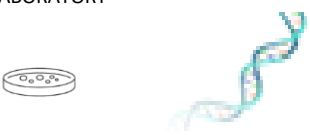


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## 4.8 Resolution of Complaints

### 4.8.1 General Policy

The ..... **NAME OF LAB.....** is committed to providing high-quality diagnostic services. The laboratory recognizes that feedback and complaints from users (patients, clinicians, and other stakeholders) are vital for identifying system weaknesses and opportunities for improvement. The laboratory ensures that all complaints are received, documented, investigated, and resolved in a timely, transparent, and impartial manner.

### 4.8.2 Process for Handling Complaints

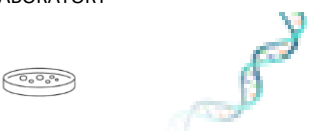
The laboratory maintains a documented procedure (..... **NAME OF LAB...../QSP/4.8/COMPL**) for the management of complaints. The process includes the following stages:

- **Receipt of Complaint:** Complaints can be submitted verbally, in writing, or via electronic communication. All staff are trained to direct complainants to the Quality Assurance Officers (QAOs) or the Head of Laboratory (HOL).
- **Documentation:** Every complaint is recorded in the **Complaints Register (..... NAME OF LAB...../REC/4.8/CR)**. The record includes the date, the identity of the complainant, a description of the issue, and the staff member receiving the complaint.
- **Initial Assessment:** The QAO or HOL evaluates the complaint to determine if it relates to laboratory activities under its responsibility. If the complaint is valid, an investigation is initiated.
- **Investigation and Action:** The laboratory investigates the root cause of the complaint. If the complaint reveals a nonconformity, the **Corrective Action** process (Section 4.10) is triggered to prevent recurrence.
- **Communication:** The laboratory acknowledges receipt of the complaint and provides progress updates where appropriate. The final resolution is communicated to the complainant in a formal and respectful manner.

### 4.8.3 Accountability and Confidentiality

- **Impartiality:** The person investigating the complaint shall not be the subject of the complaint to ensure an unbiased resolution.
- **Confidentiality:** The identity of the complainant and the details of the complaint are handled with strict confidentiality in accordance with the laboratory's data protection policies.
- **Final Authority:** The **Head of Laboratory** is responsible for approving the final resolution of all major complaints.

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Prepared by: Laboratory Team		Reviewed by: Consultant Microbiologist		Approved by: Head of Laboratory	

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#### 4.8.4 Monitoring and Review

Data regarding complaints, including trends and the effectiveness of resolutions, are monitored as a **Quality Indicator**. A summary of complaint activities is presented and reviewed during the **Management Review Meetings** to support continual improvement of the QMS.

#### Reference Documents:

- **QSP for Resolution of Complaints** (..... NAME OF LAB...../QSP/4.8/COMPL)
- **Complaints Register** (..... NAME OF LAB...../REC/4.8/CR)
- **Corrective Action Report (CAR)** (..... NAME OF LAB...../REC/4.10/CAR)
- **Quality Policy Statement** (..... NAME OF LAB...../SD/03)

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**COMPLAINTS REGISTER**

**Organization:** ..... NAME OF LAB.....

**Document Ref:** ..... NAME OF LAB...../REC/4.8/CR

Field	Details / Entry
<b>Complaint Ref No.</b>	COMP / 2026 / _____
<b>Date &amp; Time Received</b>	____ / ____ / 2026 ____ : ____ AM/PM
<b>Complainant Name</b>	_____
<b>Contact Details</b>	_____
<b>Mode of Receipt</b>	<input type="checkbox"/> Letter <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> In-Person <input type="checkbox"/> Other: _____
<b>Received By (Staff Name)</b>	_____

**1. NATURE OF COMPLAINT**

*Detailed description of the grievance:*

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**2. INVESTIGATION FINDINGS**

*To be completed by the Quality Manager or Head of Laboratory:*

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**Is the complaint valid?**  Yes  No | **Is it a Nonconformity?**  Yes (Ref No: \_\_\_\_\_)  No

**3. RESOLUTION & ACTION TAKEN**

*Steps taken to resolve the issue and satisfy the complainant:*

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**4. COMMUNICATION OF OUTCOME**

*Details of how and when the complainant was informed:*

**Date Informed:** \_\_\_\_ / \_\_\_\_ / 2026 | **Method:** \_\_\_\_\_

**Complainant satisfied with resolution?**  Yes  No  No Feedback Received

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**5. FINAL CLOSURE**

**Status:**  CLOSED  ESCALATED TO HIGHER AUTHORITY

**Signature (Head of Lab):** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / 2026