



## Procedure for Complaint and Appeal

### 1.0 Purpose

This procedure describes the system for handling complaints and appeals associated with the certification services that in line with the accreditation requirements.

### 2.0 Scope

This procedure is applicable to complaints and appeals received from any interested parties that related to **GGC** services.

### 3.0 Responsibility

3.1 **Quality Manager** is responsible for receiving the complaint or appeal from the clients or other interested parties in accordance to this procedure.

3.2 **Quality Manager** is responsible for managing the complaints or appeal process including performing investigation and analysis.

### 4.0 Description of activity

#### 4.1 Complaint Handling Process

4.1.1 Complaints are incidents of grievances or dissatisfaction with **GGC** services. Complaints can be made by interested parties against the following:

- Internal stakeholders which related to certification activities.
- External stakeholders which related to certification activities.

4.1.2 Formal complaints need to be submitted to **GGC** in writing. Complaints received by phone will be registered but need to be confirmed by the complainant in writing. The complainant may send the complaints to **admin@ggc.my**.

4.1.3 Complaints need to include a clear description of the case, objective evidence to support each element or aspect of the complaint, and the name and contact information of the complainant.

4.1.4 Complaints are forwarded to the person in charge, which is the Managing Director concerned or Quality Manager, depending on the nature and severity of the complaint.

4.1.5 All complaints are preliminary reviewed by the Quality Manager and communicate to the person in charge.

- a) If the complaint is evidently unfounded or outside of the scope for complainants handling, the person in charge will reject the complaint in writing.
- b) If the complaint is within the scope for complaints handling, the person in charge initiates the complaint handling process as detailed hereafter.

4.1.6 **GGC** is bound to confidentiality towards its clients and will not communicate the findings or the outcome of the complaint investigation to any third party:

- a) Except for competent authorities or standard holders, if applicable.
- b) Except when otherwise agreed between the **GGC** and then client.

4.1.7 Each complaint case will be reported in incident report and forwarded to the Quality Manager for recording in the incident log.

4.1.8 Within 2 weeks (10 working days), the Quality Manager or Certification Manager writes to the complainant to confirm receipt of the complaint and to provide an overview of the proposed course of action to follow up on the complaint.



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- 4.1.9** The complaint is duly investigated in consideration of the facts provided, certifications report, other additional information obtained from auditors or third parties. Further information is requested from the complainant if necessary.
- 4.1.10** Quality Manager or Certification Manager will keep the complainant(s) informed of the progress in evaluating the complaint.
- 4.1.11** Based on the result of the investigation, the person in charge specifies all proposed actions in conclusion to the complaint within three (3) months of receiving the complaint. The measures to be taken are based on the requirements of the case:
- They need to be reasonable regarding necessary efforts/expenses as well as timely clarification of the matter.
  - They can be determined by relevant laws, regulations and standards.
- 4.1.12** In order to ensure that there is no conflict of interest, the decision resolving the complaints is taken by, or reviewed and approved by, person(s) not involved or impartiality committee in the activities related to the complaint.
- 4.1.13** Quality Manager or Certification Manager notifies the complainant in writing when the complaint is considered to be closed, meaning that **GGC** has gathered and verified all necessary information, investigated the allegations, taken a decision on the complaint.
- 4.1.14** When necessary, the competent authorities or scheme owner are included in the process.

## **4.2 Appeal Handling Process**

- 4.2.1** Appeal is a request by a client for reconsidering of any adverse decision made by **GGC** related to its certification decision/status. Appeal can be lodged by client, against the following reasons:
- Refusal to accept client's application.
  - Delay in audit implementation.
  - Response on corrective action requests.
  - Non-response to change of certification scope.
  - Decision to deny or suspend or withdraw certification.
  - Any other action that impedes the issue of certification.
  - Non acceptance of auditor's findings.
- 4.2.2** Appeal shall be submitted to **GGC** in writing within 6 weeks after receipt of the **GGC** certification decision. The appellant may send the appeal to **admin@ggc.my**.
- 4.2.3** Appeal needs to include a clear description of the case, objective evidence to support each element or aspect of the appeal, and the name and contact information of the appellant.
- 4.2.4** Appeal forwarded to the person in charge, which is the Managing Director concerned or Quality Manager, depending on the nature and severity of the appeal.
- 4.2.5** All appeals are preliminarily reviewed by the Quality Manager and communicated to the person in charge.
- If the appeal is evidently unfounded or outside of the scope for appellant



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handling, the person in charge will reject the appeal in writing.

- b) If the appeal is within the scope for complaints handling, the person in charge initiates the appellant handling process as detailed hereafter.

- 4.2.6** Each appeal case will be reported in incident report and forwarded to the Quality Manager for recorded in incident log.
- 4.2.7** Within 2 weeks (10 working days) Quality Manager or Certification Manager will writes to the appellant to confirm receipt of the appeal and to provide an overview of the proposed course of action to follow up on the appeal.
- 4.2.8** Quality Manager or Certification Manager notifies the appellant in writing when the appeal is considered to be closed, meaning that **GGC** has gathered and verified all necessary information, investigated the allegations, taken a decision on the appeal.
- 4.2.9** Quality Manager or Certification Manager keeps informed the appellant of the appeal progress.
- 4.2.10** Based on the result of the investigation, the person in charge specifies all proposed actions in conclusion to the appeal within three (3) months of receiving the appeal. The measures to be taken are based on the requirements of the case.
- 4.2.11** In order to ensure that there is no conflict of interest, the decision resolving the appeals is taken by, or reviewed and approved by, person(s) not involved or impartiality committee in the activities related to the appeal.
- 4.2.12** Quality Manager or Certification Manager notifies the c appellant in writing when the appeal is considered to be closed, meaning that **GGC** has gathered and verified all necessary information, investigated the allegations, taken a decision on the appeal.
- 4.2.13** When necessary, the competent authorities or scheme owner are included in the process.

### **4.3 Documentation**

- 4.3.1** All complaints and appeals are recorded. The documentation in the file of the complaint and appellant, which is usually the client file, includes:
- The complaint / appeal received (with dates and original information).
  - **GGC** conformation of receipt of the complaint/appeal.
  - All relevant communication and a complete description of the handling of the appeal/complaint including all persons involved.
  - The outcome of the appeal/complaint's procedure.
  - Recommendations.
  - Action taken and their resulting effects.
- 4.3.2** The communication and relevant documents related to the appeal/complaint are also documented:
- In the file of other parties concerned, if relevant.
  - In the file of parties that have to be informed of the case (e.g. relevant



authorities)

### **5.0 References**

ISO 17021:2015 Conformity assessment – Requirements for bodies providing audit and certification of management system

ISO 17065:2012 Conformity assessment – Requirements for bodies certifying products, processes and services

QM01 Management System Manual (Ref. Std ISO 17021)

QM02 Management System Manual (Ref. Std ISO 17065)

QP01 Procedure for Document Control

QP02 Procedure for Record Management

QP04 Procedure for Corrective Action and Preventive Action

### **6.0 Enclosures**

Nil

### **7.0 Formats**

F23 Incident Report

F24 Incident Log