

Procedure for Handling the Complaints and Appeals

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1. Purpose

The Purpose of this document is to describe the process of handling and making decisions on complaints and appeals.

2. Scope

This procedure applies to any submitted complaint or appeal to SAAC regarding against and of its services provided to the conformity assessment bodies.

3. Normative References

- Conformity Assessment- Requirements for accreditation bodies accrediting conformity assessment bodies ISO/ IEC 17011:2017.

4. Terms and Definitions

- **Appeal:** a formal request submitted to SAAC by a conformity assessment body for reconsidering of any adverse accreditation decision related to accreditation status. but is not limited to, to (reduced/suspended/re-accreditation/withdraw/reject) accreditation. The Center will review the decision taken.
- **Complaint:** expression of dissatisfaction, other than appeal, by any person or organization, to SAAC, relating to its activities (whether it is related to policies, procedures, or persons...etc.) or of an accredited conformity assessment body, where a response is expected

5. Formation and Meetings of the Complaints and Appeals Committee

5.1 The members of the Complaints and Appeals Committee shall be formed and appointed by a decision of the CEO or the General Manager of Quality, if necessary.

5.2 The decision specifies its members, provided that they are not involved in the accreditation process, and their tasks are specified. The committee usually consists of 2 to 3 members.

5.3 For the selection of committee members, they must meet at least the following criteria:

- Holder of a bachelor's degree at least,
- Two years of practical experience according to the committee's tasks,
- Familiarity with the standard specifications related to the committee's tasks,
- Familiarity with the center's requirements for accreditation and understanding of the applicable accreditation requirements.

- 5.4 Committee members sign Form F-27 and Form F-26, which specify the powers, commitments and tasks, and are obligated to maintain the confidentiality of the documents and information they view and to inform the Centre in advance of the existence of any previous, current or future relationship with the conformity assessment body submitting the application or common interests. In this case, the concerned member is not permitted to participate in studying the submitted file.
- 5.5 The member concerned shall be compensated, and the member shall not be allowed to study the entity's file if he participated in the evaluation processes for the same entity.
- 5.6 This committee shall hold its meetings to study what is referred to it and make the necessary recommendations regarding it.
- 5.7 All recommendations made by the committee must be justified and clear.
- 5.8 All the minutes of meetings and voting results shall be retained by the SAAC General Manager of Quality in his capacity as the Secretary of the Committee.

6. Complaints

6.1 General Provisions

6.1.1 The entity can submit a complaint via the electronic system by selecting "Contact Us" from the main [website of SAAC](#) . Or by filling out Form F-35 and sending it to the email ca@saac.gov.sa, provided that the subject of the complaint is clear and accompanied by evidence and proofs. Any request other than that will not be considered, and the complainant will be notified of receipt of the complaint when all necessary documents are completed.

6.1.2 The complainant will be informed of the receipt of the complaint when all the necessary documents are completed. SAAC is responsible for gathering and verifying all necessary information to validate the complaint and is responsible for all decisions at all levels of the handling process for complaints, and SAAC also undertakes that investigation and decision on complaints shall not result in any discriminatory actions against the complainant. In the event of complaints concerning the services of accredited conformity assessment bodies by SAAC, these complaints shall be addressed first by the concerned conformity assessment body before the complaint is escalated to SAAC.

6.1.3 The General Manager of Quality shall verify the subject of the complaint and shall confirm whether the complaint relates to accreditation activities that it is responsible for, he shall make his recommendations to the CEO concerning the complaint, either by dismissing the complaint and informing the complainant, or initiating a corrective action, or submitting the complaint to the Complaints and Appeals Committee within a period of time not exceeding 15 working days.

6.1.4 In both cases, the Quality General Manager shall follow up and retain all documents and records of the complaints and the relevant decisions, and ensure that the actions are taken in a timely manner; he/she shall also provide the complainant with an action plan to deal with the complaint alongside the updates on the status of the complaint every two working weeks, and he/she may conduct an extraordinary internal audit to verify the subject of the complaint as per process P-08.

6.1.5 In the event that the CEO decides to submit the complaint to the Complaints and Appeals Committee, the Quality General Manager, who is the Secretary of the Committee, shall prepare a comprehensive file about the subject of the complaint that includes, but is not limited to:

- A copy of the original complaint, supported by evidence and justifications submitted by the complainant.
- Reports of the internal or external audits related to the subject of the complaint.
- Texts of the relevant specifications, regulations, or laws.
- Relevant assessment reports and minutes of meetings.

All other relevant documents shall also be attached to the file for the Complaints Committee, to review them and submit outcomes and recommendations in their concern. The decision on the complaint shall be made by, or reviewed and approved by, individual(s) not involved in the activities in question.

6.2 Handling Complaints

6.2.1 The members of the Committee receive the complete file of the complaint and may summon a representative of the complainant to attend a meeting for discussion and provision of clarifications about any of the information contained in the complaint. Following the deliberations, the Committee submit a report containing its recommendation to the CEO.

6.2.2 The CEO issues a directive or a decision based on the recommendation of the Complaints Committee. In all cases, SAAC shall give formal notice of the results of the complaint handling process to the complainant (using any appropriate means, an official letter or email, etc.), and the Quality General Manager shall follow up on the implementation of the issued directives.

6.2.3 The Quality General Manager prepares an annual report summarizing all received complaints and appeals, and the report is presented during the management reviews, and if approved, the annual report will be presented to the Board.

7. Appeals

7.1 General Provisions

7.1.1 The conformity assessment body must submit its appeal to SAAC decision using Form F-34, via email to ca@saac.gov.sa, supported by evidence, within 15 days of being notified of the decision by SAAC, and no appeal is received after this period. The appellant will be informed of the receipt of the appeal when all the necessary documents are completed within a period not exceeding 15 working days. SAAC is responsible for gathering and verifying all necessary information to validate the appeal and is responsible for all decisions at all levels of the handling process for appeals.

7.1.2 The Quality General Manager reviews the appeal and ensures its completeness, he/she submits recommendations to the CEO, providing the appellant with an action plan for handling the appeal and updates on the status of the appeal every two working weeks.

7.1.3 The original decision, against which the appeal was made, shall remain in effect until the final decision on the appeal is made.

7.1.4 The decision issued by the Complaints and Appeals Committee regarding the appeal is deemed final, and the decision on the appeal shall be made by, or reviewed and approved by, individual(s) not involved in the activities in question.

7.2 Appeal Decision

7.2.1 A complete file prepared by the Quality GM is referred to the members of the Committee to review the appeal, and shall include the following:

- A copy of the original appeal using Form F-34, supported by the relevant evidence and justifications provided by the appellant conformity assessment body.
- The assessment report of the appellant conformity assessment body, supported with annexes and evidence documents.
- Minutes of meeting of the Committee, which provided recommendation regarding the appealed decision.
- Letter of the appealed decision.

7.2.2 The Committee may summon a representative of the appellant to attend a meeting for discussion and provision of clarifications about any of the information contained in the appeal.

7.2.3 Following the deliberations, the Appeals Committee shall submit a decision to the CEO.

7.2.4 The CEO endorses the Appeals Committee's decision. If additional review is required, the case shall be returned to the committee to reassess the matter and either confirm or amend its decision. In all cases, the decision shall be considered final.

7.2.5 The appellant shall be notified of the Committee's decision within no more than fifteen (15) days from the date of the Committee meeting, along with a clarification of any resulting actions.

7.2.6 The Quality General Manager shall follow up and retain records regarding and documents related to all appeals along with their corresponding decisions.

8.. Exceptions

- There is no document.

9. Related documents

- F-34 Appeal Forms.