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| **Approved by: Managing Director**  آرم پايش سلامت  **PSA**  **Document Title :** **Procedure to Address Complaints and Appeals**  **Document Code: QSP-PSA-7.13**   |  | | --- | | The online version of this document is the latest version; all printed material is uncontrolled. It is the reader’s responsibility to check that printed copies are the current version. |  |  |  |  | | --- | --- | --- | | **Date of Approval** | **Description of changes** | **Version number** | | **April** | **First edit** | **#1** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |

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| **Subject: Procedure to Address Complaints and Appeals** | | |
| **This procedure outlines the processes to be followed when any person or organization expresses dissatisfaction to PSA relating to its activities, or addressing an appeal raised by Applicant against A PSA decision**  Code: QSP-PSA-7.13  **1-Objective**  The purpose of this procedure is to describe the steps needed to address customer complaints and collect customer feedback and monitor customer satisfaction  **2-Scope**  This procedure covers all of the Corporation's customers.  **3- Responsibilities**  Management representative: Responsible for solving customer complaints and the actions taken in the form of handling customer complaints.  Management representative: responsible for receiving customer complaints, referring to the relevant unit, conducting follow-up until resolved.  Management representative: Responsible for obtaining customer opinions, monitoring customer satisfaction, analyzing the received ideas and passing the results to management review sessions.  **4-Defenitions**  Customer Complaint: Any kind of written report of customer dissatisfaction regarding the non-compliance of the service provided by the Corporation with the requirements specified is deemed to constitute a complaint to the customer.  **5-Sources**  ISO/IEC17020  ISO9001:2008  17065 Standard  **6- Method**  Customer Complaint Handling:  In order to investigate, handle and process the response to a complaint received from the customer, and report to the Managing Director in accordance with the following:  -Customer's Complaint is presented to related unit by management representative through filling the customer`s Comments, Suggestion, and Complaints form with F-L-92 code. | | |
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| **Subject :** **Procedure to Address Complaints and Appeals** | | |
| The relevant director is required to examine the customer's complaint and to act as soon as possible to perform the required actions and process the response to the client and return the results to the client in the relevant form, along with copies of the documents and correspondence made to the management representative. If necessary, decisions on the required actions can be taken by holding a meeting with the relevant managers.  6.1 A requirement that all formal and informal complaints, appeals, concerns or objections related to the activities of the CAB, a  certificate holder or a certification applicant be kept on file and logged (ISO 17065 section 7.13.1).  A description of involvement of the ASC appointed accreditation body and the ASC in case of appeals.  6.2 Reference to the ASC appointed accreditation body’s dispute mechanism, including incidents, complaints and appeals  handling processes.  6.3 PSA report all logged issues using FORM 4 submitted annually no less than thirty (30) days prior to the annual  surveillance by the ASC appointed accreditation body’s visit with copies sent to the ASC and the ASC appointed accreditation  body.  6.4 In case of suspension or withdrawal of the ASC accreditation of the CAB, all logged issues shall be sent to the ASC  appointed accreditation body and ASC as part of the suspension or withdrawal process using FORM 4 no later than the final date  of accreditation.  6.5 Determining whether the complaint or appeal relates to certification activities for which the PSA is responsible.  6.6 The appointment of an independent member of the CAB management who shall:  a) Report to top management  b) Be responsible for ensuring that procedures (ISO 17065 7.13) are followed.  6.7 A procedure for reviewing all complaints and forwarding them to the responsible body as appropriate.  6.8 Encouragement for the complainants to submit copies of their complaints to directly to the ASC at:  a) Email: certification@asc-aqua.org  b) Mailing Address:  P.O. Box 19107  3501 DC Utrecht  The Netherlands  c) Office Address:  HNK Utrecht Centraal, Arthur van Schendelstraat 650  3511 MJ Utrecht  The Netherlands  2-6 Assessment and evaluation of customer complaint:   |  |  | | --- | --- | | Description: Description: Description: Description: C:\Users\nik\Desktop\آرم پايش سلامت.jpg  **PSA** | **Page :4** | | **Subject: Procedure to Address Complaints and Appeals** | |   The technical unit is required to fill out the survey form with the FL-91 code collected by customers and send them by fax and email, and, if necessary, in the presence of the customer and requesting to enter the Corporation through the form with the FL-90 code.  The technical unit monitors and evaluates customer satisfaction surveys through the use of statistical charts and statistics to control the performance of the quality management system. The average customer satisfaction rating is considered as the customer satisfaction index. The results of these measurements are used in management review meetings and, if necessary, corrective actions are required.  Note: In the customer survey form, the benchmark rates are as follows:  Excellent =100  Good= 75  Medium=50  Weak=25  Inappropriate=0  7-Records  Customer complaints records, customer surveys, and analysis of opinions are kept in the quality assurance unit.  8- annexes  -Application form for entering the Corporation with F-L-90 code  -Customer survey form with F-L-91 code  Form of Feedback, comments and criticisms of the customer with F-L-92 code   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **1.1 PSA** | |  | **1.2 DATE OF** | |  | **1.3 CAB CONTACT PERSON** | |  | **1.4** | | | | |  | |  | **SUBMISSION** | |  |  |  | | **CONTACT PERSON** | | |  | |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  | |  | |  | **1.6** |  |  |  | **1.9 FORMAL** | |  | **1.11** |  | | **1.12 HOW IT** | **1.13 WAS THE** |  | | **1.5 NAME** | **CERTIFICATE** | **1.7 DATE** | **1.8 PSA FILE** |  | **1.10 DATE OF** |  | |  | |  | **COMPLAINT** | | **NATURE OF** | | | **WAS** | **COMPLAINANT** | |  | | **OF CLIENT** | **NUMBER IF** | **RECEIVED** | **REFERENCE** |  | **RESPONSE** |  | |  | **(YES OR NO)** | | **THE ISSUE** | | | **ADDRESSED** | **SATISFIED** | |  | |  | **ISSUED** |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  | |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  | | | |