

## Procedure for handling complaints

### 1. Scope:

- 1.1. This document describes the procedure for handling all complaints received by SLAB from various sources against the quality of the services provided, personnel involved in accreditation process, Accredited / Applicant Conformity Assessment Bodies (CAB's), or any other.
- 1.2. This procedure covers complaints received through any means like letters, e-mails, faxes, telephones (followed by written complaints). Reports appearing in print media and references in electronic media may also be investigated where relevant.

### 2. Responsibility:

- 2.1. Primary responsibility for handling of complaints rests with the Director/ CEO. Any other officer of SLAB may be designated as Staff Officer (Complaints) by the Director/CEO to assist in such matters. That Officer may also act as the convener (secretary) of the Panels appointed by the Director/ CEO. Director / CEO may appoint any other SLAB officer(s) in the complaint investigation process.
- 2.2. Director/CEO is responsible for monitoring of complaints and is also responsible for final decision on closure of the complaints.
- 2.3. Panel appointed by Director/CEO in accordance with this procedure is responsible for submitting its findings and recommendations after thoroughly investigating the matter under consideration and Director/ CEO is responsible for analyzing all the complaints and their outcome for possible trends and presenting them to the management review meeting.

### 3. References:

**SLAB Quality Manual Clause 7.12**

### 4. Definitions:

- 4.1 **Appeal** : Request by a Conformity Assessment Body (CAB) for reconsideration of any adverse accreditation decision taken related to its desired accreditation status.
- 4.2 **Complaint** : Expression of dissatisfaction other than appeal, by any person or organization to the SLAB, relating to the activities of SLAB or of an Accredited Conformity Assessment Body, where response is expected.

SRI LANKA ACCREDITATION BOARD FOR CONFORMITY ASSESSMENT				
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## 5. Procedure:

Sl. No.	Activity	Responsibility	Reference Documents
<b>Receipt and Acknowledgement (common for all types of complaints)</b>			
5.1	SLAB system will be open to receiving complaints from any source against the quality of the services provided, personnel involved in accreditation process, activities and conduct of accredited/ applicant CAB's.		
5.2	All complaints received to SLAB will be forwarded to the Director/CEO and each complaint shall be registered in the Complaints Register GN-RE-01.	Director/CEO	Complaint Register (GN-RE-01)
5.3	All complaints will be treated as confidential unless otherwise required by law.	Director/CEO	Complaint Register (GN-RE-01)
5.4	Immediately on receipt, the complaint will be acknowledged with the assurance that SLAB will be investigating the complaint and will be informing the complainant of the outcome within a reasonable period of time depending on the nature of complaint. Anonymous complaints will also be registered only if a prima-facie case exists and it appears to be valid and having some substance.  Director/ CEO may appoint a team for unannounced visit in order to verify the validity of the complaint, if required.	Director/CEO	Complaint Register (GN-RE-01)  Complaint file (GN-FL-03)
5.5	All complaints will undergo initial scrutiny by Director /CEO or by an Officer assigned by Director/CEO for the task to determine whether the complaint falls within the ambit of SLAB activities and whether the complaint is valid, based on which any of the following action shall be taken.  a) If a complaint is outside the ambit of SLAB activities, the complainant will be informed accordingly and the complaint will be treated as closed.  b) If information provided in the complaint is inadequate for any meaningful follow-up and the complainant is not able to provide minimum required information such complaints will also be treated as closed and the complainant will be informed accordingly.  c) If the complaint clearly falls within the ambit of SLAB activities and appears to be valid, and the initial information provided is sufficient for an investigation the same will be taken up for further action.	Director/CEO/ Designee	Complaints Register (GN-RE-01)  Complaint handling form (GN-FM-09)  Complaint file (GN-FL-03)

Sl. No.	Activity	Responsibility	Reference Documents
<b>Investigation of Complaints</b>			
5.6	<p><b>Complaints received by SLAB may broadly fall in to three categories:</b></p> <p>a) Complaints against CAB's.</p> <p>b) Complaints against Quality of services provided by SLAB.</p> <p>c) Complaints against Officials involved in the Accreditation process.</p>		<p>Complaints Register (GN-RE-01)</p> <p>Complaint file (GN-FL-03)</p>
<b>Procedure for Dealing with Complaints against CAB's</b>			
5.7	<p>The SLAB will ensure that a complaint against accredited CAB is first addressed by the CAB.</p> <p>Director/CEO will inform the CAB within seven working days on the complaint and request to respond on the complaint within seven working days.</p>	<p>Director/CEO</p> <p>Designee</p>	<p>Complaint file (GN-FL-03)</p>
5.8	<p>Director/CEO will constitute a competent panel to further investigate the complaint, if required.</p> <p>The complaint/decision will not be reviewed and approved by individuals who are directly involved in the matters that are in the subject of the complaint.</p>	<p>Director/CEO</p> <p>Complaint panel</p>	<p>Complaint file (GN-FL-03)</p>
5.9	<p>Based on the response of the CAB the panel may decide the actions to be taken or seek further clarifications from the CAB/complainant.</p> <p>If required the panel member/s may visit the CAB to investigate the matter. This visit may be announced or unannounced. All expenses related to investigation will be borne by SLAB.</p>	<p>Director/CEO</p> <p>Complaint panel</p>	<p>Complaints file (GN-FL-03)</p>
5.10	<p>The panel will place the findings of the investigation along with the recommendation on action to be taken against the CAB, to Director/CEO. The Director/CEO will take the decision and inform the CAB. If necessary, may consult the appropriate Accreditation Committee/ Technical Advisory Committee.</p>	<p>Director/CEO</p> <p>Complaint panel</p> <p>Accreditation Committee</p> <p>Technical Advisory Committee</p>	<p>Complaint file (GN-FL-03)</p>

<b>Sl. No.</b>	<b>Activity</b>	<b>Responsibility</b>	<b>Reference Documents</b>
5.11	SLAB will inform the CAB to take necessary corrective action that shall be verified by SLAB either immediately or in a subsequent assessment. In case of any violation of SLAB Terms and Conditions for Maintaining Accreditation or non-cooperation with the investigation process, accreditation status of the CAB will be put under suspension or withdrawal.	Director/CEO	Complaint file (GN-FL-03) Suspension, Withdrawal, and Reduction of accreditation (Section 5.2.6 in Chapter 05 of Accreditation Process Manual (AC-MN-02))
5.12	If the complaint is found invalid, the complainant as well as the CAB will be informed accordingly.	Director/CEO	Complaint file (GN-FL-03)
<b>Procedure for Dealing with Complaints against Quality of services provided by SLAB</b>			
5.13	Director/CEO will constitute a competent panel to further investigate the complaint, if required.  The complaint/decision will not be reviewed and approved by individuals who are directly involved in the matters that are in the subject of the complaint.	Director/CEO Complaint panel	Complaint file (GN-FL-03)
5.14	The panel may decide the actions to be taken or seek further clarifications from responsible SLAB officers/complainant.	Director/CEO Complaint panel	Complaint file (GN-FL-03)
5.15	The panel will place the findings of the investigation along with the recommendation on action to be taken against the complaint, to Director/CEO. The Director/CEO will take the decision and inform the complainant. If necessary, may consult the appropriate Accreditation Committee/Technical Advisory Committee.	Director/CEO Complaint panel Accreditation Committee Technical Advisory Committee	Complaint file (GN-FL-03)

Sl. No.	Activity	Responsibility	Reference Documents
<b>Procedure for Dealing with Complaints against SLAB staff and other officials involved in the Accreditation Process</b>			
5.16	<p>Director/CEO will seek clarification from the SLAB officer/Assessor/Committee member/Expert/observer within seven working days on the complaint and request to respond on the complaint within seven working days.</p> <p>In case of a complaint against Director/CEO, it will be forwarded to the Chairman and seek clarification in consultation with the Governing Council.</p>	<p>Director/CEO Chairman</p>	<p>Complaint file (GN-FL-03)</p>
5.17	<p>Director/CEO will constitute a competent panel to further investigate the complaint, if required.</p> <p>The complaint/decision will not be reviewed and approved by individuals who are directly involved in the matters that are in the subject of the complaint. The findings of the committee will be placed before the Governing Council for a decision.</p>	<p>Director/CEO Complaint panel Governing Council</p>	<p>Complaint file (GN-FL-03)</p>
5.18	<p>In extreme case the decision may involve disciplinary action against the concerned SLAB staff member, in which case SLAB Government procedures will be followed. In extreme case involving Assessor or Accreditation Committee Member deletion of the assessor from the empaneled list or removal of Accreditation Committee member from the committee, will be considered with approval of the Governing Council.</p>	<p>Director/CEO Governing Council</p>	<p>Complaint file (GN-FL-03)</p>

Sl. No.	Activity	Responsibility	Reference Documents
<b>Reporting on Complaints and Other Related Actions (common for all types of complaints)</b>			
5.19	SLAB will be responsible for all decisions at all levels of the complaints handling process and will not result in any discriminatory actions against the complainant.	Director/CEO Governing Council	Complaint file (GN-FL-03)
5.20	The complainant will be informed about the outcome and formal notice on the end of the complaint and action taken by SLAB, confidentially.	Complaints file (GN-FL-03)	Complaint file (GN-FL-03)
5.21	As an outcome of investigation of complaint and root cause analysis, if any corrective action is felt necessary the same will be initiated by Director/CEO	Director/CEO	Complaint file (GN-FL-03)  Nonconformities, Corrective actions and Improvements (Section 4.4. Nonconformities, Corrective actions and Improvements General Process Manual (AC-MN-03))
5.22	All records pertaining to complaints will be maintained up to date by the Officer(s) assigned by the Director/CEO for the purpose.	Director/CEO Designee	Complaint file (GN-FL-03)
5.23	The complaints received, handling of complaints and the corrective actions taken will be discussed as one of the agenda items in the management review meeting under the Chairmanship of Director/CEO.	Director/CEO/designee	Management Review meeting AC-FL-04
5.24	Complaint file maintained by the Director/CEO (or staff officer designated by Director/CEO) where all correspondence in respect of complaints received, decisions by Director/CEO and/or Chairman and any other relevant documents are filed in chronological order. (GN-FL-03)	Director/CEO Designee	Complaint file (GN-FL-03)