1.0 Purpose

1.1 This Management System Procedure - MSP, details the process used by Geotechnical and Soil Testing Services Ltd for co-ordinating, controlling and maintaining a complaints procedure for the purpose of identifying sub-standard performance in testing and integrity of test results and service delivery. The complaints procedure also relates to issues raised by 3rd Parties concerning the activities of the organisation.

1.1 A 'complaint' is defined as a written, electronic, or oral communication that alleges deficiencies related to the identity, quality, quantity, durability, reliability, safety, effectiveness, or performance of the products or services supplied by the Company. Furthermore, complaints may be raised in relation to the business activities of the Company, including issues such as environmental pollution and nuisance.

2.0 Responsibility

2.1 The laboratory Manager is responsible for acknowledging and investigating any documented complaints regarding the quality of service supplied by the Company. Additionally, the HSQE Manager may handle complaint issues relating to environmental incidents and nuisance. Any environmental incidents involving the Regulator or Client shall be channelled through the HSQE Manager/ Laboratory Manager. The HSQE / laboratory Manager shall ensure that a complete and thorough investigation is carried out to determine the cause of the detailed problem and identify and implement an appropriate corrective/preventive action to prevent any future recurrence. Complaints records shall be maintained by the Laboratory Manager.

3.0 Related Documents

Associated Documents	Section
Standards	ISO 17025:2017- 7.9 ISO 9001: 2008 Section 8.2 Monitoring & Measurement
Referenced Documents	LQM for USE
Internal Documents	Customer Complaint Records - AD 030

4.0 Procedure / Process

4.1.0 COMPLAINT RECEIPT – On receipt of the complaint, a unique identification number is allocated. The complaint numbering system comprises of an 8-digit alpha numerical reference which details the year in which the complaint was raised, followed by a sequential number. CR20-001 represents the first complaint raised in the year 2020.

4.1.1 RECORD INCIDENT DETAILS – The following information, if available, shall then be logged into the complaint record AD 030.

- Name and address of the Complainant
- Date the complaint was received.
- How the complaint was received i.e., electronic email, letter, verbal-phone call, WhatsApp message.
- How the complainant is involved in the complaint – customer, user 3rd Party, Regulator etc.
- Title for the complaint
- The complainant's description of the complaint and any other details
- Report number or sample number (where applicable)
- Complaint type i.e., reporting error - result, sample error, - labelling etc etc.
- Whether the complaint resulted in any injury, loss, near miss, breach of consent / legislation or other binding stipulation.
- Location
- Site reference / sample number / site operative details (where applicable)
- Quantity under complaint
- No of samples

4.1.2 ACKNOWLEDGEMENT LETTER - A complaint acknowledgement shall include the complaint reference number & title and should request any additional information or samples where required.

4.2.0 COMPLAINT INVESTIGATION - The laboratory Manager & site representative for GSTS shall evaluate all available information to determine the validity of the complaint and whether an investigation is necessary. If the complaint involves the Managing Director Gary Reilly, then a third party representative will act on behalf of the company and handle the complaint process to completion.If the complaint is determined as invalid and not to be investigated, the rationale for this decision shall be recorded and communicated to the complainant.

4.2.1 If the complaint involves the possible results failure or a health and safety breach, it must be investigated, unless such an investigation has already been performed for a similar complaint and another investigation is not necessary. In this case a reference to the original investigation is sufficient.

4.2.2 The investigator shall analyse all available information about the complaint to identify what possibly caused the issue. The results of the investigation shall be recorded in the complaint record AD 030.

4.3 CORRECTIVE ACTION – If the complaint is justifiable, requiring some form of remedial action to prevent any possible recurrence, then the complaint record will detail the related corrective action. If corrective action is not required, the rationale for this decision shall also be detailed in the complaint record. Were corrective action has been implemented, verification shall be undertaken to ensure that the remedial measures are effective and sustainable.

4.3.1 Corrective actions shall be raised where any non-conformances are observed in site testing, additionally, were the potential for nonconformance to occur exists, suitable measures will be taken to prevent any future occurrences. The Company recognises the fact that information fed back from the customer although sometimes negative, offers opportunity to address problem issues. Correction of these issues; is in a broad sense focusing on continuous improvement. This is reactive in that problems have already occurred, but proactive when potential failures are effectively addressed that otherwise may have had potential to re-occur across the respective divisions of the Company.

4.3.2 Typically, when a corrective action is initiated, the complaint file shall remain open, until the impact of the employed corrective action can be effectively verified. Verification of the correction

may take several months, dependent on the nature of the problem. Conversely, it may take a matter of hours or days to assess. Whatever the scenario, the complaint file shall remain open until the effectiveness of the correction can be qualified. Upon satisfactory verification the complaint shall be closed, detailing the results of the employed correction on the appropriate documentation.

4.3.3 Where no correction action is required, the rationale for this decision shall be detailed on the complaint record. Corrective action documentation will provide a direct cross-reference to the complaint literature, allowing cross-traceability between these separate processes to be quickly established.

4.4 COMPLAINT RESPONSE LETTER - The Laboratory Manager shall review the complaint file and approve the customer response letter before it is sent. Where the complaint requires the customer to receive credit or compensation, then this shall be ratified by the Managing Director.

4.4.1 Whenever the complaint is ready to be closed, the investigator shall sign and date the complaint record.

4.5 COMPLAINT RECORD - The following records should be maintained for each documented complaint:

- Any written correspondence to and from the complainant
- Samples or test data, if available
- Any other associated documentation

4.5.1 Complaint records (including all information and samples pertaining to the complaint) shall be retained for a minimum of ten years.

4.6 SAMPLE FAILURE

4.6.1 Sample Failure / failed Result - Typically, samples that failed are kept in the sample storage bay until otherwise instructed to discard. This practice allows the Company to determine the nature of the problem and quantify affected and if re-sampling and retesting is required on completion of complaint, if the complaint is directly linked to sample failures.