

## Atyab International Services (AIS) Certifications



### PROCEDURE FOR COMPLAINTS AND APPEAL

Version 1.02

Prepared By: Certification Manager	Date: 27.05.2022
Approved By: Assist GM	Date: 27.05.2022

INDEX

<b>Sr. No.</b>	<b>Name of Procedures</b>	<b>Page No</b>
<b>QP 07</b>	<b>COMPLAINTS AND APPEAL</b>	<b>5</b>
<b>QP07A</b>	<b>Complaints &amp; Appeal Committee members</b>	<b>6</b>
	<b>References Added</b>	<b>7</b>

## QP 07 -COMPLAINTS AND APPEAL

Version 1.00

### 1.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.Scope

This procedure covers all complaint and appeal received at Organization by any means, like written, verbal, e-mail etc. It also includes adverse findings during audits.

### 3.Responsibility

**3.1 Quality Manager** is responsible for receiving the complaint and appeal from the clients / other parties. They in consultation with the office staff and auditors are 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 for entry into the Corrective Action System	All AIS Certification staff members
Incident investigation and analysis	Quality Manager
Handling of Appeals and Submission to appeal subcommittee (for appeals)	Executive Director
Appeal review, analysis and decision	Compliants Committee

### 4. 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 entered into the Corrective Action System for proper treatment (QP04). This procedure describes the methodology by which AIS Certification collects and processes incident reports, and communicates the impact to staff members.

4.1.2 AIS Certification recognizes that incidents occur in daily operation that collectively have an impact on the Quality Management System. 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 AIS Certification.

Complaints may be:

- Internal in nature raised by AIS Certification: staff member with regard to internal service, operations or employee performance.
- External in nature raised by AIS Certification: clients, suppliers or other affiliated organizations.
- Written.
- Verbal.
- Complaints raised by clients customers or stake holders.

#### **4.3 Terminology Used in This Incidents**

The incidents and complaints are considered as any of the below 4 things and procedure describes the system for handling the same.

#### **4.4 Suggestions**

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

#### **4.5 Appeals**

AIS Certification 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 AIS Certification staff. Client is free to communicate the same to AIS Certification. Appeal subcommittee and this is treated as an appeal from the client.

#### **4.6 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.

#### **4.7 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.

##### **4.7.1 Receipt of Incidents**

**4.7.2** 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 shall be submitted to Quality Manager for further action. In case of internal source, the incident report shall be filled by the staff member and submit to Quality Manager.

- 4.7.3** Quality Manager shall contact (telephone, email, letter) the external source to acknowledge the receipt of information within 5 working days of receipt. They shall understand the issue in details from the source (to avoid any error in writing the report). They may decide to personally meet the initiator, depending on the gravity and seriousness of issue.
- 4.7.4** In case of Complaints and Observations, it may be against AIS Certification. (System / procedure or a person) or AIS Certification certified companies (client). In case of suggestion / opportunity for improvement, it is for AIS Certification to study the suggestion and decide.
- 4.7.5** All such incidents received by any means or by any one is first of all recorded in the Incident report with the details of:
- Complaint and appeal sr. No.
  - Mode of receipt
  - Received by.
  - Name of client / other parties.
  - Description of complaint and appeal.
  - Reference of services against, which complaint and appeal is raised along with the reference, date and other details.
- 4.7.6** Client / other parties complaint and appeal incident report are issued to the Quality Manager for analyzing the root cause.
- 4.7.7** Quality manager validates the complaint after checking necessary back-up records or personal interview of auditors / staff members (who were involved in to job).

#### **4.8 Handling of Client Complaint and Observations**

- 4.8.1** In case of a complaint / observation against AIS Certification, quality manager analyses the issue to determine if there is system error or person error. They shall determine the root cause and determine correction and corrective action. The possible complaints are:
- **Administration:** Problems with appointments, certification files, certificates issued or issued late, Auditor / subcontractor problems with incomplete audit or surveillance documentation.
  - **Certification Decision:** A decision taken by designated staff to grant or deny initial certification, confirm certification after surveillance audit, renew certification, extend a certificate, suspend a certificate, lift the suspension or to decertify A Certification Decision becomes effective with immediate effect.
  - **Evaluation Decision:** A decision taken by designated staff to confirm non-conformities identified during an audit, confirm corrective measure proposals or objective evidence, verify

objective evidence during a follow-up audit without suspension not to suspend for a major non-conformity. An Evaluation Decision becomes effective with immediate effect.

- **Agents:** Problems with general compliance with AIS Certification's administration or audit procedures.

**4.8.2** The correction is affected immediately to satisfy the complainant. This may include training / counseling the person involved. The Corrective Actions is discussed with management during next management review meeting. Appropriate action is taken based on discussions (change in procedure / formats, training to all personnel etc.). An email is sent out to all staff detailing the issue and remedial action (for information). A copy of the complaint and investigation details is maintained in the respective individual's personnel file for reference at the performance appraisals.

**4.8.3** In case of a complaint / observation against a certified client, the quality manager studies the complaint and discusses with the auditor (last audit). If the complaint is found genuine and valid i.e. indicates 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, quality manager follows up with the client for the response. Depending on the response, quality manager 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 AIS Certification.

**4.8.4** Quality manager 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, Corrective Actions) are discussed in Management Review and IC meeting.

#### **4.9 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 quality manager. The other source may be internal / external audit.
- Quality Manager studies the suggestion to determine any conflict with ISO 17021 / ISO 17065 and Halal Standards as the case may be, In case the suggestion is in conflict, the same is communicated to the initiator. However, the suggestion is also discussed in management review meeting. 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. Quality Manager determines the changes in existing documentation and implements through Document Change process (QP01).
- If any certified client or interested party asks for the appeal/complaint handling process then it is forwarded to Quality manager. They will inform a certified client /any other interested party the appeals and complaint handling process of AIS Certification if any complaints / appeals are received by certified clients / interested party.

#### **4.10 Closing of Complaint and Appeal**

**4.10.1** Depending on the nature of the non-conformity, the quality manager / technical manager may follow up with requests for corrective actions. When the investigation of client complaint and appeal determines that remote operation or other external organizations contributed to the complaint and appeal, the Technical Manager or his delegate contacts these organizations and provides them with all relevant information.

**4.10.2** Every client complaint and appeal is recorded. The records are maintained by the Quality Manager / Technical Manager. 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 Technical Manager. Based on analysis of Client / Other Parties complaint and appeal, necessary actions are taken and client is replied for closing the complaint and appeal. Quality Manager identifies need for taking corrective action to prevent such complaint and appeal in future and accordingly concerned person is informed.

**4.10.3** All the complaint and appeal received by Organization 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.

#### **4.11 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:

- All appeals shall be received by the technical manager and details of appeals shall be recorded in the appeals register maintained by the technical manager.
- Technical manager 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 technical manager. In case, any further corrective action is required post actions identified and taken based on Incident report - Corrective action procedure QP04 is implemented.
- A copy of the investigation report shall be sent to the client.

- All appeals made are collated and 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 review meeting and Impartiality committee meeting.
- Technical Manager shall ensure that details with respect to the appellant and actions there upon is not shared with the audit team members.
- Technical Manager 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.
- 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 quality manager and forwarded to complaints committee. Appeal subcommittee shall review the 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 Quality Manager 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.

#### **4.12 Request of re-examination**

In case where the complainant/appellant/person requesting review disagrees with the decision, they may request AIS Certifications to re-open the investigation of the matter within 30 days after the receipt of the decision. Such a request can only be accepted if the request is accompanied with additional information, such as new findings of the fact.

After receipt of such a request, AIS Certifications shall re-open the investigation of the matter and give notice to the complainant/appellant/person requesting review of further decision(s) in accordance with the above-mentioned process.

#### **4.13 Convocation and deliberation in Appeals Committee**

If the complainant disagrees with further decision(s) based on the first investigation or after investigation is re-opened, and requests further investigation, AIS Certifications shall convoke the appeals committee.

The Committee consists of the neutral outside members previously not involved in the subject of the complainant. At the Committee, deliberation shall be made on the results of the investigation/re-investigation and on actions to be taken, and response based on the decision of the Committee shall be communicated to the complainant/appellant/person requesting review. This is the end of the process.

**4.14 Important:** Appeals Committee will make a decision within 30 working days after receiving the disagreement of the last decision communicated by AIS Certifications QM to the concerned person.

**4.15 Appeals Committee:**



**A. The composition of the Appeals Committee is the following:**

- Managing Director.
- Quality Manager (or his/her delegate if he is involved in the certification process).
- Conformity Manager (or his/her delegate if he is involved in the certification process).

**B. In case of HALAL Certification decision, one personnel will be added as following:**

- Islamic affairs expert (or his/her delegate if he is involved in the certification decision)

**C. In all cases:**

- Operations manager attends in order to document the process and moderate the Appeals Committee meeting.
- Als Certifications staff member(s) who have the information about the details of the specific case under compliant will be present to demonstrate the case details in front of Appeals Committee.
- A representative of the organization/person who raised the Complaints request should be present as well during the Appeals Committee gathering.
- The Appeals Committee may invite other involved staff members to get background information to the case or external consultants to make submissions to the Appeals Committee if they deem it necessary (case by case).

**D. Terms and Conditions of Appeals Committee:**

- Every member should be present in the committee gathering. This will constitute the quorum for Appeals Committee meetings (e.g. 3 personnel out of 3(For all scopes including HALAL).
- Certification knowledge is defined as 1 year of experience in Certification.
- Any member involved in the certification decision will be excluded from the Appeals Committee in order to avoid any conflict of interest. His delegate will be replacing him in attending the committee and participating in the decision.
- At the discretion of the staff member responsible for certification decision or evaluation decision in front of the Complaints committee, the case should be presented to the Appeals Committee either by the responsible certification analyst of the case or the certifier him/herself (e.g. The staff members directly involved in the certification or evaluation process).
- In case of Appeals Committee member operations to resign from the Appeals Committee or otherwise ceases to be a member, the Quality Manager will nominate a replacement according to the above listed criteria to the Managing Director, who decides on the assignment of the new committee member.
- During a Complaint, only information which existed and was presented at the time the decision was made will be considered.
- Additional credible information presented and accepted during a Complaint, which was not present at the time the original decision was taken and could have led to a different outcome in the original decision, will result in a recommendation to the Operations Department to re-open the case and take into consideration the new information for a decision (within the time frame mentioned above for accepting an Complaint/appeal).

- In Case of HALAL Scope, Islamic affairs expert involved in the Complaint should not be in any way involved in the audit process, evaluation or certification decision.

#### **E. Voting:**

- In all scopes other than HALAL, Appeals Committee decides on the presented cases by simple majority vote.
- For the HALAL Scope, Final decision on Complaints shall be taken in consensus, if not obtainable the Islamic Affairs personnel has the casting vote.
- The committee makes decisions according to the procedure outlined in this document and all of its proceedings are documented by the Quality Manager in the AIS Certifications / F-24 Incident Report.
- Staff members related to certification decision and evaluation decision, Operations manager, representative of the organization, external consultants and any other attendees rather than the committee members have no votes when deciding if the appeal/review will be granted.
- **Outcome of committee decisions:** A decision can have the following outcomes:
- **Original decision overturned:** This means that the decision taken against a complaint will be changed, Operations Manager will act as indicated by the decision. The effect of this changed decision is explained to the complainant with the communication of the decision.
- **Original decision confirmed:** This means that the decision taken against a compliant or decision being complaint against is confirmed and will not be changed. The Appeals Committee will recommend to the Operations Manager if any deadlines of the consecutive certification workflow need to be extended due to the proceedings of the appeal/review.

#### **4.9.3 Appeals/Review against Decisions of the Appeals Committee**

Appeals against decisions made by the Appeals Committee, and review request against AIS Certifications decisions will be heard by the Appeal/Review Committee only if the appellant can demonstrate a significant factor affecting the final certification decision that has been made, and Indicate reasonable grounds highlighting why the Appeal/Review Committee could come to a different conclusion on the same facts the Appeals Committee was confronted with.

#### **A. The composition of the Appeals Committee is the following:**

- Managing Director.
- Member of impartiality committee which is the one representing the clients side.
- Member of impartiality committee which is the one representing Government authority.

#### **In case of HALAL Certification decision, two personnel will be added as following:**

- Islamic affairs expert (or his/her delegate if he is involved in the certification decision)
- Member of Impartiality Committee, who is the one acting an Islamic Affairs personnel

#### **B. Terms and Conditions of Appeals/Review Committee:**

- Appeals against decisions made by the Appeals Committee are not automatic and all requests for such appeals are evaluated according to the criteria mentioned above. Only when the Appeal/Review Committee is convinced that one or more of these criteria apply the appeal will be heard.
- Please note also that a decision taken by the Appeal/Review Committee is final and that no Appeal will be accepted to this decision.

- After the appeal outcome is issued and appellant is notified, appellant is informed that he is able to address related accreditation bodies in case of dissatisfaction.

➤ **Voting:**

- In all scopes other than HALAL: Appeals Committee decides on the presented cases by simple majority vote.
- For the HALAL Scope: Final decision on Complaints shall be taken in consensus, if not obtainable, the Islamic Affairs personnel has the casting vote.

**C. Review by accreditation body**

In case of any further ambiguity, the same shall be reviewed by the board of directors and appropriate decision arrived. In case the issue still remains open; the same shall be intimated to the accreditation board for its valuable comments.

**4.9.4 Publication of Complaints/Appeals/Review Requests**

AIS Certifications shall determine, by mutual consent between the concerned person (complainant/appellant or requesting review) and AIS Certifications, whether and, if so to what extent, the subject of the complaint/appeal and its decision(s) shall be made public. Where the complaint is for an organization (product & facility) certified by AIS Certifications, such decision shall be made also in consultation with the organization.

**4.9.5 Correction and corrective action**

AIS Certifications shall take appropriate corrections and corrective actions regarding the complaints accepted in accordance with the actions determined by AIS Certifications to be taken. All these actions shall be documented by the Quality Manager in the AIS Certifications/ Incident Form and Appeal/Review form.

**5.References**

- QP01 control of documents
- QP04 NC and corrective action

**6.Enclosures – Nil**

**7.Formats / Exhibits**

- F24 Incident Report
- F24 A Appeal Review Form
- F 37 Customer Satisfaction Survey
- Complaint Committee
- Impartiality Committee
- Shariah Committee

- a) ISO 9001:2015 Quality Management Systems- Requirements
- b) ISO/IEC 17021: Conformity assessment - Requirements for bodies providing audit
- c) and certification of management systems.
- d) ISO 17021-2:2016: Competence requirements for auditing and certification of environmental management systems
- e) ISO 17021-3:2017: Competence requirements for auditing and certification of Quality management systems
- f) ISO 17021-10:2018: Competence requirements for auditing and certification of Occupational Health & Safety Management Systems
- g) ISO 22003:2013 -FSMS-Requirements for bodies auditing and certifying the FSMS
- h) ISO/IEC 17030, Conformity Assessment — General requirements for third-party marks of conformity.
- i) ISO 19011: Guidelines for auditing management systems.
- j) GAC document: FAD-12: Supplementary accreditation requirements for Halal Certification Bodies, in addition to applicable scheme and Standards
- k) ISO Guide 23:1982 Methods of indicating conformity with Standards for third-Party certification Systems
- l) ISO Guide 27:1983 Guidelines for corrective action to be taken by a certification body in the event of misuse of its mark of conformity
- m) GSO S 2055-2 ; 2016 Part 2 General Requirements for Halal Certification Bodies
- n) OIC/SMIIC 2: 2019 *General Requirements for Halal Food,*