Liverpool Zoes Place (LZP)

Complaints and concerns policy

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RELATED DOCUMENTS	Duty of candour policy Risk management policy Reporting of incidents and untoward events policy Freedom to speak up: raising concerns/whistleblowing policy Staff Handbook policies including **Social media policy**

Contents

1. Introduction and aims

LZP is committed to providing high quality services, and to continuously improving those services in partnership with service users and supporters. In the context of this policy, **service users** refers to the children and their families who access LZP services; **supporters** refers to all individuals and organisations who donate - or potentially donate - to LZP, and who support the Charity in other ways.

We welcome constructive comments and criticism and recognise that our management of complaints and concerns is a key performance indicator, supporting our risk management procedures and helping us to identify the need for training and/or process review.

The policy outlines statutory regulations and legislation which all staff must adhere to regarding any complaint received. The policy also sets out the mandatory framework for ensuring that:

- any complaint, concern, comment/feedback is managed appropriately – even if the matter the concern/complaint relates to took place some time ago.
- issues raised are given due attention and investigated in an appropriate, fair and efficient manner and wherever possible, satisfactorily resolved.
- people who have concerns, feedback and complaints are listened to and responded to, and supported when any service has fallen short of expectations.
- all complaints and concerns are accepted and treated in a non-judgemental way with service users and supporters being assured that expressing complaints and concerns will not compromise their relationship with LZP.
- parents and carers are acknowledged as having an important role in the planning and development of LZP clinical services; their feedback will enable lessons to be learned and appropriate actions taken.
- all staff take responsibility for learning from the experiences of our service users and supporters; complaints, concerns and comments/feedback are seen as an opportunity to monitor and improve performance.
- appropriate action, accountability and responsibility for service improvement and learning is identified, taken, and shared across teams, departments and sites and the Charity as a whole.
- complaints and concerns are dealt with as quickly as possible and with sensitivity, maintaining confidentiality and ensuring fairness to the complainant, and to members of staff where applicable.
- If there is a complaint investigation, care is taken at all times to ensure that only the information required the investigation is disclosed, and only people with a demonstrable 'need to know' will have access to that information. We will balance our obligations relating to staff confidentiality with our obligations to the complainant.
- the complainant and any staff involved are kept informed of progress and developments throughout all stages of the procedure and any investigation.
- compliments regarding LZP clinical services are captured and recorded where possible. See **section 2, Scope and Definitions**, and **section 8, Compliments**.

2. Scope and definitions

This policy covers concerns and complaints from supporters, service users, visitors and others in accordance with the general definitions below.

Concern

A **concern** may be defined as an adverse comment from an individual made on an informal basis - that is, where the individual has not stated that they wish to make a formal complaint. As part of the procedures outlined in Appendices 2 – 4 it will be established whether the person wants the matter to be taken forward as a formal complaint. A concern may include an adverse comment made via social media or elsewhere online.

All staff are expected to deal with concerns (whether expressed directly to the person involved, or to the Head of Department) in accordance with this policy. The aim is wherever possible to achieve speedy resolution of the concern, either by resolving it personally or establishing a dialogue between the individual and the relevant personnel. A speedy, informal resolution of the concern avoids recourse to correspondence and formal procedures, and can prevent a minor grievance or concern escalating to a formal complaint.

Complaint

A **complaint** may be defined as a formal expression of dissatisfaction, whether written (letter or email) or verbal, about actions taken, an omission or lack of action, or decision. The complaint may be made directly to the person involved, or to the Head of Department. Complaints must be dealt with in accordance with this policy.

If you are not clear whether a communication is a concern or a complaint, speak to your line manager for advice.

Compliment

A statement from a service user, supporter, or visitor expressing praise, admiration or congratulation. This includes compliments contained in thank you cards and letters of appreciation, and positive comments on social media. See **section 8, Compliments** in this policy.

3. Roles and responsibilities

Board of Trustees	Has overall accountability and responsibility for all matters relating to concerns and complaints within LZP.
Clinical Governance Committee/ **Senior Management Team**	Provide ratification of the policy within the governance process and in relation to their teams and regulatory bodies. Ensures a culture of openness and learning. Provides the forum for discussion and analysis of all complaints, shared learning across the Organisation, and identification of trends. Ensures that appropriate action and follow-up has been taken. Ensure that the policy is made available to all sites and all departments. Ensures that the policy is in accordance with new legislation.
Heads of Department	Lead the investigation of complaints within their department and ensures that the procedures and timescales are in accordance with this policy. Ensures that: • the policy is cascaded and understood by all staff in their teams and maintained at their site. • the policy is in accordance with new legislation (e.g. Fundraising Regulator, CQC) • incidents are discussed at a local level at the appropriate staff meeting. • the appropriate Director is kept informed about complaints; lessons learned are shared with other Heads of Department as appropriate. • mechanisms are in place to ensure that: o staff are aware of and comply with the requirements of the policy (e.g. via appropriate training and via the audit process). o staff are aware of their professional accountability and responsibility in relation to complaints. o complaint investigations are reviewed if a complainant remains unhappy with the response.
Deputy Head of Care	• Ensures that procedures are followed correctly. • Ensures that staff understand all procedures relating to complaints.
All staff:	• Registered nurses must be accountable for their own conduct and practice according to the NMC Code of Professional Practice. • Fundraising staff must be accountable for their own conduct and practice according to the Fundraising Regulator Code of Practice. • Be aware of and work within the confines of the policy. • Attend any training relating to complaints. • Operate within their agreed scope of practice and competence. • Abide by this policy and bring to the attention of their line manager or member of the Senior Management Team if they have concerns about a complaint or a concerns/complaints procedure.

4. **Legislation relating to complaints**

Fundraising Regulator

The Fundraising Regulator is the independent regulator of charitable fundraising in England, Wales and Northern Ireland. They investigate complaints about fundraising where these cannot be resolved by the organisation itself and will consider whether the organisation (or a third-party agency contracted to fundraise on behalf of a charity) has complied with the **Code of Fundraising Practice**. The code outlines the legal requirements, standards and best practice expected of all charitable fundraising organisations across the UK.

LZP is registered with the Fundraising Regulator and we are committed to ensuring that all our fundraising efforts are legal, open, honest and respectful in line with the code. This policy and procedures for acknowledging, responding to and investigating complaints are in line with Fundraising Regulator guidance.

The Fundraising Regulator asks those wishing to make a complaint to contact the fundraising organisation directly in the first instance and only to contact the Fundraising Regulator if they are not satisfied with the response, or if they have not heard back within four weeks. The LZP "How to raise a concern or make a complaint" procedure includes contact details for the Fundraising Regulator and states our commitment to respond within 20 working days.

CQC Regulation 16: Receiving and acting on complaints:

The Regulation in full is as follows:

1. Any complaint received must be investigated and necessary and proportionate action must be taken in response to any failure identified by the complaint or investigation.

2. The registered person [at LZP this is the Head of Care] must establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity.

3. The registered person must provide to the [Care Quality] Commission, when requested to do so and by no later than 28 days beginning on the day after receipt of the request, a summary of:

   (a) complaints made under such complaints system

   (b) responses made by the registered person to such complaints and any further correspondence with the complainants in relation to such complaints, and

   (c) any other relevant information in relation to such complaints as the Commission may request."

Children Act 1989 Section 26

The Children Act 1989 requires local authorities, voluntary organisations and registered children's homes to have a procedure for considering representations, including complaints, about children's services. The complaint can be about the provision or denial of any service, a decision or decision-making process.

CQC Regulation 20: Duty of Candour

This regulation is designed to ensure that a care-providing organisation is open and transparent with people who use its services. There is a specific requirement about what the organisation must do when something goes wrong that appears to have caused (or could lead to) significant harm in the future. This includes the need to inform people about the complaint as appropriate, provide support, apologise, and provide a truthful account of what happened.

LZP promotes a culture that encourages candour, openness and honesty at all levels across the Charity in accordance with our **Freedom to speak up: raising concerns/Whistleblowing policy**. All staff must adhere to this policy at all times; clinical staff must also adhere to the **Duty of candour policy**.

5. Elements of response to a concern or complaint

5.1 **Local resolution:** We aim for local resolution of concerns and complaints where possible – that is, LZP staff resolve the matter without external agencies being involved, and take appropriate action to learn from the concern or complaint. Ideally, the complainant will raise the issue directly with the staff member who they're dealing with, so that the matter can be resolved on the spot (if it's a verbal complaint). However, a complainant has the option to go directly to the Head of Department.

SEE PROCEDURES IN APPENDICES 2 – 5 FOR HOW TO RESPOND TO CONCERNS AND COMPLAINTS.

5.2 **Escalation:** Matters involving serious financial implications and/or child protection issues would be referred to appropriate Director and then if necessary to the Board of Trustees.

5.3 **External agency involvement:** If an individual is dissatisfied with the local resolution (e.g. some aspect of how LZP has handled the complaint) or if they would prefer to contact an outside agency about their complaint from the outset, they can do so. Details of appropriate external agencies are included on the procedure/poster at Appendix 1.

Note that the complainant may withdraw from the above procedures at any stage.

5.4 **Record-keeping:** Regardless of how the initial complaint is received and resolved, detailed and accurate records of the initial complaint, our response, further communication and investigation must be kept in accordance with departmental recording systems and this policy (e.g. Incident Report Form, Complaint Investigation Report, signed statements from staff, written correspondence, meeting notes, notes on Donorflex or CHASE system).

5.5 **Meetings:** If the complainant is invited to a meeting, we will inform them that they are welcome to bring a friend or relative them (see template letters). Notes will be taken during the meeting; it may be necessary for these notes and any agreed action to be sent to the complainant. It is the responsibility of the Investigating Officer to ensure that all documentation reflects a true and accurate account of events.

5.6 **Learning lessons and developing an action plan**

Regardless of how the concern or complaint was raised, and however it was resolved, the Head of Department and appropriate personnel should identify the learning points from the matter and where applicable, develop an action plan for future improvement. These will be documented on an **Incident Report Form** (see **Reporting of incidents and untoward events policy**) and/or the **Complaint Investigation Report** (Appendix 8).

The action plan should be taken to the Clinical Governance Committee or appropriate meeting. Progress reports will also be required, especially if the period for implementing the action plan is lengthy. Each action requires a scheduled completion date and should be monitored by the Clinical Governance Committee or appropriate Head of Fundraising meeting. This information will be referred to in the quarterly reporting of complaints in the Trustee report.

Each hospice will ensure that all complaints, lessons learned and action plans are communicated to all members of staff through the most appropriate channel e.g. memorandum/staff meetings. For a formal complaint, the Investigating Officer should also keep the complainant informed of progress with the implementation of action plans.

6. Response procedures - summary

6.1 The **How to raise a concern or make a complaint** procedure/poster at Appendix 1 provides information for visitors, service users and supporters who want to raise a concern and/or make a formal complaint. The poster is displayed throughout each hospice and is available on our website.

6.2 Staff must follow the procedures outlined in the Appendices as below:

- Response to a verbal concern: Appendix 2
- Response to a written concern: Appendix 3
- Response to concerns/adverse comments expressed via social media: Appendix 4
- Response to a formal complaint: Appendix 5

7. Disciplinary proceedings further to investigation

The purpose of an investigation into a complaint is to resolve the complaint and learn lessons; it is **not** to apportion blame or to make recommendations regarding disciplinary action against members of staff.

However, if a complaint is received that involves serious allegations of misconduct about a member of staff and this requires management investigation, involvement of a professional regulatory body, or a criminal investigation, the relevant member of the Senior Management Team must be informed.

If the LZP disciplinary procedure against an employee is instigated as a result of a complaint investigation, the procedure would be kept separate from the investigation (or applicable part of the investigation). The complainant would be advised of this process and the timescale involved.

Existing disciplinary procedure: A complaints investigation would not deal with a matter that is the subject of an existing disciplinary procedure, and the complainant would be informed of this. Aspects of the complaint which are **not related** to the existing disciplinary procedure will be dealt with in line with this policy.

Any member of staff involved in a complaint must be informed of any allegation at the outset and must be advised of their right to seek the help and advice of a professional association or trade union before commenting on the complaint.

8. Compliments (clinical teams)

It is important that LZP records any information which provides compliments about the clinical services we provide. Compliments provide motivation for staff members and provide evidence to CQC that the services we provide are compliant. This includes positive comments on social media.

Families/carers/supporters sometimes send letters and cards of appreciation and these are documented locally. Parents and carers will often offer words of thanks and it can be hard to capture all of these, due to their nature. However the annual parent/carer survey provides an opportunity for parents/carers to compliment on the services received.

Compliments must be communicated to all members of staff by appropriate means - for example the minutes from the Clinical Governance Committee meeting are cascaded to clinical staff and will include details of compliments and complaints received.

9. Monitoring

The Senior Management Team and Clinical Governance Committee will monitor the number and type of complaints that are received within each hospice, and the outcome of each issue.

10. References

https://www.fundraisingregulator.org.uk/more-from-us/resources/complaints-handling-guidance

Care Quality Commission Regulation 16.

Care Quality Commission report **Complaints Matter** issued December 2014.

https://www.cqc.org.uk/guidance-providers/regulations/regulation-16-receiving-acting-complaints

How to raise a concern or make a complaint - example

(Appendix 1, Complaints policy)

How to raise a concern or make a complaint

ZOE'S PLACE BABY HOSPICE

Zoe's Place is committed to providing high quality services. Sometimes we don't get it right, and we always welcome constructive comments and feedback. Zoe's Place management will respond to all concerns and complaints about our service or how we operate.

- If you express a concern or raise a complaint with any member of Zoe's Place staff, we will try to resolve the matter on the spot where possible/appropriate.
- If you decide to make a formal complaint, we will send you a written acknowledgement within 3 working days of receiving it; if there is an investigation we will report back to you within 20 working days where possible.
- You have the option to contact your local Head of Care or Head of Fundraising directly (as applicable to the subject of your complaint) - please see contact details below.

Head of Fundraising: Tommy Harrington
Tommy.harrington@zoes-place.org.uk

Head of Care: Beth O'Gara
beth.ogara@zoes-place.org.uk

Zoe's Place Middlesbrough, Crossbeck House, High Street, Normanby, Middlesbrough, TS6 9DA. Telephone: 01642 457985

If you would prefer to contact an outside agency about your complaint, or if you're unhappy with how we have handled your complaint, you may get in touch with the following organisations:

Parents/carers
Care Quality Commission: Online feedback form at https://cqc.org.uk/give-feedback-on-care
Telephone 03000 616161

Donors/supporters
Fundraising Regulator, Eagle House, 167 City Road, London, EC1V 1AW
Telephone: 0300 999 3407

This procedure is part of the Zoe's Place Complaints and concerns policy

Registered with FUNDRAISING REGULATOR

SUPPORTING CHILDREN AND THEIR FAMILIES TO LIVE LIFE TO ITS FULLEST

Registered charity no: 1092545

Response to a verbal concern (Appendix 2)

Use the steps below to try to resolve the issue on the spot if appropriate. If things cannot be resolved on the spot, refer the matter to your Head of Department as soon as possible; clinical staff can also refer to the Nurse in charge. You may wish to invite the complainant to discuss their concerns in private (but do not put yourself at risk). Consider the seriousness of the concern and possible need for escalation to senior colleagues and/or independent review.

1. Listen carefully to the complainant, and identify their concerns clearly.
2. Thank the complainant for bringing the matter to our attention. Express regret/apologise that the person has felt the need to complain.
3. Find out if the person just wants to bring a matter to our attention **without** making a formal complaint, or whether they want things to be taken forward as a formal complaint.
4. Keep appropriate records in all cases – for example, it may be appropriate to complete an **Incident Report Form** (check whether there is already an Incident Report Form in relation to the matter of concern/complaint).
5. Offer a full explanation if possible and offer assurance that the issue will be investigated, shared with the manager if appropriate, and that feedback will be provided.
6. Summarise the areas of concern, what outcome the complainant is expecting, and what action you will take.
7. If the person wants to make a formal complaint, signpost them to our **How to raise a concern or make a complaint** procedure/poster (Appendix 1). They may want a printed copy to take away (the procedure is also on the LZP website).

Follow up

- If the complainant has asked for feedback, ensure that you provide this as agreed and ensure that the complainant is satisfied with the response.
- If the complainant **is satisfied** at this stage no further action needs to be taken. Record the outcome as appropriate (e. g. a clinical-related complaint would be recorded on the child's notes; a non-clinical concern or complaint would be recorded on Donorflex; update the **Incident Report Form** if appropriate).
- If the complainant **is dissatisfied**, inform the Head of Department immediately in order to determine the best way forward. The Head of Department will liaise with the complainant and undertake investigation as appropriate. They may invite the person to put their concern/complaint in writing.
- Identify learning points, develop and implement an action plan, and share learning as appropriate; see **5.6, Learning lessons and developing an action plan**.

Response to a written concern (Appendix 3)

When a letter or email with a concern or complaint is received, the Head of Department will try to contact the complainant via telephone to discuss how they would like to take this forward. If the complainant has specifically requested a written response only, the Head of Department should use the **Acknowledgement of concern** template letter at Appendix 6.

During a telephone call or meeting, the Head of Department will follow steps similar to those for a verbal concern:

1. Listen carefully to the complainant, and identify their concerns clearly.
2. Thank the complainant for bringing the matter to our attention. Express regret/apologise that the person has felt the need to complain.
3. Find out if the person just wants to bring a matter to our attention **without** making a formal complaint, or whether they want things to be taken forward as a formal complaint.
4. Keep appropriate records in all cases – for example, it may be appropriate to complete an **Incident Report Form** (check whether there is already an Incident Report Form in relation to the matter of concern/complaint).
5. Offer a full explanation if possible and offer assurance that the issue will be investigated, shared with the manager if appropriate, and that feedback will be provided.
6. Summarise the areas of concern, what outcome the complainant is expecting, and what action you will take.
7. If the person wants to make a formal complaint, signpost them to our **How to raise a concern or make a complaint** procedure (Appendix 1) on the LZP website.

Follow up

- If the complainant has asked for feedback, ensure that you provide this as agreed and ensure that the complainant is satisfied with the response.

- If the complainant **is satisfied** at this stage no further action needs to be taken. Record the outcome as appropriate (e. g. a clinical-related complaint would be recorded on the child's notes; a non-clinical concern or complaint would be recorded on Donorflex; update the **Incident Report Form** if appropriate).

- If the complainant **is dissatisfied**, inform the Head of Department immediately in order to determine the best way forward. The Head of Department will liaise with the complainant and undertake investigation as appropriate.

- Identify learning points, develop and implement an action plan, and share learning as appropriate; see **5.6, Learning lessons and developing an action plan**.

If the complainant does not respond to attempts to contact them, or if they cannot be contacted by telephone or in writing, the Head of Department must still carry out an investigation into the original concerns raised and develop an appropriate action plan.

Response to concerns/adverse comments expressed via social media (Appendix 4)

1. Any member of staff who comes across an adverse or negative comment or concern expressed via a social media platform should inform the Head of Marketing and Communications (HOMC)**.** The LZP **Social media policy** in contains more detail on protecting the reputation of .

2. The HOMC will discuss the matter with the Head of Care/Head of Fundraising and/or other senior staff as appropriate.

3. The HOMC will arrange for the comments to be removed.

4. The person making the adverse/negative comment will be contacted where possible. If appropriate they will be signposted to our **How to raise a concern or make a complaint** procedure/poster (Appendix 1).

5. If a person continues to post negative comments on social media, the HOMC will discuss with the HOF/HOC as appropriate to consider whether to block the person making the posts from accessing LZP pages. This would only happen in extreme circumstances where the person continued to share adverse/negative feedback despite all efforts to resolve the complaint in accordance with this policy.

Response to a formal complaint (Appendix 5)

If a person has made/wants to take a matter forward as a formal complaint, follow the steps below:

1. **Send written acknowledgment of the formal complaint**

   The Head of Department will write to the complainant within **three working days** of receipt of the complaint; the **Acknowledgement of formal complaint** template letter at Appendix 7 should be adapted as needed to suit the situation. If the complaint is **about** the Head of Department the acknowledgement letter would be written by the appropriate Director.

2. **Gather information**

   The Head of Department will, if applicable, obtain factual, signed and dated statements from staff involved, and will escalate the matter to the appropriate Director.

3. **Investigate the complaint**

   The Head of Department will usually be the Investigating Officer. They will complete a Complaint Investigation Report **(Appendix 8**) and include any statements as described in point 2. above. (The last page of the Complaint Investigation Report provides guidance on how to complete each section of the Report.)

4. **Send a letter of resolution**

   Within **20 working days** of receipt of the complaint (where possible), the Investigating Officer will draft a formal written response to communicate the findings of the investigation. It may also be appropriate to share the draft letter with staff involved to check that the information is accurate (with appropriate safeguards for confidentiality). The letter will be signed by the Executive Trustee. If the complaint is **about** the Head of Department response letter would be drafted by the appropriate Director.

   The **letter of resolution** should:

   - have a sympathetic tone and use plain English (i.e. avoid the use of technical terms and jargon which the recipient might not readily understand).
   - give a full explanation of the investigation findings, and a judgement about the quality of service received.
   - give an appropriately-worded apology if things have gone wrong, and an indication of the action taken or planned as a result of the complaint to improve services and prevent recurrence
   - indicate that the letter marks the end of the 'local resolution', unless the complainant would like further clarification from LZP on any of the issues addressed within the response, or if there are any outstanding issues not resolved.
   - advise the complainant of the independent review process – that is, if they are not satisfied with the response they can contact the Care Quality Commission or Fundraising Regulator as appropriate. Note that the written response may be used at a later stage for submission to these agencies, or for audit purposes.

   If there is a delay in completing the investigation: the Investigating Officer will contact the complainant explaining why there has been a delay, and providing a new date given by which a reply can be expected.

ACKNOWLEDGEMENT OF CONCERN - template letter

(Appendix 6, Complaints and concerns policy)

Address

Date

Dear

Re: Thank you for [your letter of [DATE]] [other communication] expressing concerns about [summarise the topic of the concern].

LZP takes any concerns and complaints we receive very seriously. Firstly, I would like to apologise for any inconvenience caused to you as a result of the matter about which you have raised concerns. I would like to assure you that a full investigation into your concerns will be undertaken as quickly as possible, and that appropriate action will be taken to minimise the risk of [any similar incidents occurring to others/the situation happening again].

Please could you call us on [NUMBER] so that we can discuss your concerns, understand what you would like to happen, and resolve things in a way that is suitable for you. We are happy to call you if that's more convenient. Alternatively please write to us at the above address or email us at [EMAIL ADDRESS] and let us know how you would like us to communicate with you on this matter.

We would like to offer you the opportunity to meet the [Head of Care/Head of Fundraising] in person as soon as possible to discuss your concerns and agree a way to resolve them. If you are able to come to a meeting you are welcome to bring a friend or relative with you. If you prefer only to receive a written response to your concerns, we can arrange this.

I enclose a copy of our "How to raise a concern or make a complaint" document which provides contact details for our Heads and Care and Heads of Fundraising as well as external organisations.

Thank you again for bringing these concerns to my attention.

Yours sincerely

[NAME]
[Head of _____]

ACKNOWLEDGEMENT OF FORMAL COMPLAINT - template letter

(Appendix 7, Complaints and concerns policy)

Address

Date

Dear

Re: Thank you for [your letter of [DATE]] [other communication] making a complaint about [summarise the topic of the complaint].

LZP takes any concerns and complaints we receive very seriously. I would like to apologise for any inconvenience caused to you as a result of the matter you have complained about. A full investigation into your complaint will be undertaken as quickly as possible, and appropriate action will be taken to minimise the risk of [any similar incidents occurring to others/the situation happening again].

[IF CONTACT HAS NOT YET BEEN MADE] Please could you call us on [NUMBER] so that we can discuss your concerns, understand what you would like to happen, and resolve things in a way that is suitable for you. We are happy to call you if that's more convenient. Alternatively please write to us at the above address or email us at [EMAIL ADDRESS] and let us know how you would like us to communicate with you on this matter.

[IF A MEETING IS STILL TO BE ARRANGED] We would like to offer you the opportunity to meet the [Head of Care/Head of Fundraising] in person as soon as possible to discuss your complaint and agree a way to resolve matters. If you are able to come to a meeting, you are welcome to bring a friend or relative with you.

[IF THIS DOCUMENT HAS NOT YET BEEN PROVIDED] I enclose a copy of our "How to raise a concern or make a complaint" document which provides contact details for our Heads and Care and Heads of Fundraising as well as external organisations.

Thank you again for bringing these concerns to my attention. I will write to you within 20 working days, where possible, explaining how we have resolved your complaint. In the meantime please don't hesitate to contact me if you have any questions.

Yours sincerely

[NAME]
[Head of _____]

Appendix 8: Complaint Investigation Report and guidance notes

Site: Coventry ☐ **Liverpool** ☐ **Middlesbrough** ☐ **Head Office** ☐ **Investigating Officer** name and title: **Complainant** name and address**:** **Date of complaint:**
a) **Background – Nature of complaint and any background history regarding the issue**
b) Issues/concerns/allegations for investigation – list each one.
c) **Does the complainant have any expected outcomes?**

d) List each concern with the relevant findings and whether the issue was substantiated, partially substantiated or unsubstantiated
e) Action to take place, with timescales (include internal reports to Directors/Trustees)

f) Lessons learned
g) Has an external agency been advised? Yes/No
If **Yes** please tick as applicable: Fundraising Regulator ☐ Care Quality Commission ☐ Other ☐ Please give details below:

Signature of Head of Department:.....

Job title: ……

Date: .....

Complaint Investigation Report - guidance notes

a) **Background – Nature of complaint and any background history regarding the issue**: if necessary this should include a chronology listing all significant events.

b) **Issues/concerns/allegations for investigation** – **list each one**. If applicable, the investigating Officer should obtain factual, signed and dated statements from staff involved and attach these to the Complaint Investigation Report. Involve all relevant staff and provide feedback at all stages of the procedure.

c) **Does the complainant have any expected outcomes?** We will investigate all aspects of the complaint, including the outcome the complainant has said they are expecting.

d) **List each concern with the relevant findings and whether the issue was substantiated, partially substantiated or unsubstantiated.** The Investigating Officer will analyse the facts and evidence and ensure that there are no gaps in the information.

e) **Action to take place, with timescales**. Consider whether any aspect of the complaint has not been addressed – for example because it may need to be pursued through the LZP disciplinary procedure.

f) **Lessons learned**. Determine what can reasonably be done to prevent the issue from happening again (e.g. poor quality of service), and to ensure that we learn from the experience; record this in an action plan and ensure that the action plan is reviewed and updated on a regular basis, and shared with the appropriate manager

g) **External agencies**: Give details of whether any external agencies have been advised about the complaint.