NQA COMPLAINTS PROCESS

WP34/C21

1. SCOPE

1.1 All interested parties have the right to make a complaint to NQA Certification Limited in respect to its conformity assessment activities or its clients.

1.2 Submission, investigation and decision making in respect of complaints shall not result in any discriminatory actions against the complainant.

1.3 Any investigation shall take into account the results of similar complaints and ensure that where applicable, correction and corrective action is undertaken.

1.4 (IATF 16949 specific) – All decisions must comply with IATF 16949, Rules for achieving and maintaining IATF recognition, SI's and FAQ's.

2. RESPONSIBILITIES

2.1 Responsibilities are as defined in the text of this Work Procedure

3. COMPLAINTS PROCEDURE

3.1 In the first instance, the complainant makes written representations to NQA at enquiries@nqa.com

All complaints without exception must be processed through the Regulatory Team who commence the process.

3.2 Regulatory Team logs the complaint, formally confirms receipt with the complainant within two weeks from receipt and provides the complainant with the name(s) of the individual(s) responsible for the investigation and an anticipated timeframe for completion.

Note 1: Complaint investigations shall be completed within 3 months form the date of receipt for COC and SC schemes.

3.3. Each complaint shall be given an individual reference to facilitate tracking.

3.4 On occasions where the anticipated timeframe for completion is exceeded, the complainant shall be kept updated in respect of progress by the nominated investigator(s). Progress reports (as with the outcome of the investigation) shall be formally communicated to the complainant and records retained. If issues are experienced with timeframes this may be managed by the Regulatory Team or escalated to the Global Accreditation Director.

3.5 The individual(s) responsible for the validation, investigation and provisional decision shall be demonstrably independent from the subject of the complaint. For example, not those who conducted the audit or made the certification decision in question.

3.6 The individual(s) responsible for the investigation and provisional decision shall meet all competence criteria defined by NQA.

3.7 The outcome of the investigation and provisional decision shall be reviewed and approved by an applicable and demonstrably independent senior manager prior to communication to the complainant by the assigned investigator. This shall be concluded in a timely manner.

3.8 Any complaint pertaining to a client shall be referred to the organisation for comment and, where necessary, corrective action. The examination of the complaint shall consider the effectiveness of the certified management system or, where applicable, any potential affect upon the materiality of a GHG assertion. Records of this interaction shall be retained.

Note 2: Dependent upon the nature and severity of a complaint in respect to a certificated organisation, a special visit may need to be undertaken. In respect to organisations registered to an

AQMS standard, such as AS9100, special audits in support of a complaint or notification of an ethical nature shall be conducted within 30 days of the receipt of the complaint or notification.

Note 3: If a complaint/concern is not received in English then the ongoing communication language shall be agreed by NQA and the complainant.

Note 4: NQA shall retain the anonymity of the complainant in relation to the client, if this is requested by the complainant.

Note 5: If a complaint has been raised, for example; because a document may have been tampered with, steps shall be taken to obtain objective evidence to verify the complaint. NQA may contact other relevant parties, such as suppliers, to cross-check information.

3.9 Upon completion of a complaint investigation, the outcome shall formally be communicated to the complainant. The investigator is responsible for ensuring that any necessary follow up actions are completed in a timely manner.

3.10 Upon occasions where the complainant wishes to challenge the decision of the complaint's investigation, the complaint may be escalated to a Director, provided that they are independent.

3.11 In all cases, the decision of the Director is final and binding upon all parties.

3.12 On occasions where the Director does not have demonstrable independence in relation to a given appeal, the final decision may be taken by the Managing Director or Global Accreditation Director.

3.13 Complaints shall be reviewed at the Management Review Meeting in order to ensure that valid containment, root cause and corrective action have been recorded/ implemented.

3.14 Where applicable The Directors Team shall determine, together with the client and the complainant, whether and, if so to what extent, the subject of a complaint and its resolution shall be made public.

3.15 Should the complainant/informant in turn be dissatisfied with the outcome, they are entitled to escalate the matter further and to contact the relevant Accreditation Body/Scheme Owner.

4. RECORDS

4.1 Comprehensive records of the investigation and decision-making processes shall be retained. Copies shall be passed to the Regulatory Team.

4.2 Records pertaining to all completed complaints shall be made available to the NQA Impartiality committee upon request.

4.3 Records detailing containment, root cause and corrective actions incumbent upon NQA as a result of a given complaint shall be retained by the Regulatory Team.

4.4 Where applicable, the investigator shall ensure that the team scheduled to conduct the next visit to an organisation that has:

a) Made a complaint

b) Been subject to complaint

c) Are furnished with a copy of all records pertaining to this matter.