Procedure:	Procedure Proc 017 **Complaints**	

This procedure applies to GLP BBBEE (Pty) Ltd personnel, independent contractors and BEE experts working with GLP BBBEE (Pty) Ltd providing BEE verification assurance services

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1. Scope

1.1 Complaints arise from the BEE verification process and not from the BEE Score or result of the verification which is treated as an Appeal and dealt with accordingly.

1.2 This procedure implements *GLP BBBEE (Pty) Ltd*'s BEE Pol 004 and covers:

1.2.1 Receiving and acknowledging complaints.

1.2.2 Evaluating complaints, decision making and reporting the results of any investigation.

1.2.3 Corrective actions needed and measuring the effectiveness of corrective actions.

1.2.4 Communication with the complainant.

1.3 Complaints can emanate from:

1.3.1 A measured entity (client).

1.3.2 A user of a BEE Certificate or Report provided to a measured entity.

1.3.3 An employee of *GLP BBBEE (Pty) Ltd* or an associated organisation involved in the BEE verification process (Engagement Team).

1.3.4 An outside and unrelated individual or organisation.

1.4 The preferred medium for handling complaints is email and all reference to "written" means email.

2. Purpose of the Procedure

To:

2.1 Build confidence in *GLP BBBEE (Pty) Ltd* verification activities by all stakeholders

2.2 Underpin the professionalism expected of organisations who are accredited or registered to measure BEE compliance and to issue BEE certificates

2.3 Ensure that complaints are processed thoroughly, timeously and appropriately.

2.4 Protect clients and other users against errors, omissions or unreasonable behaviour.

2.5 Improve *GLP BBBEE (Pty) Ltd* efficiency and effectiveness.

3. Delegated Responsibility

3.1 It is the responsibility of the MD of *GLP BBBEE (Pty) Ltd* to ensure that this procedure is maintained to the standards expected by the stakeholders and the public at large.

3.2 All complaints are to be addressed under the heading COMPLAINT via email to info@glpbbbee.com where they will, either be handled by her, or delegated to the independent representative of GLP BBBEE (Pty)Ltd.

4. Procedure

4.1 Receiving a complaint

The complaints procedure is publicly available on the website of *GLP BBBEE (Pty) Ltd*

4.1.1 Verbal complaint:

4.1.1.1 If any individual in the Engagement Team receives a verbal complaint they must, after confirming that the complaint is formal and requires a response, forward this to muriel@glpbbbee.com within 24 hours of receipt. It is at this point that the MD will make the decision as to whether or not she was independent from the verification. If decided that she was independent she will handle the complaint process. If it is decided that she is not independent the complaint will be forwarded to the independent TS of GLP BBBEE (Pty) Ltd that was not involved in the verification. The MD/TS will record the complaint on form *GLP BBBEE (Pty) Ltd Form003*- Complaint Registration and in G*LP BBBEE (Pty) Ltd* Complaints Register 006.Within one working day, the MD/TS will email the complainant with a request to confirm the complaint in writing (attaching the completed Form *GLP BBBEE (Pty) Ltd* Document - Complaint Registration) and to return it to them.

4.1.1.2 If after seven working days Form003 has not been received back, the MD/TS will send an email reminder to the complainant noting that the complaint will not be escalated until a written complaint is received. If no response is received within a further 5 days, the MD/TS will note the non-response on the Complaints Register and the matter will be considered closed. The complainant will be notified in writing

4.1.2 Written complaint:

4.1.2.1 If a member of the Engagement Team receives a written complaint, the written complaint must be forwarded within 24 hours to muriel@glpbbbee.com, as above, independence to the verification will be

decided and as a result of that outcome either the MD or the independent TS will record the complaint in the Complaints Register. The MD/TS will note the complaint in the Complaints Register and transcribe the details onto form 003 which will be actioned as above.

4.1.2.2 MD/TS will confirm receipt of the written complaint by email within 48 hours to the complainant using the wording in Document 011.

4.2 Evaluating a Complaint

4.2.1 The first step in evaluating a complaint is for the MD/TS to determine if the complaint is:

- 4.2.1.1 Against the process of verification:
- 4.2.1.2 Against a member of the Engagement Team
- 4.2.1.3 Against the result of the verification
- 4.2.1.4 Made by a Measured Entity
- 4.2.1.5 Made by the users of the results of the verification services
- 4.2.1.6 Made by a member of the Engagement Team
- 4.2.1.7 Made by an outside organisation or individual

4.2.2 Where the MD/TS concludes that the Complaint falls under the result of the verification (4.2.1.3) it will be treated as an Appeal.

4.3 Complaint Management Process

4.3.1 Complaints made by members of the Engagement Team against members of the Engagement Team will be handled internally but formally and will be brought to a formal conclusion by the completion of the complainant Sign off form *GLP BBBEE (Pty) Ltd Doc*ument 012 - Complaint Result.

4.3.2 Complaints about a verified measured entity must be referred back to the measured entity in question by the MD/TS within 48 hours of receipt.

4.3.3 Complaints that upon investigation, are based on a misunderstanding and have nothing to do with the verification process, will be handled using the "Invalid" procedure.

4.3.4 All other complaints will be assigned a "Risk" rating based on the following criteria:-

4.3.4.1 **Major:** can have a major impact on a client, *GLP BBBEE (Pty) Ltd* or a member of the Engagement Team or bring the entire BEE verification process into disrepute. It requires immediate attention, modifications to outputs and changes in policy, processes or procedures to ensure it is not repeated.

4.3.4.2 **Minor:** It is valid complaint that may require a change to an output but with little impact on any system, process or procedure. It reflects a mistake where corrective action can be taken to prevent the likelihood of repetition.

4.3.4.3 **Invalid**: It is not assessed as realistic or reasonable and requires no changes to any specific output, system, process or procedure.

4.3.5 These nomenclatures will be used in all internal investigative and remedial activities as part of the heading on the documents. They will not be used on any external communications

4.3.6 Timescales objectives for resolution as below:

Complaint *Internal Use nomenclature*	**Time to initial review**	**Time to identify solution**	**Time to sign off with complainant**
Major	24 hours	15 working days	30 working days
Minor	48 hours	5 working days	5 working days
Invalid	24 hours	2 working days	3 working days

Individuals involved in complaint resolution

Complaint	Individuals
Major	MD/Independent TS
Minor	MD/Independent TS
Invalid	MD/Independent TS

4.3.7 The decisions and investigations will not be made by or reviewed by, individuals involved in the matter that is the subject of the complaint.

4.3.8 At all stages of the evaluation and investigation of a complaint, the person doing so shall keep written records and these shall be saved and stored in the measured entity verification file (or personnel file).

4.3.9 On establishing the facts and the required action, the complainant will be initially contacted telephonically to communicate the outcome, seek any further input and to establish their response. In all cases the complainant will be contacted in writing and provided with an official response.

4.3.10 A sign-off will be requested in writing and the outcome recorded in the Complaints Register. This may not be insisted upon when the complaint is found to be "Invalid"

4.4 Corrective action

4.4.1 If after the evaluation process, it is established that the complaint is not invalid and that remedial action needs to be undertaken, the person tasked to carry out the corrective action shall immediately take the necessary steps to carry out the remedial action.

4.4.2 The person tasked to carry out the corrective action shall perform the recommended actions and communicate the outcome to the next Management Meeting

4.4.3 For complaints that result in an amended BEE score for a client a Re-evaluation of the BEE score for the particular BEE element or elements must be performed

following the procedures laid down the Re-evaluation Procedure *GLP BBBEE (Pty) Ltd* Procedure 005 - Re-Evaluation.

4.4.4 Solutions identified to rectify any specific problems or implement improvements shall be documented and communicated to the relevant members of the Engagement Team immediately. Effected Procedures will be updated using the normal procedure revision process. The Directors shall follow-up the implementation and evaluate at the next Management Meeting.

4.4.5 Where a disciplinary action is needed for a member of the Engagement Team or sub-contractor, the MD/TS, will confirm that the disciplinary action has been taken place and the outcome including agreed actions must be reduced to writing and placed in the individual's file.

4.4.6 All non-Engagement Team related complaints will have the recommended outcome and procedural changes recorded for progress review at a Quarterly Management Review Committee.

4.5 Progress reports and feedback to complainant

4.5.1 During the process of any remedial action and/ or disciplinary action, the MD/TS will keep the complainant informed of progress. Such notification will take place at a minimum of 14 days intervals unless otherwise agreed with the complainant.

4.5.2 On conclusion of the remedial action or disciplinary action the final decisions and actions taken will be communicated in writing to the complainant as well as to other affected parties.

4.5.3 The complainant will be given an opportunity to evaluate the outcome of the remedial action and to respond within 7 days.

4.5.4 Where no response is received, the MD/TS will send a formal notice in writing to the complainant that a written response is required before a complaint is considered closed.

4.5.5 When a response is received, the MD/TS must consider the response in the light of the original complaint and where necessary perform additional steps as per 4.4

4.5.6 A Sign off form *GLP BBBEE (Pty) Ltd* Document 012 - Complaint Result will be requested from the complainant. If this is not received within 14 days the matter will be considered closed.

4.5.7 All proceedings during this process shall be recorded in writing and these records shall be saved and stored in the verification file of the measured entity involved in the complaint.

4.5.8 The MD/TS shall give the complainant written formal notice at the end of the complaints-handling process (at or within the 30 day period) of the outcome of its decision regarding the complaint.

4.5.9 Investigation of any decisions on complaints shall not result in any discriminatory actions against the complainant and those investigating a complaint shall be completely independent from the complaint or the activities surrounding the complaint. If the complainant is not satisfied with the outcome of the investigation, the MD/TS will direct the complainant to the DTI and SANAS.

5. Terms of Reference

5.1 Purpose and Objectives:

5.1.1 The committee member is selected based on competence, qualifications and independence from the verification.

5.1.2 The committee member must investigate all complaints and appeals, using root cause analysis techniques outlined in the Corrective Action procedures,

thoroughly, objectively and accurately within 30 (thirty) days from receipt of the complaint or appeal.

5.2 Output

5.2.1 Root cause analysis.

5.2.2 Solution recommendations.

5.2.3 Final decision communicated in writing.

5.2.4 Corrective action recommendations.

5.2.5 Progress reports every two (two) weeks in writing.

5.3 The schedule and location:

5.3.1 Adhoc: As and when complaints / appeals are received then weekly

5.4 Competency requirements:

5.4.1 The committee member must have been deemed competent in the area of complaint as per the HR procedures.

5.5 Basic Agenda

5.5.1 Review of Appeal or Complaint

5.5.2 Review of Original documentation

5.5.3 Investigation

5.5.4 Recommendations

5.5.5 Decision

6. Change to a Verification result

6.1 If any complaint indicates that a verification result may have been affected, the MD/TS must be notified immediately and has to inform the measured entity in writing with the reason.

6.2 The Certificate re-issue process then has to be followed.

7. Management review

7.1 Complaints will all be a scheduled item on the Management review meeting.

7.2 The Complaints register will be examined and each report item discussed to identify any systemic issues that need addressing or whether there are any negative trends that can be identified.

7.3 Corrective actions that have been implemented as a result of complaints will be reviewed to ensure agreed actions have been taken and that they are effective.

8. References to related policies, other procedures and documents:

SANAS R47-03 Section 20
Policy 004 – Complaints
Procedure 016 – Appeals Procedure 013 - Re-Evaluation Procedure 017 – Complaints
Form 003 - Complaint Registration Document 011 - Complaint Receipt Document 012 - Complaint Result
Register 006 – Complaints and Appeals Register