the Appeal Panel being formed.

## 3.2 Complaints

### 3.2.1 Verbal i.e. Via Telephone Or In Person:

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- 1) Complaint should be acknowledged and as much information/nature of complaint gathered.
- 2) Where possible the complaint should be dealt with immediately by the most appropriate member of staff and a request should be made to put the complaint in writing.
- 3) If possible, the complainant should also be referred to the Operations or Technical Manager who will take details of the complaint.

#### 3.2.2 In Writing Or Via E Mail

3.2.2.1 The complaint should be passed immediately to the Operations or Technical Manager

#### 3.2.3 RECORDING AND COMMENCING INVESTIGATION OF COMPLAINT:

- 1) On receipt of a written complaint the details will be recorded (logged).
- 2) Determine whether or not the complaint is appropriate and that the complaint should be investigated.
- 3) A written response indicating that the complaint will be investigated will be sent to the complainant. This response will be sent as soon as possible or **at the latest within 3 days of receiving the complaint.**
- 4) The most appropriate member of staff will be requested by the Technical Manager to investigate the complaint. The person undertaking the investigation shall be independent and not be the subject of the complaint. The nature and means of the investigations will also be determined and may for example include:
  - a) Visiting either the complainant or ISOComply client.
  - b) Undertaking an unscheduled audit or bringing a scheduled audit forward.
  - c) Investigating the complaint during a scheduled audit.
  - d) Conducting an Internal Audit of one or more processes within ISOComply.
  - e) Interviewing ISOComply staff or an ISO Comply subcontractor.

#### 3.2.4 Confidentiality:

- 1) Where the complaint is against a client of ISOComply the client will normally be contacted and made aware of the nature of the complaint and asked to respond.
- 2) However where the complaint is against a client but is of a confidential nature a judgment may be made that it is inappropriate to contact the client. Withholding information at this stage may also be appropriate if a potential breach of the law is indicated in the complaint.
- 3) A judgment will also be made regarding what information is divulged to any party involved in the complaint; permission will be sought where it is necessary to divulge confidential information in order to make progress with the investigation.
- 4) The complainant will be informed as part of the communication of the requirement for confidentiality and the possible limitations on the information that can be divulged.

#### 3.2.5 Conclusion Of The Investigation:

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- 1) The result of the investigation will be communicated to the complainant in writing and if possible, verbally (subject to any restrictions of confidentiality).
- 2) The result of the investigation will also be communicated to any other party involved i.e. ASPA comply client
- 3) The result of the investigation will be followed by actions such as:
  - a) Determining the root cause.
  - b) Corrections and corrective actions being taken immediately.
  - c) Reviews of policies or procedures being instigated.
  - d) Training for individuals.
  - e) Disciplinary measures being instigated.
  - f) Referral to a third party (i.e. Trading Standards) where for example further investigations are deemed appropriate by an agency with powers to investigate and prosecute.
  - g) Undertaking (or bringing forward) an audit of the clients certified management system.
  - h) Consideration of suspending the client where the effectiveness of the quality management system certified by ISOComply is in question.
  - i) No action being taken, i.e. the complaint could not be upheld.
- 4) ISO Comply shall determine, together with the client and the complainant, whether and, if so to what extent, the subject of the complaint and its resolution shall be made public.

#### 3.2.6 Records.

- 1) All correspondence will be retained in the designated folder.
- 2) A written record of any verbal discussions will also be retained within the same folder.

#### 3.2.7 Monitoring Progress & Timescales

- 1) Each complaint will have an individual review date set against it (normally progress will be reviewed on a weekly basis).
- 2) Other than responding to the complaint within **3 working days** no fixed timescales or targets will be set to resolve the complaint (the nature of investigating complaints does not lead to the setting of timescales) however the aim will be:
- 3) To resolve all complaints and communicate the results to the parties involved **within 3 weeks of the complaint being received.**
- 4) Where the complaint will take longer than 2 weeks the complainant will be informed and will also be updated at regular intervals as necessary.

#### 3.2.8 Reports And Trends

- 1) At each management review meeting complaints will be an agenda item.
- 2) The management team will be made aware of the details of the complaints received since the last meeting.

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- 3) The Senior Technical Officer will monitor complaints in order to identify any trends that may result in the need to take further action and report upon meeting the targets for responding to initial complaints and reviewing investigations.

#### 3.2.9 Internal Improvement Actions

3.2.10 Will normally result from the checks conducted as part of the Preventive Actions but may also result from normal day to day activity.

3.2.11 Any member of staff may raise an Internal Non Conformance via there manager or directly with the Technical Officer which will be processed in a similar way to complaints. The Internal Non Conformance will be recorded on the appropriate form.

3.2.12 The investigation into the Internal Non Conformance will therefore:

- 1) Record the Internal Non Conformance and the subsequent actions taken.
- 2) Determine the cause of the nonconformity
- 3) Determine the appropriate correction to be taken (or no actions required) in order to correct the error found (if actions have not already been taken).
- 4) Determine, if possible, the root cause.
- 5) Determine the appropriate longer term corrective action i.e. amend procedure, change documentation training of staff etc. in order to prevent reoccurrences.
- 6) Review at an appropriate time the effectiveness of any corrective action.

3.2.13 Results of the investigation into Internal Improvement will be discussed with the person who raised the Internal Improvement Request.

3.2.14 A summary of Internal Improvements will be reviewed at Management Meetings.

### Section 4.0 Reference Documents

CF 48 – Improvement action register.

### Section 5.0 Process Outputs / Records

- 1) All correspondence will be retained in the designated folder.
- 2) A written record of any verbal discussions will also be retained within the same folder.
- 3) CF-48, Improvement Action Register

**Alison Kelly**

**Interim Chief Executive  
01 March 2024**