Procedure for Complaints

1.0 Purpose – This procedure provides specific guidance for ensuring that complaints which arise from outside of the State Crime Laboratory (Laboratory) are addressed.

2.0 Scope – This procedure is applicable to all feedback concerning the Laboratory Quality System and/or personnel.

3.0 Definitions

- **Complaint** – An expression of dissatisfaction regarding quality of service.
- **Corrective action** – An action taken to eliminate the cause(s) of a detected non-conformity, defect, or other undesirable situation in order to prevent reoccurrence.
- **Fact-finding** – The preliminary process of gathering information on a complaint to determine whether a formal investigation is warranted.
- **Investigation** – The process of determining the nature of a complaint in order to make an informed decision on the appropriate method of resolution.
- **Non conformity** - A non-fulfillment of a specified or implied requirement of the Quality Management System.

4.0 Procedure

4.1 Quality System complaints may be lodged in writing, in person, electronically, or by phone. A complaint concerning the quality system and/or personnel shall be documented on the Quality Assurance Record (QAR).

4.2 Media reports shall be addressed by the Lab Director. The Lab Director shall conduct basic fact-finding and determine if further action is necessary. If the media report involves the quality of work product, the Lab Director shall notify the DAD/QM to initiate a QAR.

4.3 Any employee receiving negative feedback shall resolve the issue if within his/her authority. If the issue cannot be resolved the employee shall complete Sections I – IV of the QAR and inform the Forensic Scientist Manager and/or Technical Leader by close of business the day of the complaint. The Forensic Scientist Manager or Technical Leader shall forward the QAR to the Deputy Assistant Director/Quality Manager (QM) within two business days.

4.4 The Deputy Assistant Director/QM or designee shall conduct a basic fact-finding of the complaint/incident and record the results in Section V of the QAR. Time for completion of Section V of the QAR shall be determined by the Deputy Assistant Director/QM. The QAR shall be returned to the Deputy Assistant Director/QM upon completion.

4.5 The Lab Director, Deputy Assistant Director/QM and Quality Control Officer (QCO) shall determine if further action is necessary. If action is needed, the Deputy Assistant Director/QM shall assign an evaluation team and the parameters for review.

4.6 The evaluation team shall investigate the matter and complete and sign Section VI of the QAR. If no further action is required, the QAR shall be completed and signed by the evaluation team. If further action is warranted, then the QAR shall be signed by the evaluation team and the Procedure for Corrective/Preventive Action shall be initiated. The QAR shall be returned to the Deputy Assistant Director/QM and QCO for review.

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4.7 If it is determined that a violation of SBI or Laboratory Policy may have occurred, the evaluation team shall notify, via memo, the Lab Director, the Deputy Assistant Director and the Assistant Director for Professional Standards. Violations shall be dealt with in accordance with the State Bureau of Investigation Policy & Procedures Manual – Procedure 24 - Internal Affairs.

4.8 The QAR shall use the following numbering scheme: YY-L-#, where the first two digits shall indicate the year followed by a letter indicating the Laboratory (R=Raleigh, W=Western, T=Triad) and the next available sequential number.

4.9 The QCO shall maintain the QAR and supporting documentation according to the record retention schedule set forth by the North Carolina Department of Cultural Resources. An electronic copy of the QAR shall be added to the QAR database.

4.10 Complaints or concerns by Laboratory employees regarding quality related aspects of the management system shall be handled as provided in the Procedure for Corrective Action or the Procedure for Preventive Action.

4.11 Records of all complaints shall be maintained by the Forensic Scientist Manager and the QCO according to the record retention schedule as set forth by the North Carolina Department of Cultural Resources. Complaints shall be reviewed in the annual management review to ensure any changes resulting from a complaint were proper, effective, timely, and successful.

5.0 Records

- Quality Assurance Record (QAR)
- QAR database

6.0 Attachments - N/A

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Revision History		
Effective Date	Version Number	Reason
09/17/2012	1	Original Document
05/30/2013	2	Added 4.2 to address media reports

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