



# Intermountain Forensics

SOP # ADM-114

Revision # 01

Forensic DNA Technical Leader Approval

Issue Date

08/06/2020

## Complaints

### 1. Purpose

Details the process of receiving, evaluating and addressing complaints.

### 2. Summary

The laboratory is committed to ensure that clients are satisfied with the service provided to them. When satisfaction is not achieved, the laboratory welcomes feedback and criticism to achieve its objective of continuous improvement. This policy describes the mechanism to receive, evaluate, and make decisions on complaints.

### 3. Procedure

1. Verbal complaints
  - a. If a verbal complaint is received by any staff member
    - i. The staff member should inform a supervisor and/or the Laboratory Director.
    - ii. The staff member can inform the individual (either internal or external) that they may issue a formal complaint by either:
      1. Contacting the Laboratory Director via phone or email (preferred).
      2. Sending an e-mail to [Info@intermountainforensics.com](mailto:Info@intermountainforensics.com)
  - b. Verbal complaints are not required to be documented.
    - i. The preventative action system may be utilized because of this feedback to improve the laboratory process.
  - c. The laboratory will try to utilize this essential feedback to continually improve the laboratory process.
2. Formal Complaint
  - a. A formal complaint is received by the Laboratory Director:
    - i. In the form a phone call (the Laboratory Director will determine if this is a verbal or formal complaint)
    - ii. In the form of an e-mail directly to the Laboratory Director (may be forwarded by staff)
    - iii. In the form of an e-mail to [info@intermountainforensics.com](mailto:info@intermountainforensics.com)
    - iv. Hard copy document
      1. This will be scanned and saved to the complaint folder.
  - b. The formal complaint will be logged into the complaint log.
    - i. The complaint will be given a unique number and an electronic file will be created for that complaint number to document communication, response etc.
    - ii. Documentation will be included in an electronic file that designated for that complaint number.
  - c. The Laboratory Director will determine the severity of the complaint.
    - i. If technical in nature, the Forensic DNA Technical Leader will be informed and consulted.
    - ii. A "critical" complaint that requires the use of the Corrective Action policy to alleviate.
    - iii. A "feedback" complaint requires the use of the Preventative Action policy to alleviate.
    - iv. A "specific" complaint requires no use of formal continuous improvement.
      1. A specific response is still required and should be documented within the complaint log and the associated complaint electronic file.
      2. This response is directed by the Laboratory Director.
        - a. If technical in nature the DNA Technical Leader should be consulted
        - b. Staff feedback is encouraged during this process.
3. Response
  - a. In all instances, customer feedback is required and follow up will be scheduled.
    - i. The Laboratory Director (or designee) will provide response, updates and communication to the client.
      1. These will be documented in the complaint electronic folder.
    - ii. If technical in nature, the Forensic DNA Technical Leader should be included in the customer feedback.
4. Transparency
  - a. The laboratory will be as transparent as possible in the complaint process.
  - b. This includes:
    - i. Prompt acknowledgement of the receipt of the complaint
    - ii. Updates to the complainant when milestones have been reached.



# Intermountain Forensics

SOP #	ADM-114
Revision #	01

Forensic DNA Technical Leader Approval	Issue Date
	08/06/2020

- iii. Update to the complainant when a response is complete.
- 5. Management Review
  - a. Complaints will be reviewed, at minimum, at the annual management review as a part of the Corrective/Preventative action review.
    - i. Complaints, Corrective and Preventative actions are to be viewed as opportunities to continually improve all laboratory processes.

#### 4. **References**

---

N/A

#### **Definitions**

---

N/A