Procedure for Complaints

1.0 Purpose – This procedure provides specific guidance for ensuring that complaints are addressed.

2.0 Scope – This procedure is applicable to all feedback received by Laboratory personnel concerning the Laboratory Quality System and/or personnel.

3.0 Definitions

- **Complaint** – An expression of dissatisfaction regarding quality of service.
- **Corrective action** – An action taken to eliminate the cause(s) of a detected non-conformity, defect, or other undesirable situation in order to prevent reoccurrence.
- **Fact-finding** – The preliminary process of gathering information on a complaint to determine whether a formal investigation is warranted.
- **Investigation** – The process of determining the nature of a complaint in order to make an informed decision on the appropriate method of resolution.
- **Non conformity** - A non-fulfillment of a specified or implied requirement of the Quality Management System.

4.0 Procedure

4.1 Quality System complaints may be lodged in writing, in person, electronically, or by phone. Complaints may be made by external stakeholders, Laboratory employees, or the Ombudsman. A complaint concerning the quality system and/or personnel shall be documented on the Quality Assurance Record (QAR).

4.2 Media reports and email shall be addressed by the Lab Director. The Lab Director shall conduct basic fact-finding and determine if further action is necessary. If the media report involves the quality of work product, the Lab Director shall notify the Quality Manager (QM) to initiate a QAR.

4.3 Any Laboratory employee receiving negative feedback shall resolve the issue if within his/her authority. If the issue cannot be resolved the employee shall complete Sections I – IV of the QAR and inform the Forensic Scientist Manager and/or Technical Leader by close of business the day of the complaint. The Forensic Scientist Manager or Technical Leader shall forward the QAR to QM within two business days. For all complaints by external stakeholders, the QM shall notify the Ombudsman in order to notify the customer that the complaint has been received.

4.4 The QM or designee shall conduct a basic fact-finding of the complaint/incident and record the results in Section V of the QAR. Time for completion of Section V of the QAR shall be determined by the QM. The QAR shall be returned to the QM upon completion.

4.5 The Lab Director and/or Assistant Director of Technical Operations and Quality Manager shall determine if further action is necessary. If action is needed, the QM shall assign an evaluation team and the parameters for review.

4.6 The evaluation team shall investigate the matter and complete and sign Section VI of the QAR. If no further action is required, the QAR shall be completed and signed by the evaluation team. If further action is warranted, then the QAR shall be signed by the evaluation team. Simple corrective actions may be documented on the QAR. Otherwise, the Procedure for Corrective Action and Non-conformities or the Procedure for Risk Management shall be initiated. The QAR shall be returned to the QM.

4.7 If it is determined that a violation Laboratory Policy may have occurred, the evaluation team shall notify, via memo, the Lab Director, the Assistant Director of Technical Operations and the Quality Manager. Violations shall be dealt with in accordance with the Procedure for Corrective Action and Non-conformities.

4.8 The QAR shall use the following numbering scheme: YY-L-#, where the first two digits shall indicate the year followed by a letter indicating the Laboratory (R=Raleigh, W=Western, T=Triad) and the next available sequential number.

4.9 The QM or designee shall maintain the QAR and supporting documentation according to the record retention schedule set forth by the North Carolina Department of Cultural Resources. An electronic copy of the QAR shall be added to the QAR database.

4.10 Upon completion of the QAR involving external stakeholders, a copy of the final record shall be sent to the Ombudsman for review and stakeholder notification. For internal complaints, a copy of the QAR will be sent to the complainant for review.

4.11 Records of all complaints shall be maintained by the QM or designee according to the record retention schedule as set forth by the North Carolina Department of Cultural Resources. Complaints shall be reviewed in the annual management review to ensure any changes resulting from a complaint were proper, effective, timely, and successful.

5.0 Records

- Quality Assurance Record (QAR)
- QAR database

6.0 Attachments - N/A

Revision History		
Effective Date	Version Number	Reason
09/17/2012	1	Original Document
05/30/2013	2	Added 4.2 to address media reports
10/31/2013	3	Added issuing authority to header
04/18/2014	4	4.2 - added e-mail
12/19/2014	5	Throughout document: defined roles of Assistant Director of Technical Operations and QM; Removed QCO references; 4.7 - Removed SBI references
04/28/2017	6	4.5 – revised for Lab Director and/or AD
01/18/2019	7	1.0 – amended purpose to include all complaints; 2.0 – added "received by Laboratory personnel"; 4.1 – added clarification as to who can file a complaint; 4.3 – added Ombudsman notification for external complaints; 4.6 – differentiated between documentation of simple corrective actions (QAR resolution) and corrective actions requiring the implementation of the NCR and Procedure for Risk Management; 4.10 – amended the resolution/notification process for external and internal stakeholders.