

**International Accreditation Service, Inc.**  
**Standard Operational Procedures**

**Procedure No.:** SOP 16

**Issue Date:** July 1, 2015

**Prepared by:** Quality Manager

**Effective Date:** July 1, 2015

**Approved by:** Vice President

**Revision:** 06

**TITLE/SUBJECT:** Misuse of IAS Logo, Internal and External Complaints

**Purpose:** This procedure is intended to provide quick and effective handling of complaints, received from internal and external clients, and guidelines for handling misuse of the IAS logo.

**Definition:**

A **formal complaint** is a complaint made by an individual who has provided their written signature (name) and identification.

An **informal enquiry/complaint** can be made anonymously by anyone and does not require a signature.

**Scope:** This procedure applies to all internal and external complaints. It also applies to cases where there is misuse of the IAS mark or of a listing.

**Responsibility:** All

**Procedure:**

**MISUSE OF THE IAS MARK, OR OF A LISTING**

1. IAS receives documentary evidence of the misuse. The evidence is referred to the Quality Manager (QM).
2. The QM enters the case of apparent misuse into the *jshare database*. The correspondence *related to the misuse* is saved in the *Logo Misuse* folder in *jshare*.
3. To the apparent misuser, the QM writes a letter, sent by certified/return receipt mail, describing the problem and requesting a response within a period of no more than 30 days. The response should include the means by which the misuse is to be rectified.
4. If the QM receives a response resolving the issue satisfactorily, the case is closed.
5. If a response is received that does not satisfactorily resolve the issue, there will be follow-up with the misuser, by the QM or a staff person appointed by the QM, until the issue is resolved and the case can be closed out.
6. If there is no response to the QM's initial letter, then an attempt *is* made to contact the alleged misuser in some other way. If a second letter is warranted, it *is* sent by certified/return receipt mail.
7. In the event of no response, or if the issue cannot be satisfactorily resolved with the misuser, IAS management will decide upon appropriate action including legal recourse.

(Example: Appropriate action might be placing a notice about the misuse on the IAS website. Action beyond such notices would depend upon decisions *by* the President.)

## FORMAL COMPLAINTS:

To initiate a formal complaint, the following information must be provided:

1. Name of person making complaint
  2. Name, address, and telephone number of the employer (Company)
  3. Nature of Complaint
  4. Name of IAS Management/Staff whom complainant has contacted
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1. The complainant *is* asked to submit the complaint in writing and provide copies of any supporting evidence. From the start of the complaint–resolution process, all correspondence regarding the matter *is maintained in jshare* as a detailed record of the complaint and its resolution. (Note: Steps *are* taken to safeguard the confidentiality of the complainant if the complainant makes such a request and/or confidentiality seems appropriate.)
  2. Upon receipt of a complaint, a Complaint Reference Number (CRN) is assigned and Actions Tracking Form (ATF) for the logged complaint is generated. This is linked as a reference in the correspondence and saved in the specific folder under the complaints log.
  3. Quality Manager, *Deputy QM* or Vice President/Chief Technical Officer contacts the *complainant* to gather further information. A complaint against an IAS-accredited Conformity Assessment Body (CAB) *is* first addressed *to* the CAB.
  4. Upon receipt and after storage, the documented complaint and supporting data *is* referred to the Quality Manager (QM) *or designee*, who enters relevant information into the complaint log. QM investigates and resolves the complaint or refers the complaint to a designated member of the staff for investigation and resolution.
  5. The QM or assigned staff member uses all appropriate sources of information (including, if necessary, investigations of specific IAS operations) to determine the merits of the complaint and a plan of corrective action. QM periodically follows up to make sure necessary action has been initiated, documented, and monitored for effectiveness. Corrective action should aim to prevent future problems as well as address the specific complaint.
  6. During the complaint–resolution process, QM is responsible for keeping the complaint log updated.
  7. Once a resolution is arrived at, the QM or assigned staff member normally closes out the complaint with a written communication to the complainant and other affected persons and/or organizations. QM notes final resolution in the complaint log. If the problem and its resolution indicate a need to change the documented procedures of IAS, QM *initiates any* revision process.
  8. In the "*Description*" section of the complaint log, QM notes whether there is any indication of a breakdown in the quality system which might require management

attention. Such trend analysis is a standing item to be considered at the annual management reviews of the management system.

#### **INFORMAL ENQUIRY/COMPLAINTS:**

1. Upon receipt of complaint, a Complaint Reference Number (CRN) is assigned and Actions Tracking Form (ATF) for the logged complaint is generated, based on its authenticity and appropriateness.
2. Quality Manager contacts the client to gather further information. A complaint against an IAS-accredited Conformity Assessment Body (CAB) is first addressed to the CAB.
3. Upon receipt and after storage, the documented complaint and supporting data is referred to the Quality Manager (QM), who enters relevant information into the complaint log. QM investigates and resolves the complaint or refers the complaint to a designated member of the staff for investigation and resolution.
4. Assigned staff member uses all appropriate sources of information (including, if necessary, investigations of specific IAS operations) to determine the merits of the complaint and a plan for corrective action. QM periodically follows up to make sure necessary action is initiated, documented, and monitored for effectiveness. Corrective action should aim to prevent future problems as well as address the specific complaint.
5. During the complaint–resolution process, QM is responsible for keeping the complaint log updated.
6. Once a resolution is arrived at, the QM or assigned staff normally closes out the complaint with a written communication to the complainant and other affected persons and/or organizations. QM notes final resolution in the complaint log. If the problem and its resolution indicate a need to change the documented procedures of IAS, QM *initiates any* revision process.
7. In the "*Description*" section of the complaint log, QM notes whether there is any indication of a breakdown in the quality system which might require management attention. Such trend analysis is a standing item to be considered at the annual management reviews of the quality system.

#### **Records:**

1. Complaint Log, Action Tracking Excel Spreadsheet
2. Records of correspondence