

COMPLAINT AND APPEAL PROCEDURE	4.7-P
	Revision 3

1. Purpose

This procedure defines the impartial, evidence-based, and systematic method used by Ross Mitchko Registrar (RMR) to receive, document, investigate, decide, and close all appeals and complaints related to certification activities.

It ensures compliance with:

- **ISO/IEC 17021-1:2015** – Clauses 4.2, 5.2, 8.1.1, 8.5, 9.7 (Appeals) and 9.8 (Complaints)
- **SERI R2v3 COP v2.4** – Sections 1.3, 1.4, 1.5, and 3.5
- **RMR Management System Manual** and certification governance requirements

This procedure ensures that all appeals and complaints are handled:

- Fairly
- Independently
- Without conflict of interest
- Without retaliation
- With complete transparency and documentation

2. Scope

This procedure applies to all:

- Appeals of RMR certification decisions
- Complaints submitted to RMR concerning:
 - RMR personnel
 - RMR auditors
 - RMR processes
 - Certified clients or applicants
 - Alleged misuse of marks
 - Auditor performance concerns (COP 3.5)
 - Issues raised by SERI through assurance or oversight activities

Includes receipt, acknowledgement, logging, investigation, decision-making, communication, corrective action, recordkeeping, and trend analysis.

3. Responsibilities

3.1 Responsibilities Table

Role	Responsibilities
Chief Operating Officer (COO)	Receives appeals/complaints; logs case; assigns investigator; ensures impartiality; provides required updates.
Quality Manager (QM)	Maintains procedure & records; verifies corrective actions; updates Risk Register; provides trend analysis to Management Review.
Appeals Committee	Independently reviews appeals; issues final appeal decisions; members cannot have been involved in the original audit or decision.
Complaint Investigator	Conducts investigation; interviews personnel; completes investigation summary; recommends actions.

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Role	Responsibilities
Impartiality Committee	Reviews impartiality risk; evaluates systemic issues; ensures no undue influence.
Managing Director (MD)	Approves escalated cases; authorizes required public disclosures; assigns alternate leadership if conflict exists.

If any individual is personally involved in the complaint or appeal, they are automatically recused.

4. Procedure

4.1 Receipt and Acknowledgement

- Appeals and complaints must be submitted in writing (email, portal, or postal).
- Submissions should be made on **Form 4.7-F1 Complaint and Appeal Submission Form**. A submission made in any other written format is accepted, provided it contains the information required by that form; the COO obtains any missing information before the case is classified.
- Appeals must be received by RMR within **30 calendar days** of the date of the written decision being appealed. An appeal received after this period may be accepted only with Managing Director approval, and the justification is recorded in the case log. An appellant whose late appeal is not accepted is notified in writing, with the reason and the right to escalate to SERI or ANAB.
- COO acknowledges receipt within **5 business days**.
- Each case is assigned a unique ID and logged in the Appeals & Complaints Register.

4.2 Classification

- **Appeal:** Request for reconsideration of a certification decision.
- **Complaint:** Expression of dissatisfaction with RMR or a certified client.
- **SERI Concern:** Issues escalated by SERI under COP 1.3–1.5.

Classification is recorded in the case log.

The COO first confirms whether the submission relates to certification activities for which RMR is responsible. Where it does not, the submitter is informed in writing within **10 business days**, is directed to the appropriate party, and the case is closed as outside scope in the Appeals & Complaints Register.

A complaint concerning a certified client is referred to that client for response before RMR investigates further, so that the client has the first opportunity to address the matter. This referral is not made where the complainant objects to disclosure of the complaint or their identity, where the complaint alleges an immediate risk to health, safety, the environment, or data security, or where referral would foreseeably expose the complainant to retaliation. The basis of any decision not to refer is recorded in the case log.

4.3 Independence & Impartiality

- No individual involved in the original audit, decision, or event may investigate or decide the case.
- The submission, investigation, and decision on an appeal or complaint result in **no discriminatory action** against the appellant or complainant. This includes audit scheduling, auditor assignment, fees, nonconformity classification, and certification decisions. Any RMR person who takes, threatens, or permits such action is subject to disciplinary measures under the Competence & Responsibility Procedure, and the matter is reported to the Impartiality Committee.
- The COO verifies absence of conflicts of interest.

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- Appeals are escalated to the **Appeals Committee**.
- Complaints follow the investigation path appropriate to complexity.
- If the COO is involved or conflicted, the **Managing Director** assigns an alternate authority.

4.4 Investigation

COO assigns an investigator or convenes the Appeals Committee.

Investigation may include:

- Document and record review
- Audit package review
- Interview of involved parties
- Review of audit evidence and competence records
- Site visit if necessary
- SERI Workspace records review (if applicable)

Investigation results are documented in a formal report.

4.5 Decision-Making

- Appeals Committee or assigned decision-maker reviews investigation results.
- Decisions must be:
 - Based on objective evidence
 - Documented
 - Reviewed for impartiality
- Decision is communicated in writing to the appellant/complainant.

No decision may be issued by anyone involved in the original certification activity.

4.6 Corrective Actions

If investigation identifies process deficiencies:

- QM opens a corrective action under Procedure **10.3-P Corrective Action**.
- Effectiveness verification is performed by QM.
- If corrective actions relate to a certified client, they must submit appropriate CAP.
- Failure to act may trigger suspension or withdrawal.

4.7 SERI-Related Requirements (COP 1.3–1.5)

Applies to all R2v3 certification activities:

- All submissions must occur **through the SERI Virtual Workspace only**.
- Required timelines must be met:
 - Submissions: within **7 days**
 - Status updates: every **30 days**
 - Certification status changes: within **7 days**
- COP 3.5 auditor performance issues must be logged and reviewed.

All SERI-related cases are logged in the **Oversight Activities Register**.

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4.8 Communication

RMR provides:

- Acknowledgement within 5 days
- Updates at least every 10 business days
- Written final disposition

Public disclosures are issued only when required by:

- Law
- Accreditation rules
- SERI
- Stakeholder risk
- MD approval

4.9 Closure

A case is closed when:

- Investigation completed
- Decision issued
- All corrective actions implemented
- Effectiveness verified
- All parties notified
- Records stored and indexed

QM updates the Appeals & Complaints Register and ensures all documents meet the Record Control Procedure.

4.10 Trend Analysis and Systemic Review

The Quality Manager:

- Reviews appeals/complaints annually
- Performs trend analysis
- Identifies systemic issues
- Reports results to:
 - Management Review
 - Impartiality Committee
 - Internal audit program
 - Risk Register

5. References

- ISO/IEC 17021-1:2015
- SERI R2v3 Code of Practices v2.4
- 4.7-F1 Complaint and Appeal Submission Form
- Audit Planning, Conducting & Reporting Procedure
- Competence & Responsibility Procedure
- Corrective Action Procedure

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- Certificate Issue, Suspension & Withdrawal Procedure
- Impartiality Committee Procedure
- RMR Record Control Procedure

Revision History

Rev	Date	Description of Change	Prepared By	Approved By
01	01-01-2024	Original Release	CEO	COO
02	10-31-2025	Reformatted & Fully Updated for ISO 17021-1, ANAB & COP v2.4 Compliance	CEO	COO
03	8-26-2026	Corrected ISO/IEC 17021-1-1 clause references (9.7 Appeals / 9.8 Complaints); added 30-day appeal filing window; added complaint validity screening and first referral to the certified client; added explicit non-discrimination commitment; issued Form 4.7-F1 Complaint and Appeal Submission Form.	QM	COO



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