

TITLE: QP5 – COMPLAINTS, APPEALS & NON-CONFORMANCE MANAGEMENT.

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The Technical Director (TD) supported by the Management Team is responsible for the implementation of this process. Complaints & appeals which are associated with “inspection & certification” are treated as confidential. Only the parties involved in the complaint / appeal are included & consulted under these conditions.

This process is available to all interested parties

Offer Letter

All complaints, appeals and service defects identified within LRQA will be formally recorded and investigated by the TD or nominated staff, with suitable correction & corrective action being planned and undertaken. Note if the TD has been involved with the inspection / examination then a Deputy Technical Manager™ will assume responsibility to maintain impartiality.

The TM will agree, prioritise and authorise actions prior to them being carried out and monitor their effective and timely completion. This also extends to implementing necessary actions where corrective actions are not satisfactorily achieved in a timely manner.

At LRQA, we adopt the view of:
If a mistake has been made and a lesson can be learned – it is worthy of being recorded.

Risk consideration
NB. Where considered appropriate, for example where a complaint / appeal may result in risks to the business, the company’s Risk Mitigation plan (QF/2.1) will be reviewed / updated to reflect the risk identified

QF/2.1

The TD/TM will ensure all complaints & appeals associated with inspection & certification are handled independently by individuals not involved in the initial decision making. Any submission, investigation & decision will not result in discriminatory actions against the appellant.

QP3 & QF/5.1

Complaints, Appeals, External NCR’s & Service defects can be identified through all of the categories defined below. In this situation, a Non-Conformance Report may be generated to manage the issue. Thorough investigations will take place not only to identify root causes & corrective actions / correction but also to identify if the process failure has resulted in a “knock on” problem. Internal audits can also identify actual / potential process failures. This is managed in accordance with QP3.

Note! LRQA-CASL adopts the LRQA Group Process for internal and external complaints and Appeals.

NCR’s can be managed under that process.

The methods of identifying and recording non-conformances are detailed within this procedure.

These are broken into 3 general categories:

Internal & Potential Complaints.

Supplier / Sub Contractor Complaints.

Customer Complaints / Appeals / External.

Internal & Potential Complaints.

Internally identified incorrect or defective service can be discovered by staff during the planning stage

Examples include but are not limited to:

- Poor Planning
- Clashing of appointments / double booking
- Equipment resources
- Impartiality issues

Issued By: Paul Karim

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Signature:

Supplier / Sub Contractor Rejections & Complaints.

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Customer Complaints / Appeals / External.

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Upon receipt of initial appeals the TM or nominated deputy will ensure all relevant information is gathered to fully evaluate the case before forwarding a full explanation of LRQA decision to the appellant.

Supplier / Subcontractor non-conformances / rejections can be discovered by Office staff checking records or goods / service at point of receipt.

- Examples include but are not limited to:
- Poor service / timekeeping.
 - Product damaged.
 - Excessive or repeated late deliveries.
 - Report omissions.

Customer complaints / appeals are usually post-service delivery and typically identified by the customer. These are normally reported to the TD/TM or Admin Support by direct telephone contact, letter or e-mail or through the complaints link via the CASL website page from the customer. External issues may include certification / accreditation body issues (NCR).

- Examples of complaints can include but are not limited to:
- Inspector late or failed to arrive.
 - Appeal against decision reached following inspection.
 - Poor Service.
 - Invoicing errors.

Specific 17024: Appeals

Typically appeals maybe against an action or decision by LRQA and can include for example:

- Refusal of examination / assessment due to insufficient experience / and or training.
- Failure to recertify due to insufficient experience.
- Invalidation of certificate e.g., non-payment of fees or misuse of certificate.
- Refusal to certify following an examination / assessment.
- Failed tests or processes

Certification.
Where an aggrieved party raises a complaint on a scope of certification, then the company will inform the individual with appropriate records retained. E.g., Investigation, grievance and resolution. Actions are undertaken as appropriate. Certificates of withdrawal will be notified to the Competent Authority by the MD or the nominated deputy.

QP6

Specific 17024: Formal Appeals

Where an appellant is not satisfied with a decision by LRQA they will be requested to submit a formal appeal in writing stating their case in detail to the MD. The TD/TM will ensure that all relevant information / correspondence is gathered including the appellants written statement and submit this to at least 3 members of the Advisory Group (see QP11.1). A decision can be reached on the basis of a majority decision from the panel.

NB – The persons selected from the advisory group “the Appeals Panel” must have no direct interest in the case and have relevant knowledge and experience in order to make an informed evaluation / judgement.

Complaints / Appeals / External NCR Investigation Process.

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Where possible the TD or a nominated deputy shall acknowledge receipt of complaints / appeals / NCR's and provide the complainant or appellant with progress reports and the outcome. The MD will write formally to the appellant advising them of the final outcome and any further actions as applicable.

Each member must make an independent judgment and submit their decision to LRQA.

In all instances above, initial details will be communicated to the TD for review and if deemed necessary, he will ensure that the issue is logged onto the electronic Non-Conformance Register.

Complaints / Appeals
/ External NCR
Investigation
Process.

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If external issues are identified, the “submitted” documentation is usually sufficient to drive & record root cause, correction & corrective actions. (Where the receiver feels as though this is not sufficient, an electronic Non-Conformance Report may also be used.

NCR Report &
 Register.
 QF/5.1 & 5.2

NCR Report &
 Register.
 QF/5.1 & 5.2

An electronic Non-Conformance Report (QF/5.1) will be raised (identified under the appropriate category i.e. Internal, Supplier/ Sub contractor or Customer Complaint) recording as much detail as possible to confirm the nature and underpinning reasons.

The TD or a nominated deputy will record as much information as practicable to confirm the nature and surrounding reasons for the complaint to enable a full investigation to take place.

QF/5.1 &
 QF/5.2

The complaint / appeal / NCR will be thoroughly investigated by the TD or a nominated deputy to determine the root cause of the problem.

Investigation findings, photographs, supporting emails, documentation and determined root causes will be confirmed onto the electronic Non-Conformance Report (QF/5.1) / external report as appropriate.

Non-Conformance Reports & Register (QF/5.1 & QF/5.2) will be reviewed and closed off by the TM or a nominated manager to confirm satisfactory review and completion.

Correction & Corrective shall be agreed and taken as soon as possible to contain or resolve the problem. All actions and details will be recorded onto the Non-Conformance Report (QF/5.1) / external report as appropriate.

TIME SCALES
 Where practicable and a complaint / appeal is directly attributable to inspection & certification activities formal notice of the end of the complaint / appeal will be given to the complainant / appellant.

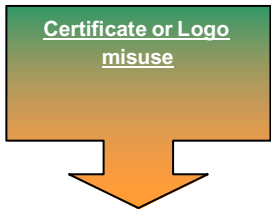
Specific 17024 Formal Appeals
 If formal appeals are delayed / unresolved after a period of ten weeks from receipt of all relevant documentation and the fees received from the appellant, the TM will take appropriate action to bring about a speedy resolution.

QP2 & QP6

Completed reports will be reviewed in line with Management Review (QP2) & Performance Evaluation Improvement & Advisory Group (QP6) to identify any significant trends / re-occurring problems/ effectiveness of actions.

End of Complaints, Appeals and Non-Conformance Management.

 Refer below for the management and handling of cases or suspected cases of certificate and logo misuse.



Specific 17024 requirements

This procedure should be used for the effective management and handling of cases or suspected cases of certificate and logo misuse. The Managing Director is responsible for overseeing this process supported by the appointed Management Team as appropriate.

Any person engaged in the activities of LRQA who receives evidence of cases of misuse of a LRQA certificate must report the matter in full to the LRQA Managing Director or nominated deputy if unavailable.

The MD will investigate the matter and, if it is clear that a rule has been contravened the appropriate penalty will be invoked.

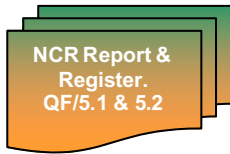
The normal penalty for misuse is invalidation of the certificate together with, if appropriate, publication of the transgression. Furthermore, sanctions are normally applied on the period of time before a candidate is eligible to apply for a new certificate.



If the MD is unable to decide on the matter, for example because of the complexity of the issues involved, he will refer the matter to the Advisory Group for advice. (Ref QP11.1).

If the MD believes that the misuse of the certificate may be in contravention of Irish law, for example, an attempt may have been made to forge or tamper with a certificate, he will report the matter to the police and inform the Advisory Group of the action he is taking.

Attempts to pass off forged certificates as real ones by using any of the brand names, marks or logos mentioned in this procedure will be dealt with as severely as allowed by Irish law.



A record of instances of certificate misuse (or suspected misuse) and the action taken will be kept by the TD. A Non-Conformance Report (QF/5.1) as the above procedure is generated to manage the issue. The issue is logged onto the electronic Non-Conformance Register (QF/5.2) to facilitate status tracking and analysis.

This issue is reviewed regularly on an ad hoc basis and appropriate action is taken to correct any irregularities or anomalies. These reviews are recorded via entry onto the NCR report or NCR Register accordingly.

End of procedure