



Procedure

COMPLAINTS

CODE: SRAC-PS-19

Approved

MANAGING DIRECTOR

Mihaela Cristea

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LIST OF UPDATES

Editia	Review	Content of the amendment	Amended page	Date
1	0	Initial processing		06.08.2007
1	1	ISO 17065 update	all	05.03.2015
1	2	Eliminate GHG references	3, 4, 6	25.03.2015
1	3	Completed with the situation where the applicant does not provide all the necessary data	4	22.02.2016
<i>1</i>	<i>4</i>	<i>Modify SR ISO 10002 Alignment to IAF 2023 guidelines</i>	<i>2</i>	<i>08.03.2024</i>

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1. PURPOSE AND SCOPE

This procedure describes how to deal with complaints about the work of the SRAC, auditors/experts, or the operation of the management systems of SRAC certified organisations.

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 10002:2019*).

AS - Chief Auditor

CD - Steering Committee

DC - Quality Director

DT - Technical Director

3. GENERAL PRINCIPLES

- 3.1. The complaint handling process is subject to confidentiality requirements.
- 3.2. The Quality Manager reviews the complaint to confirm that it relates to the certification/verification activities/certified products for which he/she is responsible, and if so designates, for investigation, a person/team not involved in the audit or decision making against which the complaint is made.
- 3.3. The Quality Manager shall ensure that persons involved in the complaints handling process are not in any conflict of interest. Personnel (including those acting in management positions) who have provided advice to a client, or have been employed by a client, shall not be used to review or approve the resolution of a complaint for that client for 2 years after the end of the advice or employment.
- 3.4. Any complaint relating to a customer holding SRAC-issued certification/verification documents or a certified product is brought to the attention of the SRAC customer by the SRAC upon receipt of the complaint or during the complaint data collection and verification process (as necessary to clarify or not clarify a number of issues related to those reported by the complainant).
- 3.5. It is the responsibility of the DC to notify the complaining customer.
- 3.6. SRAC, by the DC or a person designated by the DC and under the conditions set out in para. 4.1.3:
 - a) confirms receipt of the complaint to the complainant (within 7 days of receipt)
 - b) provide the complainant with a response on the completion and resolution of his/her complaint.
 - c) provide the complainant, upon request, with information on the status of the complaint .
- 3.7. The time taken to resolve a complaint is usually a maximum of 30 days from the date of receipt.
- 3.8. If the SRAC requests additional information from the complainant, the time to resolve the complaint is extended, without any notification, by the time until the response is received, if it is up to 30 days.

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- 3.9.** If the complainant does not reply within 30 days, the complaint is closed without any notification.
- 3.10.** If, for objective reasons independent of any request for additional information from the complainant, the resolution of the complaint requires a longer period of time than the above, the DC directly or through their designees shall inform the complainant of the status of the complaint.
- 3.11.** If 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.

4. HANDLING COMPLAINTS

4.1. Details:

- 4.1.1.** Complaints that are processed fall into 3 categories:
- a) On the work of the RASC.
 - b) Concerning the operation of the management system of SRAC certified organisations, or SRAC certified products.
 - c) Concerning auditors/inspectors/experts.
- 4.1.2.** Any other information that does not concern the above issues is considered as opinions submitted under the right of free expression, and does not oblige RASC to process it or to give any response.
- 4.1.3.** 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.
- 4.1.4.** 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.
- 4.1.5.** Certification of the management system by the SRAC does not include certification of facilities or conformity of the organisations products. In the event of a claim relating to certified management systems, SRAC assumes no responsibility for causing damage or accidents in the faulty or negligent operation of processes and facilities within the organisations nor for defective products.

As a result, complaints in these categories do not fall within the remit of the SRAC as a certification body and are not investigated.

The petitioner is notified through DC.

- 4.2.** Complaints received by fax or post are recorded in the Incoming/Outgoing Register by the secretariat and submitted to the Quality Director.

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- 4.3.** Complaints received by e-mail, under the conditions specified in point. 4.1 shall be printed out by the recipient and forwarded to the secretariat for processing in accordance with point 4.1. 4.2.
- 4.4.** The DC shall examine whether the document received falls into the categories mentioned in point. 4.1.1. If not, it shall apply the provisions of point 4.1.2 respectively 4.1.5 and archive it.
- 4.5.** *Dealing with complaints relating to RASFF activity*
- 4.5.1. The DC acknowledges receipt of the complaint to the complainant.
- 4.5.2. The DC fills in the complaint data in an opis containing the fields in Annex 2.
- 4.5.3. DC presents the complaint at the first Steering Committee meeting.
- 4.5.4. It investigates the complaint. If the data are sufficient, it decides whether or not it is justified.
- 4.5.5. If the complaint is substantiated, the DC determines the corrective/preventive actions/corrections and designates one or more persons responsible for implementation.
- 4.5.6. The DC establishes the reply to the complainant, which is forwarded to the complainant via the DC.
- 4.5.7. The DC archives the complaint documents, verifies the implementation and effectiveness of the measures set out in point. 4.5.5 and informs the DC.
- 4.5.8. If the data is not sufficient to make a correct decision, the DC designates a person responsible for completing it.
- 4.5.9. The person(s) responsible for completing the complaint data must not have been previously involved in the subject of the complaint.
- 4.5.10. After completion, it shall inform the DC, which shall proceed as set out in point. 4.5.4
- 4.5.11. If the complaint is not justified, the DC shall determine the response, which shall be forwarded to the complainant by the DC.
- 4.5.12. In both cases, DC files the complaint file.
- 4.6.** *Dealing with complaints that relate to the operation of an SRAC certified organisation's management system, or SRAC certified products*
- 4.6.1. DC:
- a) register the complaint according to 4.5.2
 - b) acknowledges receipt of the complaint to the complainant.
 - c) Informs the customer about the complaint received and asks for their point of view (see p. 3.4).
- 4.6.2. DC and DT analyse the complaint, determine whether the data are sufficient and if so decide whether it is justified or not.
- 4.6.3. DT also decides whether an unscheduled audit is necessary. If so, it appoints the Chief Auditor and sends him the necessary data.

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- 4.6.4. The Chief Auditor contacts the organisation, prepares and conducts the unscheduled audit, then submits the DT Audit Report. The SA considers not only the investigation of the complaint in question but also aspects of the effectiveness of the certified management system.
- 4.6.5. 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.
- 4.6.6. 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.
- 4.6.7. If the measures relate to issues outside the organisation complained of, the CD checks the implementation and reports the findings to the DT.
- 4.6.8. 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.
- 4.6.9. DC is archiving the complaint documents.
- 4.7.** *If the complaint concerns auditors or experts:*
- 4.7.1. DC registers the complaint according to 4.5.2
- 4.7.2. The DC acknowledges receipt of the complaint to the complainant.
- 4.7.3. The DC reviews the complaint and if the data is sufficient and the complaint substantiated, proposes corrections, corrective/preventive actions, as appropriate, which it presents to the Steering Committee.
- 4.7.4. The DC decides whether the proposed measures are acceptable and if so approves them or, if they are not suitable, determines other suitable ones.
- 4.7.5. The DC drafts the reply to the complainant, submits it to the DG for approval and forwards it to the complainant via the Secretariat.
- 4.7.6. The DC informs the auditor/expert of the action taken and archives all documents related to the complaint.
- 4.7.7. If the data needed to make a decision are insufficient, the CD contacts all parties involved, gathering information and evidence from neutral sources if possible.
- 4.7.8. If the complaint does not prove to be justified, he drafts the reply to the complainant, submits it to the DG for approval and hands it to the Secretariat for forwarding to the addressee, after which he archives the documents.
- 4.8.** The logical outline of how complaints are handled is shown in Annex 1.
- 4.9.** The handling of complaints is checked during internal audits.
- 4.10.** Complaints are the input data for management analysis.
- 5. ANNEXES**
- 5.1.** Annex 1 - Logical outline of how complaints are handled
- 5.2.** Annex 2 - Complaints opis - table heading