

1.0 Purpose

- 1.1 University diagnostic lab, Institute of Microbiology has a detailed procedure to address the customer complaints and feedback. This procedure has been established to specify systematic steps for customer complaints and feedback handling related to testing and services that are offered to customers at UDL, IOM, UVAS, Lahore.

2.0 Scope

- 2.1 This procedure applies to University of Diagnostic Lab, Institute of Microbiology.
- 2.2 This procedure covers all types of **Internal / External Complaints/ Feedback** i.e. about Test Results, Customer Services, Reports Delivery, Charges and delay in customer oriented activities or non-conformities involving work quality and suggestions etc.

3.0 Terms and Definitions

- 3.1 **Complaints:** Complaints are objections, errors, or non-conformities involving work quality, or failures to provide service or other requests of the customer including timeliness. Complaints can provide valuable feedback on the effectiveness of the organization and can be used to improve the organization. Complaints can be raised by client, lab staff external auditors or any other party etc.
- 3.2 **DIR:** Director
- 3.3 **COR:** Coordinator
- 3.4 **Lab i/c:** Lab In-charge
- 3.5 **QM:** Quality manager
- 3.6 **DQM:** Deputy quality manager
- 3.7 **TM:** Technical manager
- 3.8 **DTM:** Deputy technical manager
- 3.9 **UVAS:** University of Veterinary & Animal Sciences
- 3.10 **IOM:** Institute of Microbiology
- 3.11 **UDL:** University Diagnostic Lab

**UNIVERSITY DIAGNOSTIC LABORATORY (UDL) IOM
UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, LAHORE
PROCEDURE FOR HANDLING OF CUSTOMER COMPLAINTS
AND CUSTOMER FEEDBACK**

4.0 Responsibility

- 4.1 The Lab i/c / QM/DQM/TM/DTM have the responsibility for reviewing and processing of internal / external complaints and feedbacks received through email, fax, telephone, in person or any other means.
- 4.2 In-charge reception is responsible to provide the complaint on urgent basis to ISO cell as received

5.0 Procedure

- 5.1 All external complaints are recorded on Customer Complaint Form are available at reception with in **Complaint Box** fixed on the wall.
- 5.2 Lab i/c / QM/DQM/TM/DTM review every complaint documented received. Lab i/c / QM/DQM/TM/DTM raise CA Form on complaints that require detailed analysis of the problem / complaint.
- 5.3 Coordinator/QM/TM assign the respective concerned personnel with the action(s) required to solve minor complaints.
- 5.4 Complaints from Internal Customers (Staff members of the Laboratory) are also recorded on complaint Form.
- 5.5 If a CA Form is raised on any complaint corresponding entries are made in CPA Log Sheet
- 5.6 CA Form is not raised in case of minor complaints that can be addressed with immediate direction / action using PA form.
- 5.7 Complaints are reviewed in the Internal Audit and Management Review Meetings to ensure any changes from a complaint were proper, effective, timely and successful.

6.0 Customer Feedback

- 6.1 Feedback forms are available at reception UDL
- 6.2 Staff deputed at reception will collect the feedback form with the issuance of test report. The feedback forms includes the term “excellent, v. good, good and poor” which are based on the level of customer satisfaction on staff behavior, invoice generation, result report format, timely issuance of report and facilities available at reception or any other comment or suggestions etc.
- 6.3 Feedback forms will be submitted to ISO Cell on daily basis

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- 6.4 A compliant will be initiated by the i/c/QM/DQM/TM/DTM on negative feedback and will process an routine complaints
- 6.5 The issue will be resolved and properly communicated to customer
- 6.6 at end of year analysis over feedback parameters will be conducted and this will be discussed in the management review meeting (MRM) for future planning

7.0 Related Documents

- 7.1 Complaint Form
- 7.2 Customer Feed Back Form

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COMPLAINT FORM

Complaint No: _____

Ref No: _____
(Receipt No.)

Complaint raised by Customer/Lab staff/Internal/External auditor/Any other

Dated. _____ Name: _____ Purpose of visit: _____

Address: _____

Contact No: _____ E-Mail: _____

COMPLAINT DESCRIPTION / SUGGESTION:

NOTIFY ME ON THE ACTION TAKEN: YES: _____ NO: _____

Date: _____ Signature: _____

(FOR OFFICE USE ONLY)

DESCRIPTION OF ACTION TAKEN:

Director : _____ Dated: _____

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FEEDBACK FORM

Feed Back No: _____

(For office use only)

Receipt No / Any other Reference: _____

Please Tick

| Items for Feed Back | Excellent | Very Good | Good | Poor |
|---------------------------|-----------|-----------|------|------|
| Invoice Generation | | | | |
| Results Report Format | | | | |
| Timely Issuance of Report | | | | |
| Facilities at Reception | | | | |
| Staff Behavior | | | | |

In case of poor feedback please mention the details: _____

Suggestion for improvement (if any): _____

Farm: (Poultry / Livestock) P / L Region: _____ Contact No. _____

(Tick applicable)

Customer Signature: _____

Date: _____

FOR OFFICIAL USE ONLY

Received by: _____ Reviewed by: _____

Director : _____