



## D06-01

### PROCEDURE FOR HANDLING COMPLAINTS, OTHER EXPRESSIONS OF DISCONTENT AND INFORMATION ON MAKING UNDUE REFERENCE TO ACCREDITATION OR UNDUE USE OF THE SA LOGO

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## 1 PURPOSE

The purpose of this document is to lay down the tasks and responsibilities, as well as keeping of records in complaint handling pursuant to the Rules of Accreditation laid down in S03. The document shall apply to the handling of all complaints addressed to SA. According to the definition in SIST EN ISO/IEC 17011:2018, a complaint refers to any expression of discontent by any person or organization, to an accreditation body, relating to the activities of that accreditation body or of an accredited CAB, where a response is expected.

Complaints shall serve to SA as an external source of information on the basis of which it shall formulate its observations, which can provide a basis for introducing corrective and preventive action, and an opportunity to improve its quality management system.

In addition to complaints, the provisions of this document include handling of other expressions of discontent with the work of SA or the work of accredited bodies as well as information on making undue reference to accreditation or undue use of the SA logo.

## 2 RECEIVING AND EXAMINING A COMPLAINT AND ACKNOWLEDGING RECEIPT TO COMPLAINANT

Any SA employee may receive a complaint. In order to be able to handle an expression of discontent in compliance with the complaint handling procedure hereof, it must be addressed to SA in writing (e.g. by ordinary mail or e-mail), and not anonymously. The complainant may also complain verbally to be put on the minutes or documented in some other record (e.g. assessment report), in which case the complainant shall sign the concluded record and indicate his contact details. When a potential complainant expresses his discontent verbally (e.g. by phone, at a meeting, during assessment), the employee shall ask him to write down the complaint and send it to SA. Should SA then not receive a written complaint, and the receiver of the verbal complaint judges it necessary to address the information from the point of view of Rules of Accreditation, he/she shall document it and refer it to the Quality Manager for consideration.

Upon receiving a complaint, the Secretary's office shall, on request by the Quality Manager, open a case in which the complaint handling records shall be saved.

The Quality Manager shall review the content of the complaint and establish its type (complaint against the work of SA, complaint against the work of accredited body or complaint against making undue reference to accreditation), whether the complaint refers to activities under the competence of SA, whether the reason for the complaint is unambiguously clear and explained and, whether the complaint contains sufficient information and concrete data needed for its handling in compliance with the provisions hereof.

After examining the content of the complaint, the Quality Manager shall, as soon as possible, but within 8 days of the receipt at the latest, send to the complainant a letter including, *mutatis mutandis*, the following information:

- acknowledgement of receipt of the complaint,
- information as to whether SA will be able to address the complaint according to the complaint handling procedure, and stating the reasons for not being able (e.g., the content does not refer to the activities under SA's competence; the content refers to disagreement with a decision on accreditation, which shall be addressed according to the appeal handling procedure; the reason for

complaint is not unambiguously specified and/or explained, therefore the complainant should update the complaint before the specified deadline; the complaint does not contain enough information and concrete data, therefore the complainant should provide additional information before the specified deadline; the conditions for addressing the complaint against the work of accredited body and explaining the procedure have not been met; the complaint refers to the work of a non-accredited body; the complaint refers to the work of an accredited body that obtained accreditation from another accreditation body; the complaint refers to making reference to the accreditation of another accreditation body),

and in the case that the conditions for addressing the complaint are met, also:

- specification of the type of complaint (against the work of SA, against the work of accredited body or against making undue reference to accreditation), and of the documents which the complaint handling procedure will comply to, and
- the time limit (not longer than one month), within which the complainant may expect notification of the course of handling the complaint.

Should the complainant be requested to provide additional information and he does not provide it before a specified deadline, the complaint shall not be addressed pursuant hereto, and the complainant shall be considered to have withdrawn the complaint, of which the complainant shall be warned by the Quality Manager when requesting additional information. When the Quality Manager considers that the information, although incomplete, could contribute to the improvement of SA's performance, he/she shall enter an appropriate observation under the Tasks module in i4, and it shall be addressed in accordance with the procedure D02-02.

When, upon examining the content of a complaint, it is found to refer to the work of an accredited body that is accredited by another accreditation body, or to making undue reference to accreditation by another accreditation body, the Quality Manager shall inform the complainant to that effect and serve the complaint documentation to the relevant accreditation body.

### **3 ADDRESSING A COMPLAINT**

The complaint handling procedure shall be conducted by the Quality Manager, who shall inform the Director of its course, and the Director shall respond to the complaint and inform the complainant of conclusion of the complaint handling procedure. When either of them is directly related to the object of the complaint, the procedure shall be conducted or the complaint responded to by their substitute.

When necessary, the Quality Manager shall include in the handling of the complaint associates from the area of work to which the complaint refers. When the Quality Manager estimates that legal knowledge would be necessary to properly handle the complaint, he/she shall involve – with the Director's consent – a lawyer in the hearing.

The procedure of handling a complaint or other expressions of discontent shall be conducted in such a way as to ensure non-discriminatory and confidential treatment and enable its conclusion in a reasonable time. Complaints against the work of SA shall normally be resolved within one month's time. Addressing of complaints against the work of an accredited body may take longer, as it is usually subject to circumstances beyond the control of SA. When the conclusion of a complaint handling procedure takes longer and the final response to it is not given within the time limit specified in the notification to the complainant, the Quality Manager shall regularly (at least once a month) inform the complainant in

writing of the status of the complaint handling procedure and of the indicative time frame within which his complaint should be resolved. This deadline may, for justified reasons, be prolonged, and the Quality Manager shall inform the complainant to that effect.

### **3.1 Addressing complaints against the work of SA**

Discontent can refer to the work of permanent SA employees, to the work of SA assessors, to various aspects of conducting the procedures (except disagreement with decisions – which shall be addressed in accordance with the appeal handling procedure), and to other activities or rules that fall under the competence of SA.

The Quality Manager, in cooperation with associates in the area of work to which the complaint refers, shall specify the actions needed to remedy any nonconformities found in the shortest time possible.

When the content of a complaint against the work of SA refers – in any aspect – to violation of personal data protection, and there is a likelihood that, due to the personal data breach, the rights and freedoms of individuals could be at risk, SA shall, in compliance with the provisions of Articles 33 and 34 of the General Data Protection Regulation (Regulation (EU) 2016/679), as soon as possible, preferably not later than 72 hours after having learned of the breach, communicate it to the Information Commissioner. In his/her notification, the Quality Manager shall indicate details of the breach, estimate the potential impact of the breach and indicate the measures taken in order to prevent the likelihood of recurrence. Should the breach present a high risk to the rights and freedoms of the natural person whose personal data have been disclosed, this person shall be informed of the breach as well.

### **3.2 Addressing a complaint/information on discontent with the work of an accredited body**

SA will normally only address information on discontent with the work of an accredited body using the procedure for handling complaints against the work of accredited bodies, when the complainant had previously addressed the complaint to the accredited body, but he considers that the way of addressing or the outcome of handling the complaint by the accredited body is inappropriate and, in this context, addresses the complaint to SA; or when the complainant provides adequate grounds as to why he cannot or will not complain to the accredited body. The complainant shall accompany his complaint by relevant evidence of having previously addressed the complaint to the accredited body.

When it is not clear from the content of the complaint against the work of accredited body that the complainant had previously addressed the complaint to the accredited body in question, the Quality Manager shall first refer the complainant to this accredited body, and explain to him the conditions for addressing the complaint by SA. Notwithstanding that, SA shall start addressing the information obtained on the work of that accredited body, which it shall take into consideration in the accreditation/surveillance procedure of that accredited body following the provisions of D05-01, 3.9. In exceptional cases, when the Quality Manager estimates that, under the circumstances, previous addressing of the complaint to the accredited body would not be appropriate or make sense, he/she may decide to handle such complaint anyway, using the complaint handling procedure. Should the complainant in this procedure not wish to disclose his identity to the accredited body, it should be made clear to him as to what scope of information he may expect upon conclusion of the complaint handling procedure, with respect to the confidentiality rules.

The accredited body in question shall, in an appropriate manner, be included in handling complaints/information on discontent with their work received by SA. Should the information obtained

indicate that the accredited body disrespects the requirements for accreditation or raise doubts as to the competence of the accredited body, an extraordinary surveillance assessment shall be carried out in compliance with the provisions of S03. The Accreditation Sector Manager shall specify the most appropriate manner of assessment (e.g. extraordinary visit, extraordinary assessment through examination of documentation), which can be announced or unannounced. When acceptable with regard to the time frames and with regard to the significance of the irregularities complained of, the surveillance may be performed within the scope of a regular surveillance visit. In the case of critical irregularities (e.g. when human health or life or high value property is at risk), which have been undoubtedly proven in the complaint, SA may immediately make the decision to suspend or withdraw accreditation.

When assessment finds out that the accredited body has inadequately addressed the complaint, SA shall normally, within the scope of corrective actions, request of the accredited body to respond again to the complainant (provided that the complainant agrees to disclosure of his identity, see 3.4). When SA wishes to provide detailed or additional explanations to the complainant, they may request confidentiality release of the accredited body (see 3.4).

The Quality Manager, in cooperation with the manager of the accreditation field in question, shall conduct the complaint handling procedure and keep records of any information about inappropriate work of the accredited body, even when SA obtains such information informally or randomly, or receives, for informing purposes, the information or complaint that is formally addressed to some other institution but relates in at least one aspect to the work of the accredited body.

### **3.3 Addressing a complaint/information on making undue reference to accreditation by SA and/or use of the SA logo**

When **undue reference of a non-accredited body** (any body that is not accredited for activities in relation to which it makes reference to accreditation shall be considered as non-accredited) **to accreditation granted by SA and/or undue use of the SA accreditation mark** is the object of complaint or expression of discontent, the Quality Manager shall warn the offender in writing of his violation of the rules regarding reference to accreditation, and shall invite him to immediately stop that and to provide, within the time limit specified in the written warning, evidence of his termination of undue reference and/or undue use of the accreditation mark. Should SA not receive from the offender evidence of termination of undue reference or undue use of accreditation mark, the Quality Manager shall once more invite the offender to provide the evidence. Should the offender nevertheless not provide the evidence, SA shall apply legal remedies to prevent inappropriate reference to accreditation and/or use of accreditation mark.

When appropriate (e.g. when the offender is the user of the services provided by an accredited body), SA may hand over the dealing with this breach to the accredited body in question, and inform the offender to that effect, when appropriate. In that case the Quality Manager shall provide the complete documentation of the complaint to the accredited body in question and invite it to request of the offender to implement, within the specified time limit, the necessary actions, and to provide evidence of terminating undue reference or undue use of accreditation mark. Besides this, SA shall invite the accredited body to make an analysis of the cause and to implement the necessary actions to eliminate unjustified reference to accreditation and/or use of accreditation mark, and to provide to SA, within the specified time limit, evidence of implementing the actions. Should the accredited body not implement the appropriate actions, SA shall introduce and carry out appropriate activities in surveillance procedure

of this accredited body. Should the accredited body not obtain from the offender evidence of terminating undue reference or undue use of accreditation mark, the Quality Manager shall once more invite the offender to implement the actions and provide evidence. Should the offender nevertheless not provide the evidence, SA shall apply legal remedies to prevent inappropriate reference to accreditation and/or use of accreditation mark.

When **undue or inappropriate reference of an accredited body to accreditation granted by SA and/or undue or inappropriate use of the SA accreditation mark** is the object of complaint, the offender (accredited body) is included, in a suitable manner, in the handling of the complaint. When the information obtained indicates to disrespect of the requirements for accreditation or raises doubt as to the competence of the accredited body, an extraordinary surveillance assessment shall be carried out in compliance with the provisions of S03. The Accreditation Sector Manager shall specify the most appropriate manner of assessment (e.g. extraordinary visit, extraordinary assessment through examination of documentation), which can be announced or unannounced. When acceptable with regard to the time frames and with regard to the significance of the irregularities complained of, the surveillance may be performed within the scope of a regular surveillance visit. In the case of complaining of critical irregularities (e.g. when human health or life or high value property is at risk), have been undoubtedly proven in the complaint, SA may immediately make the decision to suspend or withdraw accreditation. The same procedure shall apply when SA obtains in some other way (e.g. from assessments, public announcements) information on undue reference to accreditation.

When SA obtains **information on undue use of the SA logo**, the Quality Manager shall first check that the potential offender has obtained SA's permission to use the SA logo. When he has the permission, no special action is needed. When not, the Quality Manager shall warn the offender in writing of breaching the rules on the use of the SA logo, and invite him to take, within a specified time limit, all the necessary measures and to provide evidence of terminating undue use of the SA logo. When appropriate, the Quality Manager shall advise the offender of the possibility to obtain permission for the use of the SA logo and of the procedure for obtaining it, as laid down in S05. Should the offender not file an application to obtain permission for using the SA logo, and should he not provide evidence of having terminated undue use of the SA logo, the Quality Manager shall once more invite him to eliminate the breach. Should the offender nevertheless not apply for permission, or provide evidence of terminating undue use, SA shall apply legal remedies to prevent inappropriate use of the SA logo.

### **3.4 Protecting confidential information**

Protection of confidential information shall be ensured in communication with clients and complainants. In the case of complaints against the work of accredited bodies in particular, one should be careful when preparing a response, to ensure protection of confidentiality of the client's data from disclosing the identity of the complainant, when he does not want to be disclosed.

Normally, the complainant may only be informed of changes in those data on accreditation of individual client that are publicly available (status of accreditation and scope of accredited activity), but not of other data from the accreditation procedure of individual body as well, unless the client agrees to the disclosure of other information. When appropriate or necessary (e.g. when information of a confidential nature must be provided in order to be able to properly explain a response to the complaint), the Quality Manager shall ask the client in writing for permission to disclose concrete information. Only the information for which SA has obtained written permission from the client shall be disclosed in the response to the complainant.

SA shall, in order to disclose the identity of a complainant (even when, e.g., the complainant had previously addressed the complaint to the accredited body), obtain written permission from the complainant, all by warning the complainant that, in the case that he does not give permission, there is a possibility that SA will not be able to carry out all the necessary actions within the framework of handling the complaint (e.g. in cases when the very content of a request for clarification on a concrete case with the accredited body could disclose to the body the identity of the complainant). When appropriate (e.g. when the complainant had previously addressed the complaint to the accredited body), and SA has a written permission to disclose the identity of the complainant, SA shall normally provide to the complainant the information needed by asking the accredited body to provide to the complainant the necessary information deriving from the complaint handling procedure.

In the case that SA is bound by law, regulation (e.g. to the Court, Police, Information Commissioner) or by contract (e.g. to a State institution with whom SA has concluded a contract on disclosure of information, and the contract is concluded in arrangement with the accredited body) to disclose any confidential information related to the handling of a complaint or any other expression of discontent, the Quality Manager shall inform the accredited body of communicating confidential information to third persons (e.g. what information, when, to whom and why it was communicated), unless such communication is legally prohibited.

#### **4 RESPONDING TO A COMPLAINT**

When the Quality Manager collects the necessary information, he/she shall draw up a well-reasoned response to the complainant regarding the conclusion of the complaint handling procedure.

The Director shall send the written response to the complainant. In the response, the Director shall inform the complainant of conclusions of the handling and, when appropriate and admissible, indicate the implemented or envisaged actions. When there are several reasons for complaint stated in the complaint, the conclusions shall be provided separately for each reason.

#### **5 TAKING ACTION**

When, in the course of addressing a complaint or any other information of discontent obtained, it is found to be reasonable to undertake some additional systemic measures or improvements, which are not directly related to the content of the complaint or other expression of discontent, and the implementation of which is not necessary for the conclusion of the complaint handling procedure, the Quality Manager shall enter the observation and suggestions of measures under the Tasks module in i4. The tasks shall be handled following the procedure laid down in D02-02.

#### **6 RECORDS**

The Secretary's office shall, acting on the instructions of the Quality Manager, open a new case for each complaint or written expression of discontent, and the Quality Manager shall be the administrator of the case. The case and the records shall be controlled following the provisions laid down in D07-01 and D07-01d1.

The master copy of the complaint, internal records of complaint handling, copies of documents from the accreditation procedure case, notes of additional investigations as well as the results of these

investigations, permission to disclose confidential information and responses to the complainant shall be kept in the case. When necessary, the Quality Manager shall, upon concluding individual case, make a note clarifying the specifics of the complaint handling procedure, and the implementation or planning of any additional action (e.g. opening of a systemic task, indicating the guidelines in the information system for the performance of next surveillance of the client).

## **7 REPORTING OF COMPLAINTS**

The Quality Manager shall report of current handling of complaints and other expressions of discontent at the Managing Board meetings. Once a year (typically before the management review) he/she shall analyse the contents of the cases opened in the past period under Complaints and their handling, and report to the Director to that effect.

## **8 CHANGES SINCE THE PREVIOUS REVISION**

The contents have been amended and modified with respect to the amended provisions of SIST EN ISO/IEC 17011:2018. The procedure of receiving and examining a complaint and informing the complainant of the receipt has been specified in more detail. In Chapter 3, the content has been supplemented by basic principles of handling, and the handling procedure has been specified separately and in more detail for each type of complaint. In 3.4, the provisions on protecting confidential information have been specified in more detail.

As most of the text has been re-written, the changes are not marked in the document.

## **9 TRANSITORY PROVISIONS**

The revised procedure shall be used for handling the complaints received after the date of issue hereof.

## **10 CONTROL OF THE DOCUMENT**

A valid document shall be located in i4 (SA Information System). A clean copy shall be published on SA's website and shall be accessible in printed form at the SA Head Office.

Individual copies may be controlled in physical form. The recipients or places of storage shall be shown in records on issuance of the document.

Other printouts and copies of the document shall have informative nature and shall not be considered as controlled copies. The validity of these documents should be checked in i4 or on SA's website.