

**Purpose**

The purpose of this Guide is to document the RPD protocol for the handling of complaints.

**Scope**

This Guide covers complaints for the services described in the RPD-QM-II only. Complaints directed to other services (*e.g.*, special measurements) are recommended to be handled in a like manner.

**Definitions**

Complaint – A coherent written statement that expresses dissatisfaction with or calls into question any aspect of an RPD service covered by the RPD Quality Management System.

**Equipment**

N/A

**Health & Safety Precautions**

N/A

**Protocol***Receipt of complaint*

1. The RPD staff recipient of the customer feedback/concern, whether written, electronic or oral, is responsible for accurately categorizing the feedback as a complaint or a comment (see RPD Guide RPD-G-13). Consultations with RPD managers and/or the RPD Quality Managers are encouraged. The complaint recipient shall initiate a Customer Complaint Report (Appendix RPD-G-04. A) and complete the Complaint section.
2. If received orally, the recipient shall consult with the customer to either obtain a written version directly from the customer (preferred) or verify the accuracy of the complaint recipient's interpretation of the complaint as stated in the Complaint Description section. If more space is needed, additional pages should be attached to the Report.

3. Attach any written complaint to the Report. If submitted by e-mail, print out the complaint and attach it to the Report.

#### *Determination of root cause(s) and corrective action*

1. The report is then forwarded to the Group Leader who is responsible for determining the root cause(s). The job of determining the root cause may be delegated to someone experienced with the associated Procedure subject area.
2. Once the root cause(s) has been determined, the Group Leader will decide if corrective action is necessary.
3. If no corrective action is necessary, the reason for the decision will be documented on the Report and signed by the Group Leader and Quality Manager.
4. Results of the investigation, corrective actions taken, and conclusions must be documented in the appropriate sections of the Report.

#### *Report approval and distribution*

1. The report is then forwarded to the Division Chief to be reviewed and approved.
2. Three copies of the Customer Complaint Report are prepared and two are sent to the customer for signature, by the Quality Manager. The third copy is placed in the customer file. The original Report is given to the Quality Manager for filing.
3. To acknowledge satisfaction with the report, the customer is asked to return one of the signed copies to the Quality Manager for inclusion in the complaint file. The Quality Manager shall resolve any dissatisfaction expressed by the customer and may call on the Group Leader or staff to assist in achieving customer satisfaction. These additional efforts to achieve customer satisfaction shall be documented and attached to the original report and considered to be the conclusion of the complaint handling process.
4. If the complaint involves the Quality Manager, then the Deputy Quality Manager will process steps 1 to 3.

### **Acceptance Criteria**

The report is accepted after the Division Chief signature is recorded, the customer has been notified, and the complaint has been resolved.

### **References**

## COMPLAINTS

N/A

**Records**

Customer Complaint Report

**Filing and Retention**

The Quality Manager shall place the original Customer Complaint Report, the signed copy, and all supporting documents in the Division complaint file. These documents shall be retained indefinitely.

Appendix RPD-G-04. A

**CUSTOMER COMPLAINT REPORT****COMPLAINT:**

CUSTOMER \_\_\_\_\_

CUSTOMER ADDRESS \_\_\_\_\_

CUSTOMER CONTACT PERSON \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_

NIST STAFF ASSIGNED TO ADDRESS COMPLAINT \_\_\_\_\_

Order (Test) Number (if relevant) \_\_\_\_\_

**COMPLAINT DESCRIPTION:**

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**ROOT CAUSE:**

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INVESTIGATED BY \_\_\_\_\_ DATE \_\_\_\_\_

**CORRECTIVE ACTION OR RESPONSE:**

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PREPARED BY \_\_\_\_\_ DATE \_\_\_\_\_

Reviewed by: \_\_\_\_\_ (Group Leader) Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ (QS Manager) Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ (Division Chief) Date: \_\_\_\_\_

Customer receipt: \_\_\_\_\_ (Customer) Date: \_\_\_\_\_

Attachment(s): \_\_\_\_\_