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1. Purpose

This documented procedure describes the systematic way of receiving, evaluating, investigating and decision making on appeals and resolving complaints concerning reports / certificates or other activities related to GHG validation/verification activities of the VVB.

It specifies the Appeals and Complaint handling procedure of EcoLance Private Limited (EPL) regarding the requirements of VVB.

2. Roles and responsibilities

The responsibility for the implementation of this documented procedure and for processing complaints and appeals addressed to the VVB shall rest with the Quality Manager (QM) or an independent person from the top management.

3. Procedure

Any person working in GHG validation/verification activities is obliged to receive, acknowledge and keep records of any client's appeal or complaint given orally or written, per telephone, e-mail, letter, etc. Appeal and Complaint management should be documented, and records should be kept as per the "Control of documents and records" procedure. The QM is responsible to keep track of any activity related to this procedure.

The documentation should include the following information as a minimum requirement: written justification of the complaint or appeal, the actions initiated and monitoring of the effectiveness of the process. The information is documented using the "Complaint & Appeal Management Form".

The definitions are provided as below:

Appeal: Request by clients for reconsideration of a decision made in VVB's work.

Complaint: Expression of dissatisfaction other than appeals by any person or organization to the VVB relating to its work.

3.1 Handling Appeals

After an appeal is received and acknowledged, the Quality Manager is called upon to clarify the issue or settle it amicably in the interest of both parties. Should the appellant fail to agree to the solution, the Quality Manager shall handle the appeal directly or delegate the responsibility to a person who has not been involved in the project for which the appeal is made, including the technical review and final decision making of this project.

The tracking and recording appeals including actions undertaken in response to them should be maintained by the QM.

In case the appeal is received from the Clients or Project Participants (PP), the QM shall acknowledge the complaint and inform further action and timeline for closure to PPs within 7 working days. The progress of the process, where feasible should also be provided to the appellant.

The communication channel, activity plan and timeline of handling the appeal are to be defined for each appeal case. The submission, investigation and decision on appeals should not result in any discriminatory actions against the appellant.

All necessary information for assessing the nature and validity of the appeal is to be presented from the VVB and client side. The QM or the person should investigate the motive of the appeal and decide on actions to be taken.

The final decision on the appeal shall be made by the QM or an independent person from the top management.

In case of appeals received in activities where the top management of EPL are involved, then in such cases the complaints shall be sent to the Impartiality Committee and the responsibility of handling of such complaints shall be with the IC.

If the result of the investigation is a non-compliance with the requirements, the procedure for “Elimination of non-conformities” shall be used.

The correct implementation of the actions to be taken is reviewed by the Quality Manager.

The appellant shall be informed formally about the outcome of the investigation and the result.

During the complete process, the appellant and the subject of the appeal are to be kept confidential.

3.2 Handling Complaints

After an expression of dissatisfaction is received and acknowledged by the person in the VVB, the Quality Manager shall be informed.

The QM shall handle the complaint directly or delegate the responsibility to a person who has not been involved in the project for which the complaint is made, including the technical review and final decision making of this project. The tracking and recording complaints, including actions undertaken in response to them should be maintained by QM.

In case that the assessment shows a validity of the complaint, the designated person or team is responsible to evaluate the nature and to investigate the motives of the disagreement and then shall propose actions to clarify the situation using the “Complaint Management Form”.

In case the complaint is received from the PPs, the VVB shall acknowledge the complaint and inform further action and timeline for closure to PP within 7 working days. The progress of the process, where feasible should also be provided to the complainant.

In case if the complaint is received from SLAB, the timeline specified by them for response and closure shall be diligently followed.

After the review of the complaint related documentation, the Quality Manager decide if the actions taken are enough to avoid the re-occurrence of such kind of issues.

The Quality Manager shall decide if the issue is considered to be a non-conformity. In such cases the procedure for “Elimination of non-conformities” is to be followed.

The correct implementation of the actions to be taken is reviewed by the designated team and reported to the Quality Manager / Top Management of VVB.

In case of complaints received in activities where the top management of EPL are involved, then in such cases the complaints shall be sent to the Impartiality Committee and the responsibility of handling of such complaints shall be with the IC.

The complainant shall be informed formally about the outcome of the investigation and the result.

During the complete process the complainant and the subject of the complaint are to be kept confidential.

4. Reference documents

- a. Complaint/ Appeals Handling Form
- b. Procedure for Elimination of non-conformities
- c. Procedure for Control of documents and records
- d. Tracking sheet of complaints and appeals

5. Revision History

16/10/2021	Version 1: Initial adoption of the procedure
12/10/2022	Version 2: Revision as per NCs raised by SLAB
01/06/2023	Version 3: Revision as per comments raised by GS