

1. PURPOSE

To define a transparent, impartial, and effective process for receiving, investigating, resolving, and recording all complaints, appeals, disputes, and information relevant to MRU's Halal certification activities.

2. SCOPE

This procedure applies to:

- a. Complaints or appeals concerning MRU's certification activities, personnel, or decisions;
- b. Complaints about MRU-certified clients, products, or services;
- c. Disputes or information received from stakeholders, regulators, or the public; and
- d. All MRU employees, auditors, subcontractors, and committee members involved in certification.

3. RESPONSIBILITIES

Top Management / Chairman

- a. Ensures complaints and appeals are handled fairly, impartially, and confidentially.
- b. Approves formation of complaint or appeal panels when required.
- c. Authorizes final decisions.

Management Representative (MR)

- a. Receives, registers, and coordinates all complaints and appeals.
- b. Appoints or facilitates complaint and appeal committees.
- c. Maintains all related records and communicates outcomes to parties involved.

Administrator

- a. Assists the MR in logging, tracking, and communicating with complainants and appellants.

Complaints Panel / Appeal Panel

- a. Consists of at least three members independent of the case; one must be a Sharia Committee representative.
- b. Reviews evidence, investigates issues, and issues a written decision.

Committee for Safeguarding Impartiality (CSI)

- a. Oversees impartiality and may review complaint and appeal cases for systemic risks.

Sharia Committee

- a. Provides guidance on any case involving Halal or Sharia compliance.
- b. Ensures final decisions uphold Islamic law.

4. PROCEDURE:

4.1 Receiving a Complaint

1. Complaints may be submitted verbally or in writing (letter, email, website form).
2. Anonymous complaints are accepted at MR's discretion if supported by evidence.
3. The MR acknowledges receipt in writing within **7 working days**.
4. Minor complaints that can be resolved immediately are handled and logged; all others follow the formal process.
5. The MR verifies whether the complaint concerns MRU activities or a certified client:
 - a. If about a certified client, MRU forwards the complaint for action while monitoring its resolution.
 - b. If about MRU personnel, the MR forms a **Complaints Panel** to investigate.
6. All complaints are recorded in the **Complaint Register**.

4.2 Investigating and Resolving Complaints

1. The Complaints Panel investigates the issue, ensuring confidentiality and impartiality.
2. All parties involved are given the opportunity to provide information and evidence.
3. The MR ensures the investigation addresses:

- a. Whether the complaint relates to MRU's certification activities;
 - b. Root cause and responsible party; and
 - c. Required corrective and preventive actions.
4. The panel issues a written decision to the complainant within 30 working days, explaining findings and actions taken.
 5. Where the complaint is justified, the responsible department implements corrective and preventive actions (see MRU-HAL-SOP-006).
 6. If unresolved, the matter is escalated to the Chairman for decision and, if necessary, referred to the Sharia Committee or the CSI.

4.3 Appeals Process

1. An appeal may be submitted in writing within **20 working days** of receiving MRU's decision or complaint outcome.
2. MR acknowledges receipt within **7 working days** and informs the appellant of the process and expected timeframe.
3. The Chairman forms an **Appeal Panel** of at least three independent members, including one Sharia Committee representative. Panel members must have no conflict of interest with the appellant.
4. Appeals are conducted fairly and may include in-person or online hearings.
5. Both parties may present evidence and bring witnesses if disclosed five days in advance.
6. The Appeal Panel reviews the case, votes on a decision, and issues a formal written outcome within **30 working days**.
7. The decision is binding within MRU. If the appellant remains unsatisfied, they may escalate the matter to the relevant **Accreditation Body**.

4.4 Disputes and Information Received

1. When information from external sources indicates possible non-compliance by a certified client or MRU personnel, the MR:

- a. Evaluates its validity;
 - b. Notifies the concerned organization; and
 - c. Records the information for investigation.
2. The organization is given 15 days to respond; failure to do so may lead to suspension or withdrawal of certification (see MRU-HAL-SOP-007).
 3. MRU maintains records of all disputes and information for at least **one year**.

4.5 Confidentiality and Non-Discrimination

- a. All complaint and appeal records are confidential and accessible only to authorized persons.
- b. No party shall suffer any form of discrimination for lodging a complaint or appeal.
- c. Information is disclosed only to accreditation bodies or regulators where required by law.

4.6 Corrective and Preventive Actions

- a. All complaint and appeal outcomes are reviewed for systemic causes.
- b. The MR raises a Corrective or Preventive Action Form when process weaknesses are identified (see MRU-HAL-SOP-006).
- c. Effectiveness of actions is verified through internal audits and management reviews.

4.7 Reporting and Review

- a. The MR prepares a summary of complaints and appeals for the annual Management Review Meeting.
- b. Trends and recurring issues are analyzed to improve MRU's Halal Quality System.
- c. The CSI reviews complaints and appeals to ensure that impartiality is maintained.

5. RELATED DOCUMENTS & RECORDS

- a. Complaint / Appeal Form
- b. Corrective and Preventive Action Form
- c. Complaint and Appeal Register
- d. **MRU-HAL-QM-018:** Customer Complaints and Appeals Policy

- e. **MRU-HAL-SOP-006:** Corrective and Preventive Action
- f. **MRU-HAL-SOP-007:** Suspension, Termination and Withdrawal
- g. **MRU-HAL-QM-004:** Confidentiality
- h. **MRU-HAL-QM-001:** Management of Impartiality

6. REVISION HISTORY

Revision History				
Document Change Request Form No.	Page No.	Revision No.	Date Revised	Changes

Reviewed By:
Coordinator

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Chairman