

<b>ASACB</b>	Document: <b>SOP 9.7/8 – Client Appeals &amp; Complaints</b>	
	Revision: <b>08-31-19</b>	Page: <b>1 of 7</b>
	Reviewed by: Management Representative Name: George J. Ringger	Approved by: President Name: Michele Dickstein

## 1. Purpose and scope

The purpose of this procedure is to define the system and responsibilities for monitoring and responding to appeals and complaints.

This procedure applies to all ASACB functions and operations associated with organization registration activities.

## 2. Reference documents

The following internal documents are referenced in this procedure to define their interaction with this procedure. Hereafter, their document number may refer these to only. The latest edition of the document referred to applies. SOP 10.3.3 – Control of Documents contains procedures governing the control of these and other Quality Management System (QMS) documents.

Form 9.8-01 –CF Form  
SOP 10.3.3 – Control of Documents  
SOP 10.3.4 – Control of Records  
SOP 10.3.5 – Management Review  
SOP 10.3.6 – Internal Audits  
SOP 10.3.7 – Corrective Action

## 3. Terms and definitions

Our QMS uses the same internationally recognized terms, vocabulary and definitions given in ISO 9000 and ISO/IEC 17021.

## 4. Control and maintenance

The President has overall responsibility for the manner in how ASACB responds to appeals and complaints, including the issuance and maintenance of this procedure. All proposed changes and other suggestions for improvement of this procedure shall be submitted to the President via the Management Representative in accordance with SOP 10.3.3. The Management Representative reviews all proposed changes as they are submitted and otherwise reviews this document annually for compliance with ISO 9001 and ISO/IEC 17021 requirements and consistency with established policy, objectives and other QMS processes/systems. The Accreditation Manager maintains a master copy of this document and controls its electronic and hard copy distribution as well as any ASACB Forms and/or record formats required by the provisions of this Standard Operating Procedure (SOP) and any associated Deployment Flow Charts (DFC).

## 5. System for implementing ASACB’s appeals and complaints

NOTE: DFC 9.7/8-01 can be used in lieu of or in conjunction with this procedure to document and manage processes/sub-processes associated with the monitoring and response to appeals and complaints. DFC 9.7/8-01 can be used by the President, as process “owner”, to manage these processes and can be used by internal auditors to assess their overall effectiveness per

paragraph 6.4 following.

## **5.1 Objective**

The primary objective of ASACB's, appeals and complaints monitoring (tracking) and response system is to identify and implement actions aimed at providing an orderly and objective response to appeals and complaints.

## **5.2 Process summary**

See DFC 9.7/8-01

## **6. Procedures and responsibilities for responding to complaints and Appeals**

### **6.1 Complaints Procedures**

This Section describes the process to receive, evaluate and make decisions on complaints and is subject to requirements for confidentiality, as it relates to the complainant and to the subject of the complaint.

This complaints-handling procedure describes:

- a) an outline of the process for receiving, validating, investigating the complaint, and for deciding what actions need to be taken in response to it;
- b) tracking and recording complaints, including actions undertaken in response to them;
- c) ensuring that any appropriate correction and corrective action are taken.

Anyone receiving a complaint will document the relevant information on a Complaint Form (CF), Form 9.8-01, and forward it to the President. The CF also can be initiated by the complainant online through ASACB's web site. The President reviews the CF, assigns responsibility for its investigation/response, and forwards the CF (or hard copy print out of the online CF) to the person responsible for immediate response. All pertinent information will also be recorded on the CF.

All Complaints are tracked using a worksheet or other management tool to track timeliness. All complainants are provided a status, upon request, as to the progress and outcome of the complaint.

Submission, investigation and decisions on a complaint shall not result in any discriminatory actions against the client.

ASACB is responsible for gathering and verifying all necessary information to validate the complaint, and is responsible for the resolution of all complaints. Complaints that cannot be resolved by ASACB are referred to ANAB.

Upon receipt of a complaint, ASACB will confirm whether the complaint relates to certification activities that it is responsible for and, if so, will deal with it. If the complaint relates to an ASACB certified client, then examination of the complaint will consider the effectiveness of

the certified management system.

Any valid complaint about an ASACB certified client will also be referred by ASACB to the certified client in question, at an appropriate time.

Whenever possible, ASACB will give formal notice of the end of the complaints-handling process to the complainant.

On occasion there may be some complaints that pertain to a specific client. In those cases, upon resolution of the complaint ASACB will determine together with the client, as to what information regarding the complaint should be made public. The completed CF will be retained per SOP 10.3.4.

### **6.1.1 Immediate response and problem resolution**

The individual assigned responsibility by the President for immediate complaint review and response will coordinate with others as necessary to identify and verify the issue of concern; determine an immediate response and/or proposed course of action; and communicate a response or proposed course of action to the complainant within two (2) business days of the date the complaint was reported.

If the response or proposed course of action is unacceptable to the complainant, or if the proposed course of action cannot be determined without additional time or further investigation, then the responsible individual will contact the complainant to advise them that their complaint has been delayed or referred to the Accreditation Manager for further review and investigation.

The responsible employee will return the CF form for which ASACB's response was deemed unacceptable by the complainant or for which further investigation is required by others to the Accreditation Manager for action per section 6.1.2.b.

The responsible individual will process all other CFs that cannot be resolved immediately per section 6.1.2.

### **6.1.2 Delayed response and problem resolution**

If additional time is needed, the responsible individual will continue to coordinate with others as necessary to identify/verify the issue/concern, determine a response and/or proposed course of action, and communicate the response or proposed course of action to the complainant as soon as possible. CFs for which ASACB's response is deemed unacceptable by the complainant or for which further investigation is required by others, will be returned by the responsible individual to the Accreditation Manager for action per section 6.1.2.

ASACB has established and follows the following complaint/issue resolution process:

- all requests for corrective action are responded to within 30 calendar days from receipt of complaint;
- all feedback received is reviewed and, if a response is requested, the response is provided to the complainant within 30 calendar days from receipt of complaint;

- if ASACB determines that a short notice audit is necessary, this audit is completed within 90 calendar days from receipt of the complaint; and
- ASACB's corrective action process as described in SOP 10.3.7 is followed, which provides for containment activities, conformance to the applicable standard is re-established, completion of root cause analysis, corrective actions addressing all root causes, and a completion date for the implementation of all corrective actions is defined.

ASACB is responsible for the resolution of all complaints. Complaints that cannot be resolved by ASACB are referred to ANAB.

### **6.1.3 Maintaining impartiality of the complaint**

If any ASACB personnel have a material conflict of interest that precludes him or her from rendering a fair decision, then the President shall reassign the complaint for processing. Irrespective, the decision to be communicated to the client shall be made by, or reviewed and approved by, individual(s) not previously involved in the subject of the complaint.

### **6.1.4 Complaint analysis**

The Accreditation Manager periodically reviews CF information to identify adverse trends and additional opportunities for improvement and reports results of this review and recommendations to top management for review and action during management review per SOP 10.3.5.

## **6.2 Appeals procedure**

The appeals process is designed to give participants in the QMS and AQMS certification program a formal opportunity to dispute decisions made by ASACB. This process is meant to provide participants in the ASACB QMS and AQMS Certification Program with an easy-to-follow procedure for filing appeals. Submission, investigation and decision on appeals shall not result in any discriminatory actions against the client.

This appeals-handling procedure describes:

- a) the process for receiving, validating and investigating the appeal, and for deciding what actions need to be taken in response to it, taking into account the results of previous similar appeals;
- b) tracking and recording appeals, including actions undertaken to resolve them;
- c) ensuring that any appropriate correction and corrective action are taken.

ASACB is responsible for gathering and verifying all necessary information to validate the appeal, and is responsible for the resolution of all appeals. Appeals that cannot be resolved by ASACB are referred to ANAB.

### 6.2.1 Types of decisions that can be appealed

Generally, technical and interpretive decisions concerning conformance with the QMS or AQMS Standard to which the organization is audited by ASACB can be appealed. Examples of appeal issues may include:

- a) a decision made by an ASACB auditor concerning a finding (to be initiated within 5 calendar-days from NCR issuance);
- b) a decision made by an ASACB auditor concerning adequacy of corrective action (to be initiated within 5 calendar-days from rejection);
- c) a decision made by an ASACB auditor concerning interpretation of the QMS or AQMS Standard;
- d) a decision made by ASACB concerning passage or failure of an audit.

Business decisions concerning the ASACB certification program, business decisions concerning an ASACB certification program contract, and constraints invoked by law, or regulation, are not eligible for appeal.

Repetitive or frivolous appeals may be rejected by ASACB.

### 6.2.2 Basis for a decision to an appeal

The Accreditation Manager will base their decision on a variety of published and unpublished information. Among other sources, the Accreditation Manager will take into account the following:

- a) the written statement of the appellant;
- b) applicable QMS or AQMS Standard;
- c) ISO/IEC Guide 17021;
- d) ANAB requirements
- e) ASACB contract(s);
- f) common practice in the industry;
- g) past practices in the ASACB Certification Program.

### 6.2.3 Timeliness and method for filing an appeal

Appeals should be sent to ASACB in writing or submitted via the ASACB website. If there is no record of the mailing date, then the date on which ASACB receives the appeal is the filing date.

All appeals are tracked using a worksheet or other management tool to track timeliness. All appellants are provided a status, upon request, as to the progress and outcome of the appeal.

All decisions are communicated to the appellant and are considered made on the first date that it is communicated to the appellant. ASACB decisions may be communicated via mail, e-mail, or fax.

#### **6.2.4 Maintaining impartiality of the appeal**

If the Accreditation Manager has a material conflict of interest that precludes him or her from rendering a fair decision, then the President shall reassign the appeal for processing. Irrespective, the decision to be communicated to the client shall be made by, or reviewed and approved by, individual(s) not previously involved in the subject of the appeal.

#### **6.2.5 Processing an appeal**

The appeal shall include:

- a) the decision that is appealed;
- b) a full exposition of the countervailing argument that weighs against the decision that is being appealed;
- c) citations to the sources of the QMS or AQMS Standard that support the argument of the appeal and a conclusion that states the result desired by the appellant.

The first level of appeals processing involves a review by the Accreditation Manager.

If the Accreditation Manager agrees with the appellant, then the Accreditation Manager shall close the appeal and proceed with the certification process.

If the Accreditation Manager disagrees with the appellant, then the Accreditation Manager shall confirm the original decision. If the appellant disagrees with the decision made by the Accreditation Manager, then the appellant may appeal the decision to the ASACB President, in accordance with section 6.2.6 of this procedure.

#### **6.2.6 Procedure for further appeals when the appellant does not agree with the Accreditation Manager's decision**

Decisions of the Accreditation Manager may be appealed to the President, at the option of the appellant. The appellant must file a timely appeal within 14 days after notification of the decision of the Appeals Manager. Timeliness shall be judged according to the standards found in section 6.2.3 of this procedure.

An appellant who wishes to appeal a rendered decision must send a written statement describing the justification for further review. The President shall obtain and review the other appeals documentation from the appeals file.

If the President recuses himself or herself from the appeal due to a material conflict of interest, then the ASACB Committee to Safeguard Impartiality shall review the initial decision under the provisions of this section. The Accreditation Manager shall forward the appropriate documents to the ASACB Committee to Safeguard Impartiality so no further action by the appellant is necessary to cause the ASACB Committee to Safeguard Impartiality to engage in this review in the event of a conflict of interest recusal by either the Accreditation Manager or the President.

In reviewing any decision under this section, the ASACB Appeals Body (consisting of either the President or the ASACB Committee to Safeguard Impartiality, as determined above) shall use the standards listed below and shall rely on the tools described in section 6.2.2 of this procedure:

The Appeals Body may overturn a decision challenged on appeal if:

- a) the decision was wrong because the Appeals Body finds that it was based on an incorrect fact;
- b) the decision was wrong because the Appeals Body finds that it was based on an incorrect interpretation of law, regulation, policy, or QMS or AQMS Standard;

When the Appeals Body agrees with the decision on review, then the Appeals Body shall affirm the decision and the decision is final.