

Complaints		
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Complaints

1 Guiding Principles and Scope

- 1.1 Complaints can provide valuable information about problems with the management system or insight into potential improvements. Complaints have varying degrees of seriousness. The Department of Forensic Biology endeavors to respond to complaints to a degree commensurate with the magnitude and urgency of the complaint.
- 1.2 This procedure describes how the Department of Forensic Biology deals with complaints received from customers, other parties, and employees.

2 Procedure

- 2.1 Complaints may be received verbally or in writing by any member of staff.
- 2.2 The recipient evaluates the complaint and directs it to an appropriate staff member for follow-up. For example:
 - 2.2.1 General concerns and complaints or those relating to a specific function of the laboratory, case acceptance criteria, or evidence and reporting policies should be directed to a Criminalist IV Supervisor, the Quality Assurance Manager (QAM), a Technical Leader, or a Manager.
 - 2.2.2 Evidence intake issues should be directed to a Sign-In specialist.
 - 2.2.3 Specific case issues or personnel performance issues should be directed to the supervisor of the scientist assigned to the case.
 - 2.2.4 External customer complaints (i.e. NYPD or DAO) should be directed to the Chief of Laboratories, the Director, a Deputy Director, an Assistant Director or the QA Manager.
 - 2.2.5 Internal customer complaints (i.e. OCME staff) should be directed to the Chief of Laboratories, the Director, a Deputy Director, an Assistant Director, a supervisor or the QA Manager.
 - 2.2.5.1 If an internal complaint is regarding the Chief of Laboratories, the Director, a Deputy Director, an Assistant Director, the Lab Manager, a supervisor, or the QA Manager, the complaint should be addressed to another manager. This individual will evaluate the complaint.

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- 2.3 The staff member evaluates the complaint.
- 2.3.1 As needed, the staff member contacts the complainant to discuss the specifics of the issue. If the staff member is able to resolve the issue during this discussion, and the issue was not related to non-compliance with the laboratory's management system, no further action is necessary.
- 2.3.1.1 Case related contacts are documented in the case communication log.
- 2.4 If the evaluation indicates that the complaint is due to a specific non-conformance with Forensic Biology guiding principles, procedures, or quality system, the staff member determines whether the [CONTROL OF NON-CONFORMING WORK](#) and/or [QUALITY INCIDENT REVIEW](#) procedures are applicable
- 2.4.1 The staff member may consult with the QAM and/or an appropriate Technical Leader to assist in making the determination.
- 2.4.2 To avoid duplication of effort, complaints investigated and documented as quality issues are not required to be investigated via the [RECORD OF COMPLAINT FORM](#).
- 2.5 If the staff member is unable to resolve an issue, and the issue does not fall under the requirements for investigation as non-conforming work or a quality incident review, the issue rises to the level of a formal complaint.

3 Formal Complaint Process

- 3.1 The staff member conducting the initial follow-up of the complaint (the "Forensic Biology Reporter") completes Page 1 of the [RECORD OF COMPLAINT FORM](#) and submits the form to the QAM or designee (in the case of the complaint being made regarding the QAM).
- 3.1.1 Written complaints are attached to the form.
- 3.2 The QAM or designee, either independently or after discussion with the Director or designee, assigns someone to conduct additional investigation with respect to the validity of the complaint. The investigator can be the same as the "Forensic Biology Reporter". Page 2 of the [RECORD OF COMPLAINT FORM](#) is used to record the details of the investigation and the investigator's conclusion.
- 3.3 The investigator returns the form to the QAM or designee for review.
- 3.3.1 If the QAM or designee disagrees with the investigator's conclusion, he/she may request additional investigation or may change the "Investigation Status" on the form.
- 3.4 When the investigation is complete to the satisfaction of the QAM or designee, the appropriate

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box on Page 3 is completed by the QAM or designee to describe the corrective actions taken and/or follow-up with the complainant.

- 3.5 The form is provided to the Director or designee (if the complaint is regarding the Director) for review and signature. The Director or designee returns the form to the QAM.
- 3.6 The QAM assigns the complaint a unique identifier for documentation purposes and files the complaint as a Quality Record.

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