COMPLAINT HANDLING PROCEDURES CHP-PRO-11

Harvestnet Sdn. Bhd.

COMPLAINT HANDLING PROCEDURES (CHP-PRO-11)

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Harvestnet Sdn Bhd	Harvestnet Sdn Bhd
Signature :	Signature :
Date : 01 February 2020	Date : 01 February 2020

1.0 PURPOSE

This procedure applies to safeguard that complaints are handled effectively and in accordance with the requirements of company policy and standard requirement.

2.0 SCOPE

This procedure is applicable to all complaints from client against the services provided by HNCA.

3.0 REFERENCES

Product Certification Scheme Quality Manual HNCA-TAC-01

4.0 **DEFINITIONS**

Complaint Written objection or disagreement or verbal

representations involving the service provided by HNCA.

Written objection or verbal representations regarding

conduct of personnel from HNCA.

Services Product certification services provided by HNCA.

5.0 DETAILS OF PROCEDURE

5.1. Receipt of Complaint

No.	Action	Responsibility	Relevant Documents
1.	Note down the particulars of the complaint including received verbally.	COO / Quality Unit	CHP-FM-11/1
2.	Record the particulars of the complaint received in the Complaint Register.	COO / Quality Unit	CHP-FM-11/1
3.	Acknowledgement receipt of the complaint.	COO / Quality Unit / Client	MEMO

5.2. Validate the Complaint

No.	Action	Responsibility	Relevant Documents
1.	Check the status and scope of registration of the company.	COO / Quality Unit	CHP-FM-11/1
2.	If the company is a client of HNCA, and the complaint is within the scope of certification, find the evident to support the complaint validation.	COO / Quality Unit	CHP-FM-11/1

3.	Notify the certified client at an appropriate time if the complaint is found to be valid, within 5 working days.	COO / Quality Unit / Client	MEMO/EMAIL
4.	For complaint that involves public interest, HNCA will find the best solution to validate and/or investigate the complaint.	COO / Quality Unit	CHP-FM-11/1

5.3. Investigation and Reporting

No.	Action	Responsibility	Relevant Documents
1.	Confirm with the complainant whether the complaint has been highlighted to the certified client and copy to HNCA.	COO / Quality Unit	CHP-FM-11/1
2.	Request for explanation from the certified client on the complaint received.	COO / Quality Unit	CHP-FM-11/1
3.	Upon received of explanation from certified client, review the action taken by the company.	COO / Quality Unit	CHP-FM-11/1
4.	If the explanation is not acceptable, request the company to give a support evident and to find other approach in handling the respective complaint.	COO / Quality Unit	CHP-FM-11/1
5.	If the explanation is acceptable, inform the complainant and, when necessary, the relevant parties on the status of complaints.	COO / Quality Unit	CHP-FM-11/1
6.	Upon completion of investigation, complete the Complainant report, Recommendations to be made shall be based on the outcome of the investigations and shall be discussed with the COO.	Client	Memo
7.	The correction and/or preventive actions, if any, (with a date of completion) on the agreed recommendations shall be taken by COO concerned. It is recommended that the completion date for action is within 1 month.	COO / Quality Unit	CHP-FM-11/1
8.	Record the action taken by the certified client, by completing Complaint Report to close the case.	COO / Quality Unit	CHP-FM-11/1

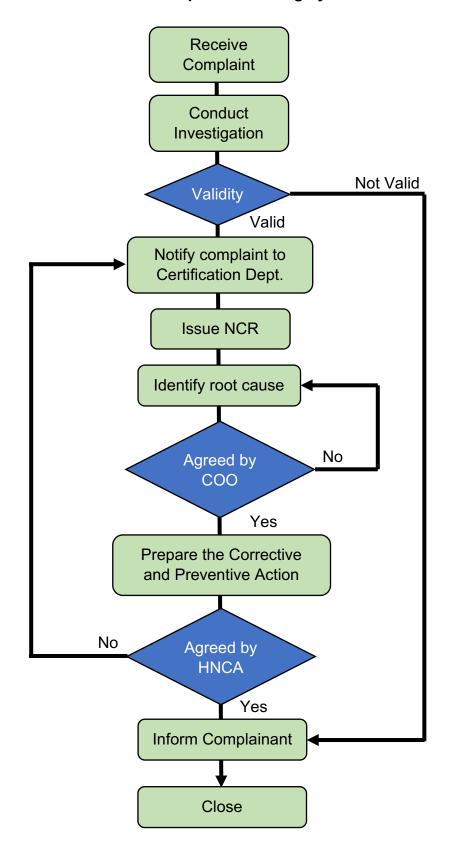
5.4. Effectiveness of Corrective and/or Preventive Action

No.	Action	Responsibility	Relevant Documents
1.	Review the effectiveness of corrective and/or preventive actions.	Quality Unit / COO	CHP-FM-11/1
2.	Update status of complaints in the Complaint Register. Report on the status of complaints to HNCA meeting once every quarterly and in the relevant Management Review meeting.	Quality Unit / COO	-

6.0 APPENDIX / RECORDS

Document Doc. Ref.		Location	Retention Period
Complaint Register	N/A	File Room	While client in
Complaint Report Form	CHP-FM-11/1	File Room	service with HNCA.

APPENDIX 1: Complaint Handling by HNCA





(Company No.: 650668-A)

COMPLAINT HANDLING FORM

	COMPLAINT HANDLING PARTICULARS
Complaint No.	
Name	
Address	
Tel. No.	
E-mail	
Details	
	(attach additional sheet(s) if necessary)
Recipient's Name	
(Signature & Date)	

Name of personnel				
Licence no.				
Investigator				
Date				
Investigation/validation (attach additional sheet(s))	inding(s): if necessary)			
2. From the above, finding	s are found to	be:		
Valid				
Not valid				
3. (section to	fill in)			
Non-conforming report issu	ed: \(\)	Yes	NCR no.:	
	1	No		
Please state reason:				

	Need different corrective action / preventive action
	Reason:
	Closed out
Revie	w / Comments by COO
Name	
(Signa	ature & Date)