

# QP 4b Procedure for Complaint Handling

ISSUE: 1	APPROVED BY: Tariq Abdoh	DATE: December 2024
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## Purpose/Overview

To ensure that complaints raised by external parties are promptly addressed, investigated, and resolved in a transparent and fair manner.

- Provide an accessible and impartial process for handling complaints.
- Ensure the complaints-handling process is publicly available through the BSCF website.
- Address anonymous complaints and communicate formal closure to the complainant.

## Scope

This procedure applies to all complaints received from external parties, including applicants, candidates, certified persons, and regulatory bodies such as UKAS.

## Definitions

- **Complaint:** Any dissatisfaction expressed by external parties regarding services or processes.
- **Formal Notice:** Written confirmation provided to the complainant at the conclusion of the complaint investigation.

## Role

- **Complaint Handler:** Logs, tracks, and oversees the investigation of complaints.
- **Investigation Owner:** Conducts thorough investigations and ensures impartiality.
- **Designated Staff Managers:** Reviews and approves corrective actions arising from complaints.

Role	Responsibility
Complaint Handler	Logs, tracks, and oversees the investigation of complaints.
Investigation Owner	Conducts thorough investigations and ensures impartiality.
Designated Staff Managers	Reviews and approves corrective and preventive actions arising from complaints.
All Staff	Responsible for improvement actions.
Responsibility	Process
1 Designated Staff Managers and Directors	<p><b>Sources of Complaints:</b></p> <ul style="list-style-type: none"> <li>• Regulatory bodies (e.g., UKAS)</li> <li>• Candidate or certified person feedback</li> <li>• Appeals processes</li> <li>• Public reports</li> <li>• Anonymous submissions</li> <li>• Other third-party feedback</li> </ul>
	<p><b>Receiving Complaints</b></p> <ul style="list-style-type: none"> <li>• <b>Verbal Reports (telephone or in-person):</b> <ul style="list-style-type: none"> <li>○ Acknowledge the complaint and gather as much detail as possible.</li> <li>○ Attempt to resolve the issue immediately, if possible, or request that the complaint be formally documented.</li> <li>○ All unresolved verbal complaints to be passed immediately to the complaints handler.</li> </ul> </li> <li>• <b>Written Reports (email or letter):</b> <ul style="list-style-type: none"> <li>○ Pass all written complaints immediately to the Complaint Handler.</li> </ul> </li> </ul>
	<p><b>Logging Complaints</b></p> <ul style="list-style-type: none"> <li>• Complaints are logged into the complaints register with a unique reference number.</li> <li>• Complaints are acknowledged within five working days.</li> <li>• Details of the complaint are reviewed to ensure all relevant information is recorded.</li> </ul>
2 Designated Members of Staff	<p><b>Investigation of Complaints</b></p> <ul style="list-style-type: none"> <li>• <b>Initiation of the Investigation:</b> <ul style="list-style-type: none"> <li>○ Complaints are assigned to an impartial investigation owner.</li> <li>○ The investigation owner is an appropriate staff member, ensuring impartiality and independence.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Anonymous complaints are assessed to determine if there is sufficient detail for investigation.</li> <li>● <b>Investigation Process:</b> <ul style="list-style-type: none"> <li>○ The investigation owner is responsible for conducting a thorough review to identify the cause of the issue, focusing on evidence and analysis. They will collect relevant data, review documentation, conduct interviews, or perform internal audits as necessary.</li> <li>○ If a complaint involves a certified person, inform the individual or organisation unless confidentiality or legal concerns suggest otherwise.</li> <li>○ Investigation findings and actions are documented thoroughly.</li> </ul> </li> </ul>
<p>3 Allocated Staff</p>	<p><b><u>Corrective Action Implementation</u></b></p> <ul style="list-style-type: none"> <li>● <b>Corrective Actions:</b> <ul style="list-style-type: none"> <li>○ Develop corrective actions that directly address the complaint.</li> <li>○ Implement corrective actions promptly, revising processes if necessary.</li> <li>○ Verification steps are conducted to ensure the issue is resolved.</li> <li>○ A formal closure letter is sent to the complainant summarising the investigation and resolution.</li> <li>○ All complaints and resolutions are documented in the complaints register for future review.</li> </ul> </li> <li>● <b>Verification of Effectiveness:</b> <ul style="list-style-type: none"> <li>○ Perform a follow-up review to confirm the corrective actions have effectively resolved the issue.</li> <li>○ Record the results in the Complaints log to demonstrate that the issue has been satisfactorily addressed.</li> </ul> </li> </ul>
<p>4 All Staff</p>	<p><b><u>Preventive Action Process</u></b></p> <ul style="list-style-type: none"> <li>● <b>Identifying Potential Issues:</b> <ul style="list-style-type: none"> <li>○ Use data from complaints trend analysis to identify areas where preventive action is needed.</li> <li>○ Take proactive steps to address potential issues before they become non-conformances or complaints.</li> </ul> </li> <li>● <b>Monitoring and Documentation:</b> <ul style="list-style-type: none"> <li>○ Track all preventive actions in the CAPA log, ensuring that each action is implemented and its effectiveness reviewed.</li> <li>○ Include preventive actions in management review discussions to drive continuous improvement.</li> </ul> </li> </ul>
<p>5 Head of Standards, Directors AND Managers</p>	<p><b><u>Monitoring, Reporting, and Trend Analysis</u></b></p> <ul style="list-style-type: none"> <li>● <b>Monitoring Progress:</b> <ul style="list-style-type: none"> <li>○ The Head of Standards reviews all complaints and corrective actions quarterly to ensure timely resolution.</li> <li>○ Highlight any overdue actions to the relevant managers to ensure prompt follow-up.</li> </ul> </li> <li>● <b>Trend Analysis:</b> <ul style="list-style-type: none"> <li>○ Regularly analyse trends from NCRs and complaints to identify recurring issues.</li> <li>○ Initiate preventive actions based on trend analysis to improve overall system performance.</li> </ul> </li> <li>● <b>Management Review:</b> <ul style="list-style-type: none"> <li>○ NCRs, complaints, and CAPA effectiveness are standard agenda items in management review meetings.</li> <li>○ Report on the progress and outcomes of corrective and preventive actions to identify opportunities for systemic improvements.</li> </ul> </li> </ul>
<p>Allocated Staff</p>	<p><b><u>Record Keeping and Documentation</u></b></p> <ul style="list-style-type: none"> <li>● <b>Complaints Log:</b> <ul style="list-style-type: none"> <li>○ Maintain a centralised log for all complaints.</li> <li>○ Ensure that each entry includes comprehensive details of the action taken, responsible personnel, and completion status.</li> </ul> </li> <li>● <b>Confidentiality:</b> <ul style="list-style-type: none"> <li>○ Protect sensitive information related to complaints, only sharing it on a need-to-know basis.</li> <li>○ Ensure that confidentiality requirements are respected throughout the investigation and resolution process.</li> </ul> </li> </ul>
<p>Allocated Staff</p>	<p><b><u>Review and Improvement</u></b></p> <ul style="list-style-type: none"> <li>● <b>Continuous Improvement:</b> <ul style="list-style-type: none"> <li>○ Use the insights gained from complaints, and CAPA activities to refine processes and reduce the risk of future issues.</li> <li>○ Document all process improvements and update related procedures to reflect the lessons learned.</li> </ul> </li> <li>● <b>Review of Effectiveness:</b> <ul style="list-style-type: none"> <li>○ Assess the effectiveness of corrective and preventive actions during internal audits and management reviews.</li> <li>○ Make necessary adjustments based on findings to enhance the robustness of the processes.</li> </ul> </li> </ul>