

Appeals & Complaint Procedure

1. Introduction

To review and resolve the internal and external appeals and complaints and to take whatever action is required to prevent a recurrence of that deficiency.

This procedure shall cover the following:

- receipt of formal appeal & complaints from GSCS registered operator/applicants;
- receipt of a formal appeal & complaints from a user of the GSCS registered client.
- receipt of a formal appeal & complaints from a clients, vendor, brands etc.
- receipt of a formal appeal & complaints from a GSCS Overseas offices
- receipt of verbal appeal & complaints and anonymous complaints
- Internal employees

Example of internal appeal or complaints- if file reviewer does not agree with the Lead auditor/inspector's recommendation, this is subject to the internal appeals/complaint process.

2. Who shall handle this?

2.1 Managing Director

- Shall be responsible for ensuring that all Impartiality Committee members have access to internal system and web site.
- Shall ensure that review of complaints is put on the agenda for all Impartiality Committee Meetings and Management Review Meetings.
- Shall be responsible for verifying the effectiveness of the corrective action taken through review of Internal Audit Reports and information on the internal system.
- Shall ensure that the co-ordination of all complaints is in accordance with the procedure identified within this document.
- Shall ensure that all complaints are closed-out in a reasonable time period.
- Shall ensure that all service complaint records requiring action are completed, specifying corrective action taken to bring about a satisfactory conclusion to the complaint.

2.2 All Personnel including Overseas Partner offices

- Shall ensure that all complaints received are put directly into the web based system or e-mail system.
- Shall be responsible for recording complaints in the GSCS system.

3. Method for Complaint

3.1 General System

All complaints received by any person will be recorded in the complaints section of the management system. This log of complaints is one centralised log. All offices can

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see all the complaints in the system not only the ones that relate to their region/territory.

3.2 Recording Complaints

On receipt of a complaint the recipient shall enter it into the on-line management system via website. The system itself allocates a number for tracking purposes. The source and description of the complaints are mandatory fields and therefore have to be completed.

When the complaint will be submitted on-line, it will send an auto-email to the Managing Director, so that he is aware of it and to review the appeals and complaint.

Within 5 working days of receipt of complaint by the Managing Director, it will be auto-recorded in internal database system and the complaint will be started to investigate immediately.

3.3 Investigating Complaints

The Managing Director (or designated person) shall investigate all complaints. The record of the investigation in co-ordination with the office who received the complaint will be recorded by the Managing Director.

3.4 Corrective/Preventive Action

After the investigation has been completed and the root cause has been determined, corrective/preventive action will be determined and recorded within the internal system. The information on all complaints will be viewable by all GSCS offices as corrective action may apply outside of the office that received the complaint.

The complainant will be informed of the outcome of the complaint and of any corrective/preventive action that has been taken if the complaint is deemed justified from the investigation.

The report will present the resolution of the complaint and the reasons for such resolution, summarizing the documented evidence submitted unless the appellant has requested it be held confidential in whole or in part, and summarizing a response from the management of the facility. Client have the right to submit a written response to the allegations and to have that response, or a summary of it, included in the report. If the facility has agreed to corrective action, that commitment will be included in the report.

The report shall be written so as not to breach the confidentiality agreement in effect and shall be issued within 10 days of the rendering of the decision.

3.5 Corrective Action/Preventive Verification

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The Managing Director shall be responsible for verifying the completion of the corrective/preventive action taken, and update.

The Impartiality Committee and Management Review Members shall review the all complaints raised within on-line or internal system as well as a report on any trends to ascertain:

- the continued effectiveness of the corrective actions since the last meeting.
- the repetitive nature of subsequent complaints.

The output of the Impartiality Committee and Management Review shall demonstrate that all complaints have been dealt with and that any corrective/preventive action that was required as a result of the complaint have been effectively implemented.

3.6 Monitoring Corrective/Preventive Action

All corrective action taken shall be monitored by the internal inspector during the scheduled audits. Monitoring shall be conducted until the deficiency has been eliminated or reduced to a pre-determined acceptable level.

3.7 Informing client of their Right to Complaint

The procedure for complaints will be published on the public area of the GSCS web site. There will also be a form on the public area where operator can complete a complaint. All complaints from the web site will come directly to the Managing Director for logging in website.

The GSCS client agreement which will be given to all clients with the quotations/contract will also show the procedures for complaints.

All Auditors will have to inform Operator regarding their right to complaint and GSCS procedure at opening and closing meeting.

3.8 For PEFC Certification:

Any substantiated complaints of client organizations' noncompliance with certification standards or complaints against client organizations that GSCS receives or gets notified about shall be reported to the PEFC Council within 30 days.

Summary reports for complaints and appeals that have been resolved against PEFC certified client organizations that have been received by the certification body must be provided by GSCS to the PEFC Council and the relevant PEFC National Governing Body. These reports shall include at a minimum:

- a) identification of the appellant/complainant (subject to disclosure)
- b) identification of the client organisation
- c) subject of the complaint
- d) summary of the complaint handling process
- e) outcome/resolution of the complaint

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4. Method for Appeals

4.1 General System

All appeals shall be made in writing by the appellant, stating the grounds for the appeal. All appeals received shall be recorded by the recipient into centralized on-line appeal log which shall allocate a unique tracking number accordingly. This centralized appeal log shall cover worldwide appeals all recorded within a central register.

4.2 Recording of Appeals

When the appeal will be submitted on-line, it will send an auto-email to the Managing Director, so that he is aware of it and to review the appeals.

Within 5 working days of receipt of appeal by the Managing Director, it will be auto-recorded in internal database system and the appeal will be started to investigate immediately.

4.3 Conduct of Appeals through Appeal Panel & Appeals Processes

An appeal panel shall be formed consisting Managing Director, and one member from impartiality committee to investigate into the appeal and all submissions from the appellants will be collected by the appeal panel.

GSCS shall ensure that there is no conflict of interest, with the personnel from appeal panel and the appellant client.

GSCS shall make documented;

- the methodology for dealing with the Appeals
- a register shall be maintained to record all Appeals and their outcome and the names of the Members of the Committee hearing the Appeal.

The decision of the Appeal panel shall be final. Any and all outcomes and results of appeal shall be recorded in the central appeal register.

COO shall ensure that results shall be communicated to the appellant client and The Managing Director shall be responsible for verifying the completion of the corrective/preventive action taken without any delay, and update.

Information relating to corrective and preventive action shall be fed into Management review meetings Impartiality Committee meeting as input.

5. Records

Records of complaints and appeals and responses to each will be kept for a minimum of 05 years after the resolution of the complaint.



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References Document (s)

PCF02-Complaint List
PCF12-Management Review Report
PCF18- Impartiality Committee Agenda
PCF24-Complaints Form
PCF10- Complaint File Audit
PCF38- Client Feedback Form