



Handling of Complaints

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Document No. P7/12
Rev No. 1.6
Effective date 2023-02-07

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1 Purpose

The purpose of this procedure is to handle clients' or other parties' complaints properly and treat them with the objective of improvement of accreditation services.

2 Scope

The procedure includes handling of all complaints received by the Ethiopian Accreditation Service (EAS) concerning its services, personnel involved in accreditation process, Accredited/Applicant CABs, or any other relevant issues.

3 References

ISO/IEC 17011:2017 Conformity Assessment – Requirements for accreditation bodies accrediting conformity assessment bodies;

ISO10002:2018 Quality Management-Customer satisfaction-Guideline for complaint handling in organizations.

4 Responsibility

It is the responsibility of every EAS staffs to record and report to Quality Manager any complaints they found in any way. The responsibility for dealing with complaints rests with the Quality Manager or the Director General or the Council depending on the level at which the complaint is directed.

5 Procedure

5.1 Receipt of Complaints

- i. All complaints shall be directed to the Quality Manager who shall allocate a unique reference number and maintain records pertaining to complaints.
- ii. Acknowledgement of receipt shall be sent to the complainant within 2 weeks with the assurance that EAS will be investigating the complaint and informing the complainant of the outcome at the earliest.
- iii. Anonymous complaints suggestion box, suggestion book, online feedback from website, informal complain, shall be registered if they appear to be valid and having some substance.
- iv. All complaints shall undergo initial scrutiny by the Quality Manager to determine whether they fall within the scope of EAS activities and whether they are valid. Any of the following action will be taken:

- If a complaint is outside the scope of EAS activities, the complaint shall be treated as closed and the complainant shall be informed accordingly.
- 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 shall also be treated as closed and the complainant shall be informed accordingly.
- If the complaint clearly falls within the scope of EAS activities, appears to be valid and the information provided is sufficient for investigation further action shall be taken.

5.2 Investigation of Complaints

5.2.1. Procedure for dealing with complaints against CAB

- 5.2.1.1. To deal with a complaint against a CAB, the Quality Manager shall discuss the complaint with the concerned CAB or body, keeping the complainant anonymous. Before doing so he may ask the complainant for more details.
- 5.2.1.2. The Quality Manager shall give opportunity to the CAB to address the complaint. When this is not appropriate, the Quality Manager may seek clarifications from the CAB and, if required, may appoint an EAS representative, an assessor/expert to be sent to the CAB to investigate the matter. All expenses related to initial investigation shall be borne by EAS.
- 5.2.1.3. The Quality Manager shall review all the facts derived from the investigation and shall formulate a conclusion, where appropriate.
- 5.2.1.4. EAS shall demand from the CAB to take the necessary corrective action which shall be verified by EAS by review of submitted corrective actions, during subsequent assessment, or both depending on the severity of the non-conformance. In case of any violation of EAS terms and conditions for maintaining accreditation or non-cooperation with the investigation process, accreditation status of the CAB may be suspended or withdrawn as per EAS procedures.
- 5.2.1.5. The complainant shall be informed about the action taken by EAS within 30 days from the date of receipt of the complaint.
- 5.2.1.6. If the complaint is found invalid, the complainant and the CAB shall be informed accordingly.
- 5.2.1.7. Should the complainant feel that the conclusion and/or recommendation for corrective action is inappropriate then the complainant shall be referred to the **Appeals Accreditation** Process (P7.0).

5.2.2. Procedure for the formulation of compliant hearing Committee

- 5.2.2.1. An ad-hoc Committee shall be appointed consisting of the Director General/Quality Manager and two from staff or assessors have knowledge on the matter, qualified for the relevant accreditation field and not involved in the case under investigation.
- 5.2.2.2. The committee shall investigate the complaint by reviewing all available facts. The complainant may be asked to provide additional facts.
- 5.2.2.3. The committee may seek clarification from relevant parties who may have knowledge about the matter contained in the complaint.
- 5.2.2.4. The committee shall formulate a conclusion and recommendation for corrective action, where appropriate.
- 5.2.2.5. When a complaint is valid the required action may involve corrective action followed by monitoring for future recurrence and in an extreme case removal of the persons involved from future duties on behalf of EAS.
- 5.2.2.6. The outcome of the investigation shall be communicated to the complainant within 30 days from the date of receipt of the complaint
- 5.2.2.7. A brief summary of the nature of the complaint, outcome of the investigation and action taken shall be added to the monitoring information of the personnel records of the concerned persons.

5.2.3. Procedure for dealing with complaints against EAS officials

- 5.2.3.1. When the complaint is against an EAS official (Director General / Deputy Director General / Quality Manager he/she shall not be involved in investigation process neither directly or indirectly.
- 5.2.3.2. All such complaints shall be directed to the Director General. Complaints regarding the Director General shall be forwarded to the Council for resolution.
- 5.2.3.3. If the appeal is against Quality manager or Deputy Director General then, the Director General shall seek clarification from the person concerned. If the appeal is against Director General the Council seek clarification from a person concerned. In the investigation process, an ad-hoc committee consisting of two or more suitable persons shall formulate to investigate the complaint. The persons in the ad-hoc committee shall be competent to handle the case.
- 5.2.3.4. The finding of the committee shall be submitted to the Director General/Council.
- 5.2.3.5. If the complaint is found to be valid, the Director General/Council shall formulate appropriate corrective action and shall instruct the concerned staff to implement the

required corrective action. If the complaint was against the Director General, the Accreditation Council chair will formulate a conclusion and discuss it with him.

- 5.2.3.6. This information shall also be filed in the monitoring review record of the concerned person. The complainant shall be informed about the outcome of the complaint and action taken by EAS within 30 days from the date of receipt.

6.2.3 Reporting on Complaints

- 6.2.3.3 As an outcome of investigation of complaint and the following root cause analysis, the Quality Manager shall initiate corrective actions in line with the procedure for control of non-conformities and corrective actions.

- 6.2.3.4 The complaints received, their handling and the corrective actions taken shall be discussed as one of the agenda items in the internal audit and management review meeting.

6 Records

- 6.1. F07/12A: Complaints Registration form

- 6.2. Complaint files are kept by the Quality Manager with all documents in respect of complaints received, decisions taken, corrective actions, communication with relevant, filed in chronological order. If the complaint has been against the quality manager, the complaint file will be kept by the Director General.

Revision No.	Date approved	Revision History
1	2011-08-30	Inclusion of: a) cover page; b) correction of section numbering under Records; and c) Provision for raising complaint investigation to Council level.
2	2013-12-20	Clause 3 was revised to indicate that It is the responsibility of every EAS staffs to record and report to Quality Manager any complains they found in any way. Clause 4.1.1 was revised to indicate that all complaints received shall be directed to the Quality Manager Clause 4.1.4 was revised to indicate that all complaints shall undergo initial scrutiny by the Quality Manager to determine whether they fall within the scope Clause 4.2 was revised to indicate that it is the responsibility of the Quality Manager dealing with complaints Clause 5.2 was revised to indicate that complaints file is maintained by the Quality Manager however Director General
1.3	2018-10-16	The document identification and the references were changed Anonymous complaints suggestion box, online feedback from website, informal complain
1.4	2020-05-14	5.2.3.3. If the appeal is against Quality manager or Deputy Director General then, the Director General shall seek clarification from the person concerned. If the appeal is against Director General the Council seek clarification from a person concerned.
1.5	2022-05-09	The document is revised due to the name Ethiopian National Accreditation Office (ENAO) change to Ethiopian Accreditation Service (EAS) and new logo developed.

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1.6	2023-02-07	<ul style="list-style-type: none">• Correction done on page 1 that, this document was prepared by Meseret Tessema replaced by Zewdu Ayele (new quality manager).• Former director general was resigned and replaced by Mrs. Meseret Tessema.
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