Purpose

The purpose of this Guide is to document the Radiation Physics Division (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 Manager 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 or, for electronic reports, convert to an archival format such as PDF 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 electronic report is then forwarded to the Division Chief to be reviewed and approved.

2. An electronic Customer Complaint Report is provided to the customer by the Quality Manager. One copy is placed in the customer file and another is filed by the Quality Manager in the QMS in a folder named **QMIIIActionforms**.

3. To acknowledge satisfaction with the report, the customer can digitally sign the complaint form and return it to the Quality Manager for inclusion in the complaint file, but the date of the email to the customer is considered the close date, unless there is an additional response. The Quality Manager shall resolve any customer dissatisfaction 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 shall be considered the conclusion of the complaint-handling process.

4. If the complaint involves the Quality Manager, then the Deputy Quality Manager or appropriate Group Leader will process steps 1 to 3.

Acceptance Criteria

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

References

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:

_____

_____

_____

_____

ROOT CAUSE:

_____

_____

_____

_____

INVESTIGATED BY _____ DATE _____

CORRECTIVE ACTION OR RESPONSE:

_____

_____

_____

_____

PREPARED BY _____ DATE _____

Reviewed by: _____ (Group Leader) Date: _____

Reviewed by: _____ (QS Manager) Date: _____

Approved by: _____ (Division Chief) Date: _____

Customer receipt: _____ (Customer) Date: _____

Attachment(s): _____