



Procedure

COMPLAINTS - REGULATED AREAS

CODE: SRAC-PS-19R

Approved

MANAGING DIRECTOR

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LIST OF UPDATES

Editia	Review	Content of the amendment	Amended page	Date
1	0	Initial processing		
2	0	Transition to 17021:2011		
2	1	Completion of reference documents	Ch. 3	03.12.2012
2	2	GHG / EMAS changes	<i>Pg. 2-4</i>	26.08.2013
2	3	<i>Introduction references to the Machinery Directive</i>	3	05.03.2014
3	0	<i>Transition to iso 17021-1:2015</i>	<i>all</i>	30.10.2015
3	1	Introduction reference to ISO 17020:2012	all	01.06.2016
3	2	<i>Updating reference documents</i>	<i>all</i>	30.11.2016
3	3	<i>Reference update</i>		10.06.2019

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1. PURPOSE AND SCOPE

- 1.1. This procedure describes how to deal with complaints about organisations where the SRAC has assessed product conformity / carried out inspections and tests against the requirements of European directives / regulations and specific standards.
- 1.2. The handling of other categories of complaints is outlined in procedure PS-19.

2. DEFINITIONS AND ABBREVIATIONS

COMPLAINT - An expression of dissatisfaction, addressed to the SRAC, about the products offered or the complaint handling process itself, to which a response or resolution is explicitly or implicitly expected (*adapted from SR ISO 10002:2005*).

CD - Steering Committee

DC - Quality Director

DT - Technical Director

RRR- Complaint Resolution Officer

NOTE: In this procedure the generic term certification includes the activities inspections , and the term certificate means the document issued as a result of these activities.

3. REFERENCE DOCUMENTS

- 3.1. SR EN ISO /CEI 17065:2013 Conformity assessment. Requirements for bodies certifying products, processes and services
- 3.2. SR EN ISO/IEC 17020:2012 Conformity assessment. Requirements for the operation of different types of bodies performing inspections
- 3.3. SR EN ISO/IEC 17025: 2018 - General requirements for the competence of testing and calibration laboratories
- 3.4. EA-2/17INF:2014 EA document on Accreditation for notification purposes.
- 3.5. Regulation (EU) 305/2011
- 3.6. Directive 2014/33/EU
- 3.7. Directive 2014/31/EU
- 3.8. Directive 2006/42/EC
- 3.9. Directive 2010/35/EU

4. RESPONSIBILITIES

4.1. Director General

- 4.1.1. Coordinates the evaluation and resolution of complaints.
- 4.1.2. Order the necessary measures based on the RRR findings.
- 4.1.3. Ensure that this procedure is made available to all interested parties upon request.

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4.2. **Technical Director**

4.2.1. Triggers unscheduled audit/inspection and suspension procedures as appropriate.

4.3. **Quality Director**

4.3.1. Keep records of complaints.

4.3.2. Uses the data resulting from the analysis and handling of complaints for management analysis.

4.4. **Complaint Handler**

4.4.1. Analyse the information concerning the subject of the complaint at all stages of its acquisition.

4.4.2. Ensures communication with the complainant.

4.4.3. Ensures communication with the customer on complaint issues.

4.4.4. Contact all necessary persons/functions to properly assess the situation.

4.4.5. Inform the DG about the status of the complaint resolution.

4.4.6. Inform DT to trigger unscheduled audit and suspension procedures.

4.5. **Audit team leader/ inspection**

4.5.1. Carries out unscheduled activities focused on the subject of the complaint.

4.5.2. Sends the RRR the completed report.

5. PROCEDURE

5.1. **General principles**

5.1.1. The complaint handling process is subject to confidentiality requirements.

5.1.2. Any complaint against a certified customer is brought to the attention of the customer by the SRAC upon receipt of the complaint or during the data collection and complaint verification process (as necessary to clarify or not clarify a number of issues related to what the complainant is reporting).

5.1.3. SRAC, through RRR and under the conditions of para. 5.1.7:

- confirms receipt of the complaint to the complainant (within 7 days of receipt)
- provide the complainant with a response on the completion and resolution of his/her complaint.
- provide the complainant, upon request, with information on the status of the complaint

5.1.4. The time taken to resolve a complaint is usually a maximum of 30 days from the date of receipt.

5.1.5. If, for objective reasons, the resolution of the complaint takes longer than the period referred to in point 5.1.4 the RRR shall inform the complainant of the status of the complaint.

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- 5.1.6. Where there is a question of the subject matter of the complaint and/or its resolution being made public, the SRAC shall determine, together with the customer and the complainant, whether this is necessary and if so, what is made public. The SRAC's view is set out in the CD.
- 5.1.7. Anonymous complaints are not allowed. Complaints received by any means where the sender does not provide sufficient details to be identified and contacted are considered anonymous and are not investigated.
- 5.1.8. In order for a complaint to be processed, the complainant must provide, as a minimum, the following data:
- a) Full name (or name of the complainant organisation)
 - b) Address
 - c) Contact phone/fax
 - d) Data allowing the identification of the person complained of.
 - e) Subject of the complaint. The description must be based on concrete data, names and facts from which the investigation can start.
- 5.1.9. If the SRAC is notified by a market surveillance body of irregularities found with a client, the DG investigates itself and triggers the complaint handling process.
- 5.2. **Receiving complaints**
- 5.2.1. Complaints received by fax or post are recorded in the Incoming/Outgoing Register by the Secretariat .
- 5.2.2. Complaints received by e-mail shall be printed by the recipient and forwarded to the secretariat in order to carry out the operations described in point 5.2.1.
- 5.2.3. The Secretariat forwards the complaint to the DC.
- 5.2.4. The DC acknowledges receipt of the complaint to the complainant.
- 5.2.5. DC Informs the customer about the complaint received and asks for their point of view.
- 5.3. **Evaluation**
- 5.3.1. DC and DT analyse the information received through the complaint and the customer's point of view.
- 5.3.2. Where appropriate DT contacts any other parties who can provide information to enable a proper assessment of the situation.
- 5.3.3. Based on all the information received, DC and DT determine whether the complaint is confirmed or not.
- 5.3.4. If not, the DC informs the DG and sends the reply to the complainant.
- 5.3.5. If the complaint is upheld, DT determines whether an unscheduled audit/inspection is necessary or whether it is sufficient for the organization to take corrective action.

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- 5.3.6. If an unscheduled audit/inspection is required, DT notifies the audit team leader who applies the provisions of PS-16 Oversight and Unscheduled Audits.
- 5.3.7. After the audit has been carried out, the team leader submits the completed report to DT.
- 5.3.8. If, according to point. 5.3.5it is sufficient for the organisation to take some action, it shall proceed according to 5.4.2.
- 5.3.9. DT attaches a copy of the Report to the complaint file and submits the original to the File Analysis Department for filing in the client's file.
- 5.4. **Conclusions and communication**
- 5.4.1. Once DT has sufficient data to assess the complaint, if justified, it determines the corrections/corrective/preventive actions and passes them on to the stakeholders.
- 5.4.2. If the measures concern the organisation complained of, the SA checks the implementation and informs the DT of the findings. Depending on the findings, the provisions of procedure PS-17 Suspension, withdrawal or restriction of the scope of certification shall apply.
- 5.4.3. If the measures relate to issues outside the organisation complained of, the CD checks the implementation and reports the findings to the DT.
- 5.4.4. The DT together with the DC formulate the responses to the organisation and the complainant as appropriate. The responses are approved by the Director General / Executive Director and forwarded to the recipients through the DC.
- 5.4.5. The TD or a person designated by him checks how the complaint is resolved within the set deadlines.
- 5.4.6. DC is archiving the complaint documents.
- 5.4.7. Complaints are the input data for management analysis.
- 5.4.8. The handling of complaints is checked during internal audits.
6. **ANNEXES** - Not applicable.