



Procedure for Handling the Complaints and Appeals

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Prepared by:	Approved by:
Quality General Manager Abdulrahman AlAskar	Executive Director Dr. Adel A. AlKeaid

Index

Index	2
1. Purpose	3
2. Scope	3
3. Normative References	3
4. Terms and Definitions	3
5. Formation and Meetings of the Complaints and Appeals Committee	3
6. Complaints	4
7. Appeals	5

1. Purpose

The Purpose of this document is to describe the mechanism for handling the complaints and appeals and make decisions in there about.

2. Scope

This procedure applies to any submitted complaint or appeal to SAAC regarding against and of its services provided to the conformity assessment bodies.

3. Normative References

- Conformity Assessment- Requirements for accreditation bodies accrediting conformity assessment bodies ISO/ IEC 17011:2017.

4. Terms and Definitions

All the terms defined in ISO/IEC 17000 Standard are also applicable in this document.

- **Appeal:** a formal request submitted to the SAAC by a conformity assessment body for reconsideration of any adverse accreditation decision related to its desired accreditation status.
- **Complaint:** expression of dissatisfaction, other than appeal, by any person or organization, to SAAC, relating to its activities (whether it is related to policies, procedures, or persons...etc.) or of an accredited conformity assessment body, where a response is expected

5. Formation and Meetings of the Complaints and Appeals Committee

5.1.1 The members of the Complaints and Appeals Committee are formed and appointed according to the Procedure P-05.

5.1.2 This Committee hold its meetings using the Electronic Information System for Accreditation to investigate the referred complaints and appeals and make the necessary recommendations in their regard, or based on an invitation from the Executive Director, whenever deemed necessary.

5.1.3 The meetings of this Committee are held in the presence of the majority of its members, and its recommendations are passed by voting. If the votes are equal, the side with which the Chairman of the Committee voted prevails, and the General Manager of Quality (the Secretary of the Committee) does not participate in the voting.

5.1.4 All the recommendations made by the Committee must be well-reasoned and clear.

5.1.5 All the minutes of meetings and voting results shall be retained by the SAAC General Manager of Quality in his capacity as the Secretary of the Committee.

6. Complaints

6.1 General Provisions

6.1.1 The complaint shall be submitted electronically using Form F-35, via email to care@saac.gov.sa, provided that the subject of the complaint is clear and supported by evidence, and no complaint will be considered otherwise. The complainant will be informed of the receipt of the complaint when all the necessary documents are completed. SAAC is responsible for gathering and verifying all necessary information to validate the complaint and is responsible for all decisions at all levels of the handling process for complaints, and SAAC also undertakes that investigation and decision on complaints shall not result in any discriminatory actions against the complainant. In the event of complaints concerning the services of accredited conformity assessment bodies by SAAC, these complaints shall be addressed first by the concerned conformity assessment body before the complaint is escalated to SAAC.

6.1.2 The General Manager of Quality shall verify the subject of the complaint and shall confirm whether the complaint relates to accreditation activities that it is responsible for, he shall make his recommendations to the Executive Director concerning the complaint, either by dismissing the complaint and informing the complainant, or initiating a corrective action, or submitting the complaint to the Complaints and Appeals Committee within a period of time not exceeding 15 working days.

6.1.3 In both cases, the Quality General Manager shall follow up and retain all documents and records of the complaints and the relevant decisions, and ensure that the actions are taken in a timely manner; he/she shall also provide the complainant with an action plan to deal with the complaint alongside the updates on the status of the complaint every two working weeks, and he/she may conduct an extraordinary internal audit to verify the subject of the complaint as per process P-08.

6.1.4 In the event that the Executive Director decides to submit the complaint to the Complaints and Appeals Committee, the Quality General Manager, who is the Secretary of the Committee, shall prepare a comprehensive file about the subject of the complaint that includes, but is not limited to:

- A copy of the original complaint, supported by evidence and justifications submitted by the complainant.
- Reports of the internal or external audits related to the subject of the complaint.
- Texts of the relevant specifications, regulations, or laws.
- Relevant assessment reports and minutes of meetings.

All other relevant documents shall also be attached to the file for the Complaints Committee, to review them and submit outcomes and recommendations in their concern. The decision on the complaint shall be made by, or reviewed and approved by, individual(s) not involved in the activities in question.

6.2 Handling Complaints

6.2.1 The members of the Committee receive the complete file of the complaint and may summon a representative of the complainant to attend a meeting for discussion and provision of clarifications about any of the information contained in the complaint. Following the deliberations, the Committee submit a report containing its recommendation to the Executive Director.

6.2.2 The Executive Director issues a directive or a decision based on the recommendation of the Complaints Committee. In all cases, SAAC shall give formal notice of the results of the complaint handling process to the complainant (using any appropriate means, an official letter or email, etc.), and the Quality General Manager shall follow up on the implementation of the issued directives.

6.2.3 The Quality General Manager prepares an annual report summarizing all received complaints and appeals, and the report is presented during the management reviews, and if approved, the annual report will be presented to the Board.

7. Appeals

7.1 General Provisions

7.1.1 The conformity assessment body must submit its appeal to SAAC decision using Form F-34, via email to care@saac.gov.sa, supported by evidence, within 15 days of being notified of the decision by SAAC, and no appeal is received after this period. The appellant will be informed of the receipt of the appeal when all the necessary documents are completed within a period not exceeding 15 working days. SAAC is responsible for gathering and verifying all necessary information to validate the appeal and is responsible for all decisions at all levels of the handling process for appeals.

7.1.2 The Quality General Manager reviews the appeal and ensures its completeness, he/she submits recommendations to the Executive Director, providing the appellant with an action plan for handling the appeal and updates on the status of the appeal every two working weeks.

7.1.3 The original decision, against which the appeal was made, shall remain in effect until the final decision on the appeal is made.

7.1.4 The decision issued by the Complaints and Appeals Committee regarding the appeal is deemed final, and the decision on the appeal shall be made by, or reviewed and approved by, individual(s) not involved in the activities in question.

7.2 Appeal Decision

7.2.1 A complete file prepared by the Quality General Manager is referred to the members of the Committee to review the appeal, and shall include the following:

- A copy of the original appeal using Form F-34, supported by the relevant evidence and justifications provided by the appellant conformity assessment body.

- The assessment report of the appellant conformity assessment body, supported with annexes and evidence documents.
- Minutes of meeting of the Committee, which provided recommendation regarding the appealed decision.
- Letter of the appealed decision.

7.2.2 The Committee may summon a representative of the appellant to attend a meeting for discussion and provision of clarifications about any of the information contained in the appeal.

7.2.3 Following the deliberations, the Appeals Committee shall submit a recommendation to the Executive Director to confirm or change the previous appealed decision.

7.2.4 The Executive Director shall issue the decision in line with the recommendation of the Appeal Committee. In all cases, and in the event of changing or supporting the decision, the appellant shall be notified of the decision no later than 15 days from the Committee meeting, with clarifications of all subsequent procedures resulting from implementing the decision.

7.2.5 The Quality General Manager shall follow up and retain records regarding and documents related to all appeals along with their corresponding decisions.