

<b>CUSTOMER COMPLAINTS HANDLING PROCEDURE, QSP/07</b>
Doc. Number: QSP/07
Revision No. 0
Revision Date:

## CUSTOMER COMPLAINTS HANDLING PROCEDURE, QSP/07

### PURPOSE

The purpose of this procedure is to eliminate root cause of customer complaints/ negative feed backs and opportunities for improvement in auditing activities.

### SCOPE

The scope covers all customers handled in Hygiene Rating and Food Safety Management system certification activities.

### RESPONSIBILITY

The customer complaints received in office are recorded by the office in charge. The customer complaints are noted in the customer complaint form maintained in the excel sheet.

The negative feedback and opportunities for improvements also will be recorded by the office in charge in the excel format.

All these will be reviewed by CEO and appropriate action will be taken by CEO.

The complaints from external customers are noted in the form. Auditors will directly inform the complaints to office in charge. The sources of complaints can be auditors or FBOs. FSSAI can also be a source in the case of hygiene rating. The data will be noted and rectified by the CEO. The RCA will be done, and records of RCA will be maintained. The corrective action handling procedure is given below.

The complaints received will be responded within 72 hours. The responsibility for responding the complaints is with CEO.

### PROCEDURE

#### a) Reviewing complaints

The received complaints will be forwarded to CEO by the office in charge and the consultants in the respective area by mail/phone/photo/ or any other media. The customer complaints are reviewed, and immediate rectification is done.

The rectification includes change of documents/training/retraining/format change or any other action as relevant to the nature of the complaints. The negative feedback also will be reviewed and responded with 48 hours. The opportunities for improvement will be reviewed in each management review meeting by the CEO.

	APPROVED BY	ISSUED BY
DESIGNATION	CEO	QMSCR
SIGNATURE		
DATE	15/11/2023	15/11/2023

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See the change



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**b) Determining the causes of non-conformities.**

The causes are identified by investigating the root cause of the problem.

**c) Actions initiation for complaints/feedback/OFI**

On completion of the regular disposition, CEO records the CPR. Investigation based on CPR is assigned to identify team/individual by QMS CR. The cause is investigated by CEO and team, using why – why analysis. The root cause is investigated, and corrective actions are implemented.

The designated team/individual records result of investigation and suggest corrective action to be taken.

**d) Records of corrective action**

Corrective action of non-conformities is recorded in the corrective action register.

**e) Reviewing the effectiveness of corrective action taken**

The suggestions for corrective action are reviewed and further action as well as responsibility recorded by QMS CR. While reviewing, the designated authority also indicates on the CAR, the actions for improvement. The effectiveness of corrective action taken are verified and discussed during the management review meeting. The corrective actions are taken for complaints/negative feedback and opportunities for improvements.

**Forms/Records**

**Customer complaints/feedback/Complaint Investigation data**

**Corrective action form**

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