

## 1. PURPOSE

- 1.1. This policy outlines procedures and responsibilities within the Laboratory for handling any concerns, issues or complaints that may arise. The purpose of this Policy is to ensure that any complaints or concerns by patients are correctly managed.
- 1.2. The objectives of this policy are:
  - 1.2.1. The right to have any complaint made about services dealt with efficiently and to have it properly investigated
  - 1.2.2. The right to know the outcome of any investigation into a complaint
  - 1.2.3. The right to take a complaint to independent review if the complainant is not satisfied with the way their complaint has been dealt by the laboratory
  - 1.2.4. The commitment to ensure patients are treated with courtesy and receive appropriate support throughout the handling of a complaint; and the fact that they have complained will not adversely affect their future treatment
  - 1.2.5. When mistakes happen, they shall be acknowledged; an apology made; an explanation given of what went wrong; and the problem rectified quickly and effectively
  - 1.2.6. Demonstrating a commitment to ensure that the organisation learns lessons from complaints and claims and uses these to improve our services
  - 1.2.7. This policy serves to indicate how issues concerning patient concerns or complaints should be managed within the organization

## 2. SCOPE

- 2.1. This procedure applies to all personnel of the Laboratory handling concerns, issues or complaints regarding the laboratory testing process

## 3. REFERENCES

- 3.1. Laboratory Quality Manual
- 3.2. ISO 15189 Standards
- 3.3. NABL 112

## 4. RESPONSIBILITY

- 4.1. Quality Manager
- 4.2. Laboratory Director

## 5. PROCEDURE

- 5.1. Period within which complaints can be made

- 5.1.1. 12 months from the date on which the event which is the subject of the complaint occurred
- 5.1.2. The period can be modified at the discretion of the management to accommodate a valid complaint

- 5.2. Action upon receipt of a complaint

- 5.2.1. Complaints may be received either verbally or in writing
  - 5.2.1.1. Wherever possible, complainants should be directed to reception to file a complaint. All verbal complaints, i.e., those made either in person or via telecommunications, must be logged using the Complaint Log sheet available at the reception desk

Issue No: 1	Issue Date: 1.1.2024	Amend No: 00	Amend Date:	Copy No: 01
Prepared/Issued by:	Quality Manager	Approved by	Laboratory Director	

- 5.2.1.2. All written complaints submitted electronically should go to Grievance cell, where they can be reviewed by the Quality Manager. The Quality Manager is required to check this inbox every working day
- 5.2.1.3. Complaints submitted via post, must also be brought directly to the Quality Manager's attention
- 5.2.2. The Quality Manager must:
- 5.2.2.1. Acknowledge the complaint within 3 working days verbally or in writing
  - 5.2.2.2. Offer to discuss the complaint, at a time to be agreed with the complainant
  - 5.2.2.3. Decide, in accordance with the complainant the manner in which the complaint is to be handled (i.e., formally or informally),
  - 5.2.2.4. Complete, in the case of formal complaints, a preliminary investigation and provide a response to the complainant within 28 days, in line with policy requirements. Any delays will require a satisfactory explanation.
  - 5.2.2.5. From the discussion, a complaint action plan should be developed
- 5.2.3. The upper limit for a customer complaint to be dealt with is 28 days
- 5.2.4. Investigation and Responses to Complaints
- 5.2.4.1. During the investigation, the complainant will be kept informed of progress either verbally or in writing as agreed with the complainant
  - 5.2.4.2. The target date for investigating and responding to a written complaint is 3 days. The response must be signed by the Quality Manager
  - 5.2.4.3. Complaints will be investigated in the first instance by the Quality Manager who will contact the patient with 48hrs of being notified about a complaint

## 6. SUMMARY OF TIME LINES FOR RESOLUTION OF COMPLAINTS

S No	Steps of Resolution of compliant	Responsibility	Timeline
1.	Period within which complaints can be made	Quality Manager	Within 12 months
2.	Acknowledge the complaint	Quality Manager	Within 3 days
3.	Maximum time to complete a preliminary investigation and provide a response to the complainant	Quality Manager	28 days
4.	Quality Manager will contact the patient to inform that the customer complaint has been notified	Quality Manager	Within 48 hours

Issue No: 1	Issue Date: 1.1.2024	Amend No: 00	Amend Date:	Copy No: 01
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 QuXAT	QuXAT Quality Management System		Document No:	QUXAT/SOP/39
	Title	Resolution of Complaints	Page No:	Page 3 of 3

## 7. RECORDS

7.1. The following records are maintained in the format mentioned, for the period defined

S No	Record	Responsibility	Review Period	Retention Period
1	Complaints Log Register	Quality Manager	Every Month	One year
2	Customer CAPA Form	Quality Manager	Every Month	One year

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