



Policy for Handling Complaints against IOAS

A. Preamble

A.1 Introduction and purpose of the policy

This policy regulates how external or internal complaints about the IOAS and its accreditation programmes are handled by the IOAS. It also describes additional measures for complaints arising related to the Canada Organic Regime.

A.2 Scope

The categories of complaints included in this policy are:

- complaints regarding the professional conduct of IOAS personnel including contracted persons;
- complaints regarding members of the IOAS Board of Directors or Accreditation Committee with regard to their conduct in performing their IOAS duties;
- general complaints regarding the decisions and/or functioning of the IOAS.

This policy does not deal with complaints about the performance of certification bodies or certified operators which are found in [Doc# PL 0511b](#) "Complaints-ACBs". 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](#).

A.3 Definitions

- Complainant - a person or body who files a complaint.
- 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 members, staff, applicant, and accredited certification bodies and IFOAM. 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 IOAS Quality Director 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 IOAS 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 Quality Director.

B. Policy

B.1 Filing of complaints

- B.1.1 Complaints originating externally regarding the conduct of all IOAS personnel, excluding the Executive Director, but including all assessors, contracted persons, and members of the IOAS Board of Directors, Accreditation Committee or Impartiality Committee shall be directed to the Executive Director or Quality Director (QD).
- B.1.2 External complaints regarding the Executive Director shall be directed to the IOAS President.
- B.1.3 External complaints regarding the decisions and/or functioning of the IOAS shall be directed to the Executive Director or Quality Director.
- B.1.4 Internal concerns and grievances about individual personnel shall be directed to the BD, unless the issue is with the BD, in which case the concern shall be directed to the ED.
- B.1.5 Under the Canada Organic Regime, where complaints cannot be resolved between certification body and the IOAS, 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 the IOAS, including but not restricted to: arbitrary judgements, non-professional behaviour, financial mismanagement, unethical behaviour, discrimination, untimeliness, violations of conflict of interest and breaches of confidentiality.
- B.2.2 All complaints shall be submitted in writing for this policy to fully apply.
- B.2.3 Where appropriate complaints should be accompanied by documentation of evidence.
- B.2.4 At the discretion of the IOAS, oral complaints may be investigated following these procedures, but hearsay will not be considered as valid evidence.

B.3 Confidentiality and non-disclosure

- B.3.1 Violations or suspected violations may be submitted on a confidential basis 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 All parties involved in the investigation shall not comment on the complaint until the issue has been resolved.

B.4 Whistleblowing and non-retaliation

- B.4.1 IOAS strongly urges the reporting of all incidents of discrimination, harassment, or retaliation, regardless of the offender's identity or position. It is important that IOAS be apprised about unlawful or improper workplace behaviour including, but not limited to, any of the following conduct:
- B.4.1.1 Theft of money, intellectual property, proprietary and/or business information or data;
 - B.4.1.2 Financial reporting, which is fraudulent, intentionally misleading, or negligent in any manner;
 - B.4.1.3 Improper or undocumented financial transactions;
 - B.4.1.4 Forgery or unauthorised alteration of documents;
 - B.4.1.5 Unauthorized alteration or manipulation of computer files;
 - B.4.1.6 Improper destruction of records;
 - B.4.1.7 Improper use of organisation assets, including but not limited to its funds, supplies, intellectual property, and other assets;
 - B.4.1.8 Improper access and or use of confidential information;
 - B.4.1.9 Authorising or receiving compensation for goods not received or services not performed;
 - B.4.1.10 Violations of the IOAS conflict-of-interest policy;
 - B.4.1.11 Any other improper occurrence regarding cash, financial procedures, or reporting;
 - B.4.1.12 Any abuse of or discrimination against an employee, client, vendor, or person connected with IOAS (refer to IOAS General Personnel policy [PL0301](#), the IOAS Anti-Harassment Policy [PL0115](#) and the IOAS Code of Ethics and Code of Conduct [PL0116](#) for descriptions of what is considered abuse and discrimination);
 - B.4.1.13 A failure by IOAS to provide reasonable workplace accommodations for disability or religious belief;
 - B.4.1.14 Violations of federal, state, or local laws or regulations applicable to IOAS.
- B.4.2 Anyone filing a complaint concerning a violation or suspected violation under this policy must act in good faith and have reasonable grounds for believing that the information reported indicates that a violation under this policy has occurred. The making of any allegations that prove not to be substantiated, or which prove to have been made maliciously or knowingly to be false, will be viewed harshly and the complainant may be subject to disciplinary/adverse action.

- B.4.3 IOAS prohibits retaliation, including but not limited to, threatening communication by verbal, written and/or electronic means against any individual who reports and/or provides information concerning unlawful discrimination, harassment and/or other violations of IOAS policies, rules, or standards of conduct. Any IOAS staff, Board, or Committee member found engaging in retaliation will be subject to disciplinary action up to and including termination of employment or other working relationship with IOAS.
- B.4.4 IOAS will not retaliate against staff, Board, or committee members who disclose, or threaten to disclose, to a supervisor or a public body any activity, policy, or practice of IOAS that the individual reasonably believes is in violation of a law, rule or regulation mandated pursuant to law, or of a clear mandate of public policy concerning the health, safety, welfare, or protection of the environment.

B.5 Initial procedures

- B.5.1 On receipt of a complaint the IOAS shall appoint a person to investigate the complaint. The decision shall be made by the person designated to receive the complaint (see filing of complaint above). At this point, the Quality Department initiates an FR0110 Non-Compliance and Complaints re IOAS Form.
- B.5.2 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.5.3 The assessment should also consider whether any aspects of the complaint require implementation of actions covered under [PR0515 Rumors and Scandals](#).
- B.5.4 The receipt of a complaint shall be acknowledged within 15 working days. In the case of any complaint received directly from CFIA, the acknowledgement must be sent to CFIA within 5 days.
- B.5.5 Acknowledgement shall include a preliminary assessment of the complaint's validity, a statement of whether or not the complaint will be investigated, and, if appropriate, a copy of the IOAS Complaints Policy.
- B.5.6 If a complaint is deemed to be invalid or irrelevant by the 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.5.7 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.

B.6 Investigation of complaints regarding personnel

- B.6.1 In cases of complaints against IOAS personnel or members, the subject shall be informed of the complaint once all necessary information has been obtained. They shall be invited to respond within three weeks to explain or clarify actions taken relevant to the complaint.

- B.6.2 The investigator will review all information obtained and formulate a recommendation. The recommendation may contain suggested corrective actions and/or disciplinary measures.
- B.6.3 The recommendation and all supporting information will be submitted by the designated investigator to the Quality Director (QD) at the conclusion of the investigation. The FR0110 form is then completed by the Quality Department, the relevant supervisor and HR (if warranted).

B.7 Investigation of complaints regarding IOAS performance

- B.7.1 In cases of general complaints against IOAS performance not directed against an individual member, the investigator shall carry out a review to determine whether performance was in line with documented policy and procedure. The Executive Director may treat a complaint against an individual as a complaint against IOAS performance where the Executive Director recognises that the complaint levied against the subject applies to personnel generally.
- B.7.2 If policy and procedure are not being followed the investigator shall determine the reasons.
- B.7.3 If policy and procedure are being followed the investigator shall determine whether amendments to these would be justified in light of the complaint. In cases where there is a lack of policy or procedure the investigator shall determine whether there is a need for such.
- B.7.4 The investigator shall present the findings to the Quality Director, Executive Director, or Board President (depending on the nature of the complaint) together with recommendations for appropriate corrective actions, if any. The FR0110 form is then completed by the Quality Department, the relevant supervisor, other members of senior management (if appropriate) and HR (if warranted).

B.8 Complaint Resolution

- B.8.1 The IOAS QD (or ED in the case of complaints concerning the QD) shall serve as the resolution authority for all complaints.
- B.8.2 The IOAS QD (or ED in the case of complaints concerning 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 The implementation of corrective actions shall be done in a timely manner.
- B.8.4 The implementation of corrective actions will be checked during the course of internal audits.
- B.8.5 Once an investigation has been completed, the complainant may or may not be notified of the corrective action taken, as appropriate; regardless, the complainant shall be notified, in general terms, that the complaint has been fully investigated and addressed. Resolution of the complaint shall also be communicated to the subject of the investigation. If no further issues arise, the IOAS shall deem the complaint to be resolved and the file closed.
- B.8.6 On closure of a complaint, the IOAS QD (or ED in the case of complaints concerning 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.9 Complaints against IOAS under the Canada Organic Regime

- B.9.1 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, the expected timeline for resolution of the complaint, and the actual resolution of the complaint.
- B.9.2 Under the COR, if the dispute cannot be resolved at the Certification Body and Conformity Verification Body levels then the Manager of the CFIA is the final step to hear the issue.

B.10 Urgency

- B.10.1 At the discretion of the QD (or ED in the case of complaints concerning the QD), 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.

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](#).