

HANDLING OF COMPLAINT

1. PURPOSE

To outline the activities carried out by the Synergy Certification (SC) to ensure that complaint brought by customers or other parties are appropriately addressed.

2. SCOPE

This procedure applies to all complaints received by SC.

3. TERMINOLOGY

3.1 Complaint

Any expressed dissatisfaction, written or verbal, with any service offered by the SC or by a certified client of the SC

3.2 Complainant

The originator of the complaint

3.3 SC

Synergy Certification Sdn Bhd

3.4 MD

The Managing Director of Synergy Certification

3.5 CM

Certification Manager

4. REFERENCES

ISO/IEC 17021 Conformity assessment – requirements for bodies providing audit and certification of management systems

5. RESPONSIBILITIES

- 5.1 The respective certification officer, shall be responsible for ensuring that this procedure is effectively implemented in their area
- 5.2 The MD shall be responsible for verifying corrective and preventive action

6. PROCEDURE

6.1 Dealing with Complaint

MD ensures that all interested parties are made aware through appropriate means such as contract, meeting etc, of the existence of complaint procedure. This procedure is publicly accessible on SC website www.synergycertification.com

MD ensures any individual or team involved in the resolution of complaint shall:

- a. not be person named in the subject of the said complaint
- b. be independent of the audit and/or certification process of the said complain

6.2 Complaint against the conduct of Auditors and members of staff

- 6.2.1 The MD will examine any complaint against the conduct of auditors or members of staff.

- 6.2.2 The Auditor or member of staff will be given a chance to respond in writing to the complaint. This response will be made available to the complainant.
- 6.2.3 Where necessary, the MD will hold a meeting with the auditor or member of staff in order to discuss the issue in full.
- 6.2.4 Where the complaint is justified, the MD will decide on the corrective action required. If necessary, the MD will make a recommendation to the Certification Manager in relation to the suitability of an auditor to conduct audits in relation to some or all of the scopes listed on their auditor competence matrix.
- 6.2.5 Complaint against auditors and members of staff will be discussed in general terms at the meetings. The identity of the auditor and staff will remain confidential.
- 6.2.6 Complaint against the conduct of the MD will be forwarded to the CSI Committee for investigation.

6.3 Complaints against the activity of Clients

- 6.3.1 The MD will examine any complaint against the activity of clients which could jeopardize their certified status or bring the reputation of SC into disrepute.
- 6.3.2 The client will be given a chance to respond in writing to the complaint. The complainant is given a copy of the response.
- 6.3.3 Where the complaint is upheld, the client will be asked to take corrective action to deal with the complaint.
- 6.3.4 If the MD decides that a special audit is required to confirm that effective corrective action has been taken, this will be agreed with the client. The Certification Manager will then arrange a date for the audit with the client.
- 6.3.5 If the client is unable or unwilling to have a special audit or if the client is not in a position to take corrective action, the MD may recommend to the assessment committee that the client be withdrawn or suspended.
- 6.3.6 Details of the complaint in general terms may be discussed at the meeting. The confidentiality of the complainant and the client will be respected at all times.
- 6.3.7 Timeframe from receipt of complaint to final decision shall be made within 3 months and notification to complaint shall be within 1 month after the final decision has been made.

6.4 Monitoring of complaint

- 6.4.1 All complaints shall be tracked by log list and records kept in the appropriate files.

7. Records

Complaint and Appeal Form F-ME-03-RX
CAPA Log Sheet F-DC-20-RX

End of procedure

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