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|  | QM-005 Complaints and Appeals | Forensic Anthropology |
| | | Document ID: ANTH - 89669 |
| Effective Date: 04/03/2024 | Approved by: Director of Forensic Anthropology | Page: 1 of 3 |

**RELEASED UNDER THE AUTHORITY OF THE
FIRST DEPUTY CHIEF MEDICAL EXAMINER**

1. Policy

The Forensic Anthropology Unit (FAU) shall address internal or external complaints as quickly and efficiently as possible.

2. Scope

This procedure applies to all FAU personnel.

3. Addressing Complaints and Appeals

This document describes the process and procedure to receive, evaluate and make decisions on complaints and appeals. A copy of this procedure is available to any interested party, upon request.

3.1 Types of Complaints: Problems or complaints may involve a variety of quality issues such as:

- Suitability of the service (e.g., anthropology analysis and report) to customer needs.
- Reliability of the materials or equipment used in examination.
- Accuracy and reliability of test results and reported conclusions.
- Disagreement between analyst and technical reviewer of a case.
- Nonconformance to a FAU policy or procedure

3.2 Submitting a Complaint: Complaints can be made to the FAU Quality Assurance (QA) Specialist, Forensic Anthropology Director (Director), or the OCME QA Director. It is preferable, but not mandatory, that complaints be made in writing.

3.3 The FAU is responsible for all decisions regarding complaints and appeals, except when a complaint or appeal is handled by the OCME QA Director.

4. Investigating Complaints

4.1 All complaints must be investigated thoroughly by FAU personnel who are not directly involved in the complaint. The Director or OCME QA Director shall assign the appropriate FAU personnel to investigate the complaint. If there is a possible conflict with the FAU handling the complaint internally, the OCME QA Director shall be asked to handle the complaint investigation process.

4.2 The designated personnel responsible for investigating the complaint shall first gather all necessary information to validate the reported complaint and confirm that it is related to FAU activities.

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4.3 If after initial investigation the reported complaint is substantiated, then an action plan will be generated to address the issue and how to prevent reoccurrence.

4.3.1 When necessary, the complainant should be provided with a progress report and the outcome of the investigation. The progress report should provide information as to what the action steps are to resolve the issue and the estimated completion date. It is preferable, but not mandatory, that the progress reports be made in writing.

5. **Implementing an Action Plan**

Based on the results of the investigation, decisions shall be made regarding the type of action plan needed to address the complaint.

5.1 The action plan must be fair and appropriate. The magnitude of action to be taken must correspond to the magnitude of the complaint.

5.2 The purpose of the action is not to impose punishment; rather, it is to rectify a situation and prevent recurrence.

5.3 For a complaint that causes immediate concern regarding the overall quality of an individual's or the FAU's work output, a corrective action shall be initiated and implemented according to Quality Manual document QM 008: Nonconformity and Corrective Action.

5.4 For a complaint that identifies a potential nonconformity the response shall result in a Preventive Action. The steps to initiate and implement a preventive action are located in Quality Manual document QM 009: Preventive Action.

5.5 The action(s) formulated during the investigation phase shall be implemented and checked.

5.5.1 The QA Specialist, or if necessary, the OCME QA Director shall follow up to ensure the agreed upon action(s) were successfully implemented.

5.5.2 If the action(s) taken appear to be insufficient to address the complaint, the FAU shall reassess the issue and formulate further actions to address the issue.

5.6 The complainant shall be given formal notice at the end of the complaint process.

6. **Records and Tracking**

Record and track the complaint investigation. This documentation shall include, but is not limited to:

- Maintaining notes on all investigation activities

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- If the complaint is substantiated, determine the action steps required to resolve the issue
- Nonconformities and corrective actions, when applicable
- Preventive actions, when applicable.

6.1 **Records Retention:** All complaint records shall be retained for at least the duration of the current accreditation cycle.