



The Quality Alliance S.A. de C.V.
International Certification Body

Procedure for Complaints and Appeals

The Quality Alliance S.A. de C.V.

“GROWING TOGETHER”

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1.- OBJECTIVE

To indicate the steps to follow to address complaints and appeals filed against decisions of the QAlliance management system Certification Body and thereby guarantee transparency and reliability in the performance of functions and services, avoiding, to the extent possible, technical errors, and also to provide clients with the right to appeal or complain against the actions and decisions made in System Certification services.

2.- SCOPE

For all management system certification services offered by QAlliance, and its application covers all decisions and/or determinations made by QAlliance personnel, made as a result of the certification process; therefore, its application is at the request of the applicant who is dissatisfied with the result of any decision regarding the service provided and which affects the company.

3.- DEFINITIONS, ABBREVIATIONS AND/OR SYMBOLS

For the correct interpretation of this procedure, the definitions contained in the following standards are used: NMX-CC-9001-IMNC-2015 / ISO 9001:2015 and NMX-EC-17021-1-IMNC-2016 / ISO/IEC 17021-1:2015, NMX-EC-17021-2-IMNC-2018 / ISO/IEC 17021-2:2016, NMX-EC-17021-3-IMNC-2018 / ISO/IEC TS 17021-3:2015, ISO/IEC TS 17021-9:2016, NMX-EC-17021-10-IMNC-2019 / ISO/IEC TS 17021-10:2018, ISO/IEC TS 17021-13:2021, ISO 28003:2007, ISO/IEC 27006-1:2024, NMX-F-CC-22003-NORMEX-IMNC-2019 / ISO/TS 22003:2013, ISO 22003-1:2022, NMX-EC-17021-6-IMNC-2021 / ISO/IEC TS 17021-6:2014, ISO/IEC 20000-6:2017, IAF MD 9:2023, AS9104_1, as well as the definitions indicated in the quality manual.

4.- NORMATIVE REFERENCE

- Quality Infrastructure Law.
- Regulations of the Federal Law on Metrology and Standardization.
- NMX-EC-17021-1-IMNC-2016 / ISO/IEC 17021-1:2015 Requirements for bodies providing audit and certification of management systems.

- Note: The system complies with requirement 10.2 Option A: General requirements of a management system.
- NMX-EC-17021-2-IMNC-2018 / ISO/IEC 17021-2:2016 Conformity assessment — Requirements for bodies providing audit and certification of management systems — Part 2: Competence requirements for auditing and certification of environmental management systems.
- NMX-EC-17021-3-IMNC-2018 / ISO/IEC TS 17021-3:2015 Conformity assessment — Requirements for bodies providing audit and certification of management systems — Part 3: Competence requirements for auditing and certification of quality management systems.
- ISO/IEC TS 17021-9:2016 Conformity assessment — Requirements for bodies providing audit and certification of management systems — Part 9: Competence requirements for auditing and certification of anti-bribery management systems.
- NMX-EC-17021-10-IMNC-2019 / ISO/IEC TS 17021-10:2018 Conformity assessment — Requirements for bodies providing audit and certification of management systems — Part 10: Competence requirements for auditing and certification of occupational health and safety management systems.
- ISO/IEC TS 17021-13:2021 Conformity assessment — Requirements for bodies providing audit and certification of management systems — Part 13: Competence requirements for auditing and certification of conformity management systems.
- ISO 28003:2007 "Security management systems for the supply chain — Requirements for bodies providing audit and certification of supply chain security management systems".
- ISO/IEC 27006-1 "Information security, cybersecurity and privacy protection — Requirements for bodies providing audit and certification of information security management systems".
- NMX-F-CC-22003-NORMEX-IMNC-2019 / ISO/TS 22003:2013 "Food safety management systems — Requirements for bodies providing audit and certification of food safety management systems".
- ISO 22003-1:2022 "Food safety — Part 1: Requirements for bodies providing audit and certification of food safety management systems".
- NMX-EC-17021-6-IMNC-2021 / ISO/IEC TS 17021-6:2014 "Conformity assessment — Requirements for bodies providing audit and certification of

- management systems — Part 6: Competence requirements for auditing and certification of business continuity management systems".
- ISO/IEC 20000-6:2017 "Information technology — Service management — Part 6: Requirements for bodies providing audit and certification of service management systems".
 - AS9104_1 Requirements for quality management system certification in the aerospace, space, and defense sectors.
 - AS9101 Requirements for conducting quality management system audits in the aviation, space, and defense sectors.
 - AS9104_3 Requirements for the training, development, competence, and authentication of aviation, space, and defense auditors.
 - NMX-CC-19011-IMNC-2019 / ISO 19011:2018 Guidelines for auditing management systems.
 - NMX-CC-9000-IMNC-2015 / ISO 9001:2015 Quality management systems — Requirements.
 - NMX-SAA-14001-IMNC-2015 / ISO 14001:2015 Environmental management systems — Requirements with guidance for use.
 - NMX-SAST-45001-IMNC-2018 / ISO 45001:2018 Occupational health and safety management systems — Requirements with guidance for use.
 - ISO 37001:2016 Anti-bribery management systems — Requirements with guidance for use.
 - ISO 37301:2021 Compliance management systems — Requirements with guidance for use.
 - ISO 28000:2022 "Security and resilience — Security management systems — Requirements".
 - ISO/IEC 27001:2022 "Information security, cybersecurity and privacy protection — Information security management systems — Requirements".
 - NMX-F-CC-22000-NORMEX-IMNC-2019 / ISO 22000:2018 "Food safety management systems — Requirements for any organization in the food chain".
 - NMX-I-22301-NYCE-2021 / ISO 22301:2019 "Security and resilience — Business continuity management systems — Requirements".
 - ISO/IEC 20000-1:2018 "Information technology — Service management — Part 1: Service management system requirements".
 - ISO 13485:2016, Medical devices - Quality management systems - Requirements for regulatory purposes.



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- AS9100 Aerospace Estandar - Quality Management Systems - Requirements for Aviation, Space, and Defense Organizations.
- IAF MD 1:2023 IAF Mandatory Document for the auditing and certification of a management system operated by a multi-site organization.
- IAF MD 2:2023 IAF Mandatory Document for the Transfer of Accredited Certification of Management Systems.
- IAF MD 4:2023 IAF Mandatory Document for the use of information and communication technology (ICT) for auditing/assessment purposes.
- IAF MD 4:2025 IAF Mandatory Document for the Use of Information and Communication Technology (ICT) for Conformity Assessment Purposes (its applicability is in January 2026).
- IAF MD 5:2023 Determination of audit time for quality, environmental, and occupational health and safety management systems.
- IAF MD 7:2023 IAF Mandatory Document for the harmonization of sanctions and treatment of fraudulent behavior.
- IAF MD 9:2023 Application of ISO/IEC 17021-1 in the field of Quality Management Systems for Medical Devices (ISO 13485).
- IAF MD11:2023 IAF Mandatory Document for the application of ISO/IEC 17021 for integrated management system (IMS) audits.
- IAF MD16:2023 Application of ISO/IEC 17011 for the accreditation of food safety management system (FSMS) certification bodies.
- IAF MD17:2023 Witnessing Activities for the Accreditation of Management System Certification Bodies.
- IAF MD22:2023 Application of ISO/IEC 17021-1 for the Certification of Occupational Health and Safety Management Systems (OH&SMS).
- IAF MD26:2023 Transition requirements for ISO/IEC 27001:2022
- IAF ID 1:2023 IAF Informative Document for QMS and EMS accreditation scopes.
- IAF MD 28:2023 Mandatory Document for data loading and maintenance in the IAF database.
- IAF MD 30:2025 Transition requirements for ISO 37001:2025
- IAF ID 3:2011 Informative Document for the Management of Extraordinary Events or Circumstances Affecting ABs, CABs and Certified Organizations.
- IAF ID12:2023 Principles on remote assessment.
- IAF ID 13: 2017 Medical Device Nomenclature (IAF MDN) Including Medical Device Risk Classifications



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- IAF ID14:2023 Guidance on the determination of audit time for integrated multi-site management system audit.
- IAF ID15:2023 Treatment of fraudulent behavior.
- NACE Rev. 2, Statical classification of economic activities in the European Community.
- ema criteria applicable to management system certification bodies.
- GHTF/SG3/N19:2012 Quality management system – Medical devices - Nonconformity Grading System for Regulatory Purposes and Information Exchange.
- GHTF/SG3/N18:2010 Quality management system –Medical Devices – Guidance on corrective action and preventive action and related QMS processes.
- GHTF/SG3/N17:2008 Quality Management System – Medical Devices – Guidance on the Control of Products and Services Obtained from Suppliers.
- GHTF/SG3/N15R8 Implementation of risk management principles and activities within a Quality Management System.
- GHTF/SG3/N99-10:2004 Quality Management Systems - Process Validation Guidance.
- GHTF/SG4/N83:2010 Guidelines for Regulatory Auditing of Quality Management System of Medical Device Manufactures – Part 4: Multiple Site Auditing.
- GHTF/SG4/N84:2010 Guidelines for Regulatory Auditing of Quality Management System of Medical Device Manufactures – Part 5: Audits of Manufacturer Control of Suppliers.
- NOM-241-SSA1-2021, Good manufacturing practices for establishments dedicated to the manufacture of medical devices.
- NMX-CC-9000-IMNC-2015 / ISO 9000:2015 Quality management systems — Fundamentals and vocabulary.
- MSG.QALLIANCE.01 QAlliance Quality Management System Manual.
- PSG.QALLIANCE.05 Procedure for the Planning and Execution of Audits.

5.- DEVELOPMENT

5.1 Input

5.1.1 When the applicant considers that there has been any error or omission of a technical nature that harms them in obtaining or maintaining certification of their system and/or use of the mark, the applicant may submit a written request, within five calendar days following the date on which they receive the corresponding decision or determination, that what has been recorded be reviewed.

For AS9100, complaints must be resolved by ensuring review, treatment, resolution, and response within 30 days following receipt of the complaint. If the complaint is related to a certified organization, the Certification Body will initiate the attention process, ensuring that the complainant remains informed about the progress of the complaint. If it is determined that a special audit is necessary to investigate and resolve the complaint, said audit shall be carried out within a period of 90 days from receipt of the complaint.

When the complaint is about the Body's services, the complaints process will be initiated and information about the results will be communicated to the complainant within a period of 60 days from the date of the complaint.

Complaints related to the requirements of the ICOP scheme application that cannot be resolved by the Body shall be referred to the Accreditation Body for resolution.

Note: for the escalation process for complaint handling, verify **Annex 9.2 Escalation for complaint handling**.

All complaints and follow-up shall be formally responded to in the OASIS database.

5.1.2. All notifications referred to in the previous points shall be addressed to the Management System Director and/or Management System Manager, and the latter shall be responsible for ensuring that they are forwarded no later than the following business day. QAlliance shall only be obliged to send notifications to whomever the client has indicated in their appeal or complaint document, and in the absence of this, to whomever signed the corresponding Certification Services Contract.

The complaints and appeals filed must be recorded in the **Complaint and Appeal Control SG.QALLIANCE.07.00**.



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5.1.3. In the case of the previous point, the Management System Manager shall contact the client for feedback with the Certification Committee, Management System Director or General Management and express their arguments regarding the facts and the manner in which they were recorded in the respective report or opinion, with the emails sent/received, screenshots of remote meetings and/or a minute document, in which at least the attending persons, the agreements and the resolution adopted are recorded, which shall serve as evidence of this communication.

5.1.4. All appeal cases received by the Certification Committee must be resolved in accordance with the provisions of section 5.1.5. Members of the Certification Committee who were involved in the client's certification process may not participate in the review and resolution of the appeal.

5.1.5. When the Certification Committee receives a matter, it must make a final resolution within eight (8) business days following the date on which the matter was forwarded to them, as follows:

- a) Ensuring that none of the persons analyzing the case have an economic interest in it, or that they may have any conflict of interest.
- b) Explicitly, the Management System Manager must make a narrative of the facts and express the technical reasons why the client considers that QAlliance's resolution should be modified.
- c) After having analyzed the information and arguments that have been presented, the Certification Committee shall, by consensus or, failing that, by majority vote (separately per case), adopt the resolution they consider appropriate, which must be immediately forwarded to the Management System Director and the General Management of QAlliance so that they notify the client in writing. If the resolution is in favor of the client, the **Findings form SG.QALLIANCE.35.00** shall be used for the appropriate treatment of the complaint and/or appeal.

5.1.6. The resolutions of the Certification Committee, regardless of their meaning, must be notified to the involved parties within a maximum period of 4 (four) business days following the meeting, and these resolutions shall not be appealable.



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5.1.7. In the event that QAlliance ratifies the opinion initially issued and no modification thereof is considered, the applicant shall cover all expenses incurred, such as the cost of the man-hours of QAlliance personnel and the travel expenses of the members of the panel involved in the appeal or complaint process.

5.1.8. For client complaints, they shall be handled by the Commercial Management and Management System Manager, which must immediately inform the Management System Director and the General Management so that the latter makes a resolution thereof within eight (8) business days following, and it must be notified to the involved parties within a maximum period of 4 (four) business days after the resolution.

5.1.9. Additionally to the provisions of the previous points, the client has full freedom, if not satisfied, or if not in agreement with the resolution made in response to their appeal or complaint, to resort to another instance other than QAlliance, and may go to the competent authorities in the matter, and specifically to the General Directorate of Standards (DGN) of the Ministry of Economy or to the Mexican accreditation entity (ema), so that in that scenario the case may be presented.

5.2 End User Complaints

5.2.1. The end user related to companies certified by the QAlliance Certification Body may submit their complaint by email to the Logistics area.

5.2.2. A response letter shall be sent to the issuer of the complaint, informing them of the services that QAlliance offers and indicating the treatment that will be given to their comments. The letter shall be issued by the Management System Director and/or the General Director within a period not exceeding 8 calendar days from the date of issuance of the complaint.

5.2.3. The client certified with QAlliance shall be requested in writing to address the complaint through its internal procedures. The writing shall be issued by the Management System Directorate and/or the Management System Manager, within a period not exceeding 8 calendar days from the date of issuance of the complaint.



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5.2.4. The client shall be requested to submit to the QAlliance Certification Body the corrections and corrective actions indicating the cause analysis, the planned timeframe for their implementation and the corresponding documentary evidence, within a period not exceeding 20 calendar days, once the notification letter has been received.

5.2.5. QAlliance shall analyze and evaluate the corrections and corrective actions submitted, within a period not exceeding 10 (ten) business days following their submission, at the end of this period QAlliance shall present the result of the evaluation to the applicant.

5.2.6. The complaint handling process begins with the notification to the client to address it, until the documentary closure of the proposed actions. The process must not exceed 60 calendar days.

5.2.7. Once it has been determined that the information entered is adequate, a letter shall be sent to the client through the Logistics area notifying that the complaint is closed at the documentary level and that in the next audit of its Management System, the effectiveness of the actions will be verified.

5.2.8. If the complaint is not addressed within the stipulated time, or if it remains open at the documentary level, a follow-up audit shall be scheduled.

5.2.9. For a short-term audit required by any complaint or report of non-compliance by any interested party, QAlliance shall notify the client with a maximum of 5 business days in advance in order to be received at the client's facilities to be audited.

5.3 OASIS Database Feedback (For AS9100)

The use of the OASIS database helps the feedback of interested parties to improve communication, provide clarifications and support; additionally, the database facilitates electronic access for clients to the audit results of the AQMS of the ICOP program.

During AQMS audits, auditors shall address feedback between the client and interested parties, as well as in investigations of issues related to products, processes and systems.



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Users of the OASIS database may provide feedback to issuing certification bodies (questions or suggestions they have about certificates, audits, and information entered for any certified organization). This feedback may be related to data that has been entered or is missing from the OASIS database, to the results and conclusions of certification bodies, or to the performance of an organization's quality management system (incorrect dates, requests to pay attention to specific issues or concerns during the next audit).

Feedback must include the following requirements:

Identification of the contact or contacts who will receive feedback requests.

Note: The administrator will be verified throughout the entire audit cycle; if the client does not maintain an administrator, certification may be delayed or suspended.

The applicant will receive a copy of the feedback requests.

Depending on the request, the applicant may ask that a response be given to them. When QALLIANCE is requested, it will investigate the comments received and respond within a period of one month.

When giving a satisfactory response, the user who initiated the request will close the feedback request. Unsatisfactory responses will be resolved through the escalation process.

For a better understanding, see Annex 9.3 Diagrams and examples of the feedback process in the OASIS database, in accordance with AS9104/1.

6.- RECORDS

Description	Code	Responsible
Complaint and Appeal Control	SG.QALLIANCE.07.00	Management System
Findings	SG.QALLIANCE.35.00	Management System
Meeting minute	Free format	

Note: The coding of the records in the procedure is indicated, but their updating is only controlled in the records list.

7.- PREPARATION AND APPROVAL

Prepared by	Approved by
Oscar Alejandro Morales Luna Management System Director	Edgar Ortiz Monreal General Director

8.-MODIFICATIONS

02/March/2016: Point 5.1.4 was modified, stating that members of the certification committee who have issued the ruling may not participate in the review and resolution of the appeal.

Points 5.1.8 and 5.1.9 were modified.

03/March/2016: The wording of the Objective and Scope was modified; in point 5.1.2 a change was made regarding the position to which notifications are directed; 5.1.3, 5.1.5 b), 5.1.8, 5.1.9 modify the name of ema; 5.2.1, through whom the complaint is received; 5.2.3, 5.2.7. As well as point 7.

4/December/2017: The tax address was modified.

23/March/2018: ISO 45001 standard was added.

27/August/2018: The reference standards were updated.



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21/February/2019: NMX-SAST-45001-IMNC-2018 referring to ISO 45001:2018 Occupational Health and Safety Management Systems was added.

The appeal request time was modified.

Point 5.1.5 was modified, indicating the use of the findings form for complaint/appeal handling.

Point 5.2.9 regarding short-term audits was added.

The form SG.QALLIANCE.11.00 CORRECTIVE AND PREVENTIVE ACTION PLAN was replaced by the form SG.QALLIANCE.35.00 FINDINGS.

9/05/2020: ISO 37001 is mentioned.

20/06/2022: ISO 17021-13 and 37301 standards were added.

-23-10-2023: ISO 28000:2022, ISO/IEC 27001:2022, ISO 22000:2018, ISO 22301:2019 and ISO/IEC 20000-1:2018 standards were added.

-01-10-2025: ISO 13485:2016, AS9100, 27006 standards was added.

21-11-2025: Information is adapted in accordance with AS9104_1 and ISO 37001:2025 is updated.

9.- ANNEXES

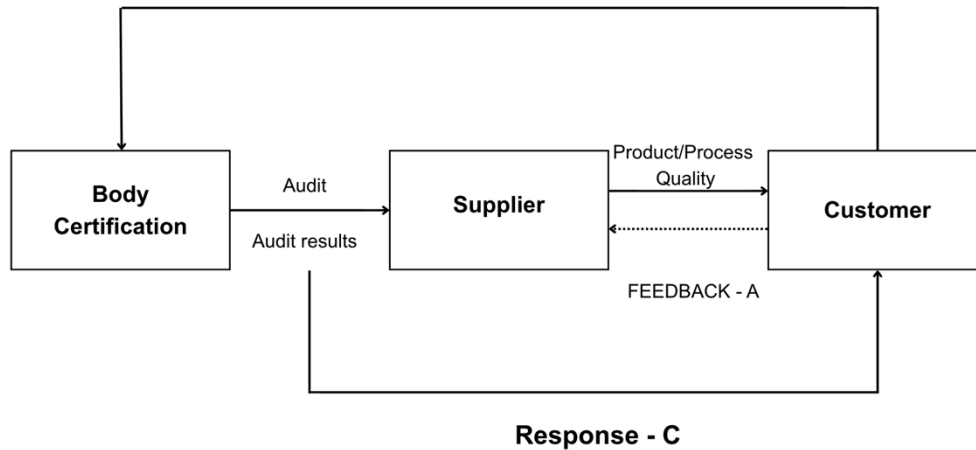
9.1 Risk management: Risk management is analyzed, verified and conceptualized in the risk matrix "General Risk Matrix SG.QALLIANCE.10.00"

9.2 Escalation for complaint handling AS9100.

If the complaint is against:	Certified organization	Auditor	Consultant	Accreditation Body	Certification Body	Regional Management Structure (RMS)	Sector Management Structure (SMS)
The matter will be communicated to:	Certification Body	Certification Body	Consultant's organization	RMS/SMS	Accreditation Body	SMS	IAQG/OPMT

Annex 9.3 Diagrams and examples of the feedback process in the OASIS database, in accordance with AS9104/1.

FEEDBACK - B



END OF DOCUMENT