**Complaints and appeal**

As part of the Halal quality management system, the IFI has a documented procedure to receive, evaluate and make decisions on complaints (QP/13) and procedure to receive and make decisions on appeals (QP/14.) The IFI tracks and records all complaints and appeals as well as actions taken to prevent their recurrence.

According to section 7.13. of the IFI Halal Certification Department’s Quality Manual on

complaints and appeal:

Upon receipt of a complaint or appeal, the IFI confirms whether the complaint or appeal relates to certification activities for which it is responsible and, if it is found related to certification, then the complaint will be addressed.

The Certification Manager acknowledges the receipt of a formal complaint or appeal.

The IFI Complaints and Appeals Committee is responsible for gathering and verifying all necessary information (as far as possible) to progress the appeal to a decision.

The decision related to resolving the complaint or appeal is made by, or reviewed and

approved by, person(s) not involved in the certification activities related to the complaint or appeal.

To ensure that there is no conflict of interest, personnel (including those acting in a

managerial capacity) who have provided consultancy for a client, or been employed by a client, are not used by the IFI to review or approve the resolution of a complaint or

appeal for that client within two years following the end of the consultancy or

employment.

Formal notice of the outcome of the complaint is given to the complainant by the

Management Representative at the end of the complaint process.

Formal notice of the outcome of the appeal is given to the appellant by the Chairman of the Complaints and Appeals Committee at the end of the appeal process.

Complaint Form

## A: Your details

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| Complainant's Name: |
| Title: Mr/Mrs/Miss/Ms: |
| Your email address: |
| Phone number |
| Please state by which of the above methods you would like us to contact you |
|  |

## b: about your complaint (please continue your answers to the following questions on a separate sheet(s) if necessary)

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| The complaint is regarding: |
| Name of the Department/person against which/whom the complaint is filed: |
| The specific details of the complaint: |
| Have you already put your concern to the frontline staff responsible for delivering the service?  If so, please give brief details of how and when you did so. |
|  |

If you have any documents to support your concern/complaint, please attach them with this form.

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| Signature: |
| Date: |