



Complaints Against Accredited Certification Bodies

A. Preamble

A.1 Introduction and Purpose of the Policy

This policy regulates how complaints related to accredited certification bodies, bodies under surveillance or applicants and their operators are handled by the IOAS. Special additional measures are described for handling complaints under the Canada Organic Regime (COR).

A.2 Scope

The categories of complaints included in this policy are:

- complaints regarding accredited and applicant certification bodies (CBs); and
- complaints regarding operators certified by accredited and applicant certification bodies.

This policy does not deal with complaints about the performance of IOAS personnel or general IOAS performance which are found in [PL0511a](#) "Complaints-IOAS Policy". Complaints by accredited certification bodies regarding decisions pertaining to their own accreditation are considered objections or appeals and are to be handled following IOAS appeals procedure [PL0504](#). Unsubstantiated rumours are dealt with in line with the Guidance document 'Rumours and scandals' [PR0515](#).

In addition, complaints from internal sources (as defined below) deal with issues of non-compliance by accredited and applicant CBs unrelated to formal non-conformities cited during the current assessment cycle or re-opened non-conformities cited during previous assessment cycles, which are handled per the IOAS Assessment and Reassessment Procedures (PR0501) and Surveillance Procedures (PR0508).

A.3 Definitions

- Complainant - a person or body who files a complaint, whether internal or external to IOAS (referred to herein as an "internal source" or "external source")
- Subject - a person or body who is being investigated
- For other definitions, reference is made to the IOAS General Operating Manual.

A.4 Distribution

This policy is distributed to all Board members, AC and IC members, staff, applicant, and accredited certification bodies. Other interested parties may obtain a copy on request.

A.5 Authority and Revision

This policy is approved by the IOAS Executive Director (ED). It is the responsibility of the Quality Director (QD) to review the appropriateness of the policy from time to time. It may be revised when the need arises. Revisions must be approved by the ED. Its effectiveness in meeting the quality policy of the IOAS will be assessed during internal audits and management reviews and any measures for improvement notified to the QD.

B. Policy

B.1 Filing of Complaints

B.1.1 Complaints from external sources regarding applicant and assessed/accredited certification bodies should, in the first instance, normally be directed to the certification body. When

complaints have not been satisfactorily handled by the certification body, or referral to the certification body is considered inappropriate, they shall be directed to the IOAS Quality Director (QD). There may be good reason for the complainant to direct a complaint against a CB directly to the IOAS in which case IOAS will determine whether it is more appropriate to follow up itself directly. The QD should be notified of and consulted on all complaints initiated by an internal source.

- B.1.2 Complaints against applicant bodies shall be treated according to Section B.6 below.
- B.1.3 Complaints regarding operators of accredited certification bodies shall be directed to the QD subject to the conditions outlined in this policy.
- B.1.4 Under the COR, an operator or any other party wishing to contest a certification decision must attempt to resolve the matter with the Certification Body. If this is not possible then the next step is the Certification Body's Conformity Verification Body (the IOAS). If the dispute cannot be resolved at the Certification Body and Conformity Verification Body level, then the Manager of the CFIA is the final step to hear the issue.

B.2 Validity of Complaints

- B.2.1 In order for complaints to be valid, they must relate to issues under the authority of IOAS. This means they must relate to issues covered by the appropriate norms against which the certification body has been accredited/assessed or has applied for accreditation/assessment. Complaints may also relate to other accreditation requirements.
- B.2.2 At the discretion of IOAS, and as might be agreed to in the relevant accreditation contract (PL0502), the IOAS may investigate complaints related to certification schemes and activities outside that specified in the accreditation contract schedule when IOAS judges that evidence suggests complicity in fraud or a level of incompetence such that the name of the certification body is brought into disrepute and/or its accreditation by IOAS brought into question. The procedure will otherwise follow that described here.
- B.2.3 All complaints shall be submitted in writing for this policy to fully apply. Written complaints should be accompanied by a documentation of evidence. For complaints related to claims of fraud or unethical behavior, evidence must be provided, including but not limited to CB name(s), dates, identification of specific records, etc. that lend credence to the complaint.
- B.2.4 At the discretion of IOAS, oral complaints may be investigated following these procedures, but hearsay will not be considered as valid evidence, particularly for complaints related to claims of fraud or unethical behavior.

B.3 Confidentiality and Non-Disclosure

- B.3.1 Complaints may be submitted on a confidential bases by the complainant or may be submitted anonymously.
- B.3.2 The privacy and identity of the complainant shall be protected to the maximum extent possible, with recognition that the complainant's identity may be obvious or may become evident during the investigation.

- B.3.3 In the event of a complaint filed by a whistleblower (i.e., an individual that is a current or previous employee of the subject of the complaint), IOAS shall notify the complainant in writing of IOAS's policy to protect their identity, but that, during the course of investigation, the subject of the complaint may deduce their identity by nature of the complaint itself.
- B.3.4 All parties involved in the investigation shall not publicly comment on the complaint until the issue has been resolved.

B.4 Initial Procedures

- B.4.1 On receipt of a complaint, the Quality Director shall appoint a person to investigate the complaint or decide to carry out the investigation him/herself.
- B.4.2 An assessment shall be made as to whether the complaint is valid under the above criteria. The subject of the complaint may be approached to determine the validity.
- B.4.3 The assessment should also consider whether any aspect of the complaint requires implementation of actions covered under [PRO515](#) Rumours and Scandals.
- B.4.4 The receipt of a complaint shall be acknowledged within 15 days. In the case of any complaint received directly from CFIA, the acknowledgement must be sent to CFIA within 5 days.
- B.4.5 Acknowledgement shall include a preliminary assessment of the complaint's validity, a statement of whether the complaint will be investigated, and a copy of the IOAS Complaints Policy (for complaints initiated by external sources).
- B.4.6 If a complaint is deemed to be invalid or irrelevant by IOAS, this will be stated to the complainant, accompanied by the reasons. The complainant will be given one month to substantiate the validity of the complaint.
- B.4.7 Where a complaint is considered valid an investigation shall be carried out. Additional information may be requested of the complainant, third parties named as sources of information in the complaint and other parties likely to have information relevant to the investigation. Appropriate deadlines are established in all communications (internal and external) requesting action, information, feedback, input or opinions.

B.5 Investigation of Complaints Regarding Accredited Certification Bodies

- B.5.1 The approach to investigation of the complaint shall depend on the nature and subject of the complaint. When sufficient information has been compiled by requesting evidence from the complainant and any other background research, the investigator shall contact the subject of the complaint. IOAS reserves the right to initially request specific information from the CB without giving full information on the complaint if it is determined that giving all information might prejudice the information the CB provides. Once IOAS has gathered sufficient evidence and background, the CB shall be presented with the information and asked to comment or provide further details. The investigator shall request a full explanation/ clarification of actions taken by the subject CB relevant to the complaint.
- B.5.2 Upon receipt of the response, the investigator shall determine whether sufficient information has been obtained to present a recommendation to the QD for resolution. If there is still a lack

of clarity or if the investigator requires additional evidence of the certification body's actions, they will continue to carry out the investigation, reporting to the QD.

B.5.3 The investigator may undertake any of the following actions:

B.5.3.1 Continue to correspond with the subject of the complaint and, if necessary, the complainant.

B.5.3.2 Carry out an on-site visit, either announced or unannounced.

B.5.3.3 Include aspects of the investigation in an already scheduled visit.

B.5.3.4 Contact third parties for expert opinions, respecting the confidentiality requirements above.

B.5.4 The investigator will review all information obtained and formulate a recommendation. The recommendation may contain corrective actions and/or disciplinary measures.

B.5.5 IOAS ensures that investigation and decision on complaints shall not result in any discriminatory actions against the complainant.

B.5.6 The recommendation and necessary supporting information will be submitted by the investigator to the QD at the conclusion of the investigation but preferably as the investigation progresses.

B.5.7 In cases where significant costs have been incurred (such as arising from an on-site visit), the cost of the investigation will be fully covered by the certification body where the complaint against the body is well-founded. If not, IOAS will cover all costs.

B.6 Investigation of Complaints Regarding Applicant Certification Bodies

B.6.1 Responses to an IOAS "call for comments" are handled on a case-by-case basis by the QD and are not considered complaints.

B.6.2 Complaints received prior to the assessment visit shall normally be flagged for the assessor to investigate during the course of the assessment.

B.6.3 Complaints received after the assessment visit has occurred are treated in the same manner as complaints against accredited certification bodies (see above).

B.7 Investigation of Complaints Regarding Operators of Applicant and Accredited Certification Bodies

B.7.1 On receipt of a complaint from an external source against an operator of an accredited or applicant certification body, the Quality Director shall first determine whether the complaint has been filed with the certification body in question. If not, the complainant will be encouraged to do so and to contact IOAS again should they be dissatisfied with the way in which their complaint has been processed.

B.7.2 Should the complainant be reluctant to do so, the Quality Director shall at their discretion determine whether to treat the complaint as a complaint against a certification body (as above). The decision shall be guided by an assessment as to whether there is any evidence of wrongdoing on the part of the certification body and the seriousness of the complaint.

B.7.3 If the decision is to not treat it as a complaint against the certification body, the Quality Director shall nevertheless instruct the staff person responsible for the certification body to ensure that the file of the operator in question is examined at the next surveillance visit.

B.8 Complaint Resolution

B.8.1 The QD shall serve as the resolution authority for all complaints.

B.8.2 The QD resolution shall specify any required corrective actions and/or disciplinary measures within one month of receipt of the final report from the investigator.

B.8.3 Once an investigation has been completed of a complaint from an external source, the resolution shall be communicated to the complainant and the subject of the investigation by the Quality Director. Once an investigation has been completed of a complaint from an internal source, the resolution shall be communicated to the subject of investigation (with a cc to the QD) by the investigator. If no further issues arise, the IOAS shall deem the complaint to be resolved and the file closed.

B.8.4 Given the varied nature and uncertainties surrounding progress of complaints (for example needing to carry out an on-site visit), IOAS does not set itself a fixed target period for complaint resolution but a looser guideline of 3 months is established from receipt of complaint to issue of a resolution. The time period for resolution of complaints is however monitored as an IOAS quality objective (see PLO105).

B.8.5 Any corrective actions or disciplinary measures determined will be communicated to the subject of the complaint and be monitored by the responsible Client Services Manager and assigned assessor(s).

B.8.6 The implementation of corrective actions shall be done in a timely manner.

B.8.7 The implementation of corrective actions will be checked during the course of annual surveillance or re-evaluation visits and records maintained in the compliance database.

B.8.8 If the assessor, in consultation with the Technical Director, considers that new issues arise throughout this process or that close out of any corrective actions proves to be delayed or not fulfilled, the complaint may be reopened and brought, once again, to the attention of the QD who will decide, where appropriate with advice of management, on further action.

B.8.9 On closure of a complaint, the QD will consider whether the complaint demonstrated actual or potential weaknesses in the IOAS quality system and where necessary define corrective or preventive actions. Any such actions will be recorded for monitoring purposes.

B.8.10 For complaints received directly from CFIA, the QD or assigned investigator must inform CFIA within 20 days of the status of the complaint, what actions have been or will be taken to resolve the complaint, any requests for additional information, and the expected timeline for resolution of the complaint.

B.8.11 When a complaint is relevant to the Canada Organic Regime (COR), IOAS will inform the CFIA of the resolution of the complaint.

B.8.12 For complaints relevant to the Canada Organic Regime, if the dispute cannot be resolved at the Certification Body and Conformity Verification Body levels, the Manager of the CFIA is the final step to hear the issue.

B.9 Urgency

B.9.1 After the Quality Director, in consultation with the ED and, if necessary, in discussion with management, the procedural timeframes for dealing with what are considered serious complaints may be reduced so as to resolve an issue within the shortest possible time.

B.10 Disclosure

B.10.1 The IOAS reserves the right, and is sometimes obliged, to inform scheme owners, applicant and accredited CBs, regulatory authorities, and the public of the outcome of complaints investigated.

C. Records of Complaints

C.1 Complete files containing all information related to the investigation of complaints shall be maintained for a period as defined in IOAS policy [PL0108](#). For complaints relevant to the Canada Organic Regime, the IOAS will make available the number of complaints handled. Complaints will be recorded in each CB record in the IOAS Main database.