



NEVER STOP IMPROVING

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 consider 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. All complaints without exception must be processed through Regulatory Affairs who commence the process.
- 3.2 Regulatory Affairs log the complaint, formally confirm receipt with the appellant and provide the appellant with the name(s) of the individual(s) responsible for the investigation and an anticipated timeframe for completion.
- 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 Technical and Projects Manager 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 pertaining to the role of decision maker in respect of the scheme or schemes to which the complaint relates.
- 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.
- 3.8 The Senior Manager with authority for the process subject to complaint shall be responsible for the initiation, monitoring and close out of corrective actions identified as being incumbent upon NQA. This shall be concluded in a timely manner.



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- 3.9 Where complaints pertain to a member of the field force, the applicable Field Operations Manager/Field Director (FOM/FD) shall be responsible for the validation, investigation and provisional decision.
- 3.10 Any complaint pertaining to a client shall be referred to the organization 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: 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.

- 3.11 Upon completion of a complaint investigation by a FOM (as per 3.9), the outcome shall formally be communicated to the appellant. The FOM/FD are responsible for ensuring that any necessary follow up actions are completed in a timely manner as per 3.8.
- 3.12 Upon occasions where the complainant wishes to challenge the decision of the complaint's investigation, the complaint may be escalated to the Service Delivery Director, provided that he is independent as per 3.5.
- 3.13 In all cases, the decision of the Service Delivery Director is final and binding upon all parties.
- 3.14 On occasions where the Service Delivery 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.
- 3.15 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.
- 3.16 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.

4. RECORDS

- 4.1 Comprehensive records of the investigation and decision-making processes shall be retained. Copies shall be passed to Regulatory Affairs.
- 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 Regulatory Affairs.
- 4.4 Where applicable, The Team Leader (or Operations Manager) shall ensure that the team scheduled to conduct the next visit to an organization that has:



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- (a) Made a complaint
- (b) Been subject to complaint

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