



Procedure for Handling Complaints / Disputes / Appeals

Dissatisfied parties and the complaints they generate are inevitable. It is important that all complaints, whether against PJRCDM or PJRCDM contractors, are dealt with fairly. This procedure outlines a process whereby PJRCDM grants all parties a fair hearing in disputes that may arise. This procedure also defines how the interested party can present an argument for reversal of a decision with which it disagrees (appeals).

Approved by: _____

Date: _____

AMENDMENT RECORD

Date	Details	Rev Level
14/03/2011	First issue a. This procedure has been derived from earlier procedure PRO-9cdm. b. It Revised to comply with latest version of Accreditation Standard	1.0

PROCEDURE FOR HANDLING COMPLAINT / DISPUTES / APPEALS

1. General

1.1. Purpose:

- 1.1.1. Set forth procedures for receiving, evaluating, managing and handling complaints / disputes / appeals directed towards PJRCDM and to derive maximum benefit from any such complaint by instituting or requiring corrective action and quality improvement where necessary.
- 1.1.2. Set forth a process whereby the complainant can receive a fair and equitable handling of complaints / disputes / appeals and a process by which complainants can appeal decisions made by PJRCDM.

1.2. Scope:

All complaints / disputes / appeals on validation and/or verification / certification activities (regardless of source) made about PJRCDM or its representatives.

1.3. Definitions:

- 1.3.1. Complaint: Expression of dissatisfaction, other than “appeal,” by any person or organization, where response is expected.
- 1.3.2. Dispute: A disagreement or argument between PJRCDM and its client about a decision it made relating to the object of validation or verification.
- 1.3.3. Appeal: Request by PJRCDM client to PJRCDM for reconsideration its decision made relating to the object of validation or verification.
- 1.3.4. Complainant:
 - 1.3.4.1. Interested party or organization whose project was validated/verified,
 - 1.3.4.2. Any entity which has a complaint regarding PJRCDM with the exception of the UNFCCC, or
 - 1.3.4.3. Organization whose complaint is about the conduct of PJRCDM employees or contractors.

2. Related Procedures, Exhibits:

- 2.1. PJRCDM-QM Quality Manual

3. Responsibility:

- 3.1. Program Managers (Global and Site) shall have overall responsibility for implementation of this procedure at the respective Offices.
- 3.2. Quality Manager and Global Director shall provide final decision on

corrective/preventive actions to be implemented by the Program Managers.

- 3.3. Quality Manager shall be responsible to take systemic corrective/preventive action in the QMS and also across all sites as applicable.

4. Mechanism for receiving complaints

- 4.1. PJRCDM shall make its procedure on handling complaints / dispute / appeals available to various accreditation bodies and public upon request.
- 4.2. Site Program Manager (SPM) / Global Program Manager (GPM) or their nominee shall be responsible for receiving complaints from various stake holders / interested parties / complainants etc.
- 4.3. All PJRCDM employees shall accept complaints and forward to SPM (for sites) and GPM (for Central office) for investigation and resolution:
 - 4.3.1. If complaints are received by any of the employees or subcontractors in relation to V&V services, they shall be forwarded to the SPM or GPM for further action.
 - 4.3.2. If complaints are received orally by SPM / GPM or the nominee, then they shall be documented in Complaint register form (F-10.01). The receiver of complaints shall obtain relevant details of complainant and his organization etc, so that authenticity of complaint can be established.
 - 4.3.3. If complaints are received in writing or email then they shall be transferred to Complaint register form and received documents shall be used as evidences.
 - 4.3.4. If the complaints are received indirectly by other means through public sources like press reports and other news media (paper, TV etc) then this shall be investigated and verified for its authenticity and genuineness before recording in Complaint register form.
- 4.4. Complaints are registered by GPM for Central office and by SPM for Site office. GPM / SPM shall carry out root cause analysis and based on this propose actions to be taken by involving concerned personnel using Non conformity report (F-09.07) and forward the same to Quality Manager for approval.
- 4.5. GPM / SPM shall make sure that the persons engaged in complaint handling process are different form those who carried out validation or verification activity.
- 4.6. It shall also be made sure that confidentiality of the complainant is safeguarded.
- 4.7. Quality Manager and Global Director shall then review the proposed action and approve or improve the action plan and also determine if the President needs to be involved in its resolution.

- 4.8. GPM / SPM shall inform the complainant of the receipt of complaint, its handling process, persons chosen to handle the process, and shall provide necessary reports and whenever necessary a formal notice of the outcome.
- 4.9. PJRCDM shall not deem corrective action to have been completed until its effectiveness has been demonstrated and necessary changes made in the procedures, processes, documentation and/or records.
- 4.10. Based on the complaint received and action taken, Quality Manager shall examine whether systemic changes are required across the Site and/or Central Office to avoid/prevent similar complaint occurring in future. If yes, then QMS shall be suitably modified and action taken for implementation of revised system.
- 4.11. Records of all complaints are maintained (F-10.02) and opportunities for improvement are discussed during management review meetings. They become action items and are assigned to appropriate person with a target date for achievement. PJRCDM shall ensure that the organization is using investigations of complaints to develop corrective action, which include measures for:
 - 4.11.1. Notification to appropriate authorities if required by regulation.
 - 4.11.2. Restoring conformity as quickly as practicable.
 - 4.11.3. Preventing recurrence.

5. Disputes

- 5.1. In all disputes GPM / SPM will obtain pertinent information from interested parties. Then SPM and his/her appoint a team that shall evaluate the dispute in light of PJRCDM policies and applicable rules. The team shall use all reasonable efforts to resolve the dispute. If the dispute cannot be resolved, GPM / SPM will advise the interested parties of their right to appeal the dispute decision.
- 5.2. Personnel, including management, should not be employed to investigate any dispute if they have been directly involved in the dispute within past two years.
- 5.3. All disputes are dealt with in a constructive and timely manner. Where the operation of such procedures has not resulted in acceptable resolution of the matter or where proposed procedure is unacceptable to the complainant or other parties involved, SPM provides following, in writing, to the party submitting the dispute:
 - 5.3.1. Opportunity for a formal appeal.
 - 5.3.2. Provision of a third-party involvement or other means to ensure impartiality of dispute.

- 5.3.3. Provision to disputing party of a written statement of the dispute findings including reasons for the decisions reached.
- 5.4. PJRCDM ensures that all interested parties are made aware, as and when appropriate, of the existence of the appeals / dispute process and the procedures to be followed.
- 5.5. Records of all disputes are maintained (F-10.02) and opportunities for improvement are discussed during management review meetings.

6. Appeals

- 6.1. If an entity wishes to appeal the dispute decision, it must submit a formal written appeal within 15 days. Once the appeal is received, PJRCDM initiates steps necessary to appoint an Appeal Committee.
- 6.2. The Appellant selects an advocate to represent its case and forwards the name, in writing, to the President.
- 6.3. Global Director selects an appropriate advocate to represent the position of PJRCDM.
- 6.4. Appeal Committee shall meet and elect a chairperson. The chairperson verifies that full committee has all needed information regarding the appeal and all other pertinent information.
- 6.5. The chairperson notifies the appellant and the PJRCDM advocate of the make-up of its Appeal Committee, giving either party the opportunity to state objections to Appeal Committee as constituted. If there are objections, the chairperson of Appeal Committee will decide on the final make-up of Appeal Committee.
- 6.6. Appeal Committee meets at a place and time of mutual consent and holds a private meeting to discuss the merits of the Appellant's case or via teleconference. They will be supplied with any documentation that pertains to the appeal. They may request objective evidence from either side for examination and discussion, such as: relevant documents, PJRCDM procedures, etc. Appellant and PJRCDM advocate are given the opportunity to present whatever evidence and/or oral argument they deem necessary.
- 6.7. At such point as Appeal Committee believes it has exhausted avenues of consideration, it takes a secret vote in writing. Decisions are reached by a simple voting majority. Ballot shall provide for a vote to affirm the PJRCDM decision under appeal or a vote to reverse said decision.
- 6.8. Appeal Committee drafts a brief setting forth its decision, including whatever information it feels is worthwhile to disclose and supplies the appellant's advocate and the PJRCDM advocate with a copy. Appeal Committee is under no obligation to

disclose details of its deliberations.

- 6.9. Decision of Appeal Committee is forever binding in the matter under appeal.
- 6.10. Appeal Committee shall issue its brief no longer than 30 days after Global Director receives in writing the name of the Appellant's advocate.
- 6.11. Should the appellant be still dissatisfied after having gone through appeal process; PJRCMD is compelled to advise the appellant of the right to appeal to appropriate authority like UNFCCC and/or other GHG – ER bodies.

7. Additional actions

- 7.1. PJRCMD recognizes protests and appeals as a source of data signaling a need for personnel re-training or additional follow-up actions. SPM or designee is responsible for ensuring that auditor re-training and follow-up activities occur and their effectiveness is verified.
- 7.2. PJRCMD shall ensure that persons engaged in handling complaints / disputes are different from those who carried out validation or verification and certification activities.
- 7.3. PJRCMD shall safeguard confidentiality and impartiality of complainant and subject of complaint / dispute / appeal and shall not result in any discriminatory action against them.

8. Records:

- 8.1. F-10.01 Complaint registration form
- 8.2. F-09.07 Non conformity report
- 8.3. F-10.02 Summary of complaints / disputes / appeals