

**Title: Complaints Procedure**

**Revision: D**

**Date Approved: Oct 2020**

**Having consulted and gained the agreement of members of the Board of Directors, the Chairperson hereby approves this procedure on behalf of the Board:**

**Approved by:**

**John Cunningham**

# **Complaints Procedure**

## **Galway Contact Organisation for Older People**

**Revision D-Oct 2020**

Galway Contact views complaints as an opportunity to learn and improve for the future, as well as a chance to put things right for the person (or organisation) that has made the complaint.

### **Our policy is:**

- To provide a fair complaints procedure which is clear and easy to use for anyone wishing to make a complaint.
- To publicise the existence of our complaints procedure so that people know how to contact us to make a complaint.
- To make sure everyone at Galway Contact knows what to do if a complaint is received.
- To make sure all complaints are investigated fairly and in a timely way.
- To make sure that complaints are, wherever possible, resolved and that relationships are repaired.
- To gather information which helps us to improve what we do.

### **1.1 Definition of a Complaint:**

A complaint is any expression of dissatisfaction, whether justified or not, about any aspect of Galway Contact.

### **1.2 Purpose of this Procedure:**

To outline Galway Contact's process for receiving and handling Complaints about the Galway Contact organisation.

### **1.3 Scope:**

Complaints may come from any person or organisation, who has a legitimate interest in Galway Contact.

This policy does not cover complaints from staff who should use Galway Contact's Discipline and Grievance policies (see Employee Handbook).

This procedure only applies to complaints pertaining to the Galway Contact organisation and does not apply to issues arising under Section 48.-(1) Matters excluded under Part 9 of the Health Act 2004 e.g. matters covered by Law or other Government legislation.

#### **1.4 Confidentiality:**

All complaint information will be handled sensitively, telling only those who need to know and following any relevant data protection requirements.

#### **1.5 Responsibility:**

Overall responsibility for this policy and its implementation lies with the Board of Directors.

#### **1.6 Review:**

This policy is reviewed regularly and updated as required.

Adopted on: October 3<sup>rd</sup> 2016 at AGM

Last reviewed: October 2020 by Board

## **Complaints Procedure of** **Galway Contact Organisation for Older People**

### **1.7 Receiving Complaints:**

A complaint can be received verbally, by phone, by email or in writing.

Complaints may arrive through channels publicised for that purpose or through any other contact details or opportunities the complainant may have.

#### **Publicised Contact Details for Complaints:**

Written complaints may be sent to:

Galway Contact, c/o The Parish Office, Barna Church, Barna, Co. Galway

Or by email at:

galwaycontact@eircom.net

Verbal complaints may be made by phone to 091 867892, or in person to any of Galway Contact's staff, volunteers or board members or at any of our events.

### **1.8 Acknowledgement of Complaints:**

Upon a complaint being received by or assigned to the Chairperson he or she shall notify, within 5 working days, the complainant, in writing, that the complaint has been so received or assigned and outline the steps that he or she proposes to take in investigating the complaint and the time limits for the completion of the investigation.

### **1.9 Advocacy:**

All complainants have the right to appoint an advocate who, if a person is unable to make a complaint themselves can assist them in making the complaint.

## **1.10 The Stages of the complaints management process:**

Complaints received by telephone or in person need to be recorded.

The person who received a phone or in person complaint should:

- Write down the facts of the complaint
- Take the complainant's name, address and telephone number
- Note down the relationship of the complainant to Galway Contact (e.g. client, volunteer)
- Tell the complainant that we have a complaints procedure
- Tell the complainant what will happen next and how long it will take
- Where appropriate, ask the complainant to send a written account by post or by email so that the complaint is recorded in the complainant's own words.

For further guidelines about handling verbal complaints, see **Appendix 1**

### **1.10.1 Stage 1: Point of Contact Resolution**

These are straightforward complaints which may be suitable for prompt management and to the service users' satisfaction at the point of contact.

In many cases a complaint is best resolved by the person responsible for the issue being complained about. If the complaint has been received by that person they may be able to resolve it swiftly and should do so if possible and appropriate.

### **1.10.2 Stage 2: Formal Investigation Process**

Unresolved complaints at Stage 1 should be passed to the Chairperson within one week in writing. More serious or complex matters may need to be addressed immediately.

On receiving the complaint, The Chairperson records it in the complaints log. They then delegate an appropriate person to investigate it and to take appropriate action.

If the complaint relates to a specific person, they should be informed by the Chairperson or a delegated person and be given a fair opportunity to respond.

The Chairperson must consider whether it would be practicable, having regard to the nature and the circumstance of the complaint, to seek the consent of the complainant and any other person to whom the complaint relates to finding an informal resolution of the complaint by the parties concerned.

Where informal resolution was not successful or was deemed inappropriate, the Chairperson will initiate a formal investigation of the complaint.

The Chairperson is responsible for carrying out the formal investigation of the complaint at Stage 2 but may draw on appropriate expertise, skills etc. as required. Staff have an obligation to participate and support the investigation of any complaint where requested.

At the end of the investigation, the Chairperson must write a report of their investigation and give a copy of the report to the complainant and the person who was the subject of the complaint.

Whether the complaint is justified or not the final report will describe the action taken to investigate the complaint, the conclusions from the investigation, and any action taken as a result of the complaint. The Chairperson will invite everyone involved to contact them with questions about any issues and will advise the complainant of their right to a review of the recommendations made by the Chairperson.

#### Implementation of Recommendations made by the Chairperson:

Ideally complainants should receive a definitive reply within 30 working days. If this is not possible because the investigation has not been fully completed, a progress report should be sent with an indication of when a full reply will be given.

Where the investigation at Stage 2 fails to resolve the complaint, the complainant may seek a review of their complaint from the Review at Stage 3 or the complainant may seek an independent review of their complaint.

### **1.10.3 Stage 3: Review**

These are complaints where the Complainant is dissatisfied with the outcome of the complaint investigation at Stage 2. A request for a review must be made within working 30 days of the investigation report being sent.

If the complainant feels that the problem has not been satisfactorily resolved they can request that the complaint is reviewed at Board of Directors level and this option should be outlined within the complaint letter being sent out by the Chairperson.

At this stage, the complaint will be escalated again to the Chairperson informing them of the complainant's views.

The request for Board level review should be acknowledged within a week of receiving it. The acknowledgement should say who will deal with the case and when the complainant can expect a reply.

The Board may investigate the facts of the case themselves or delegate a suitably senior person to do so. This may involve reviewing the paperwork of the case and speaking with the person who dealt with the complaint at Stage Two.

If the complaint relates to a specific person, they should be informed and be given a further opportunity to respond.

#### **Implementation of Recommendations made by the Board:**

Ideally complainants should receive a definitive reply within 30 working days. If this is not possible because the investigation has not been fully completed, a progress report should be sent with an indication of when a full reply will be given.

Whether the complaint is upheld or not, the reply to the complainant should describe the action taken to investigate the complaint, the conclusions from the investigation, and any action taken as a result of the complaint.

The decision taken at this stage is final, unless the Board decides it is appropriate to seek external assistance with resolution.

The timeframe for the conclusion of the investigation of a complaint should be 6 months. If that timeframe can't be met the Chairperson should inform the complainant of the reasons it is taking longer and the options open to them.

#### **1.10.4 Stage 4: Independent Review**

If the complainant is not satisfied with the outcome of the complaints management process he/she may seek a review of the complaint by the Ombudsman. The complainant must be informed of their right to seek an independent review from the Ombudsman at any stage of the complaint management process.

54.—(1) Health Act 2004

*Nothing in this Part prohibits or prevents any person who is dissatisfied with a recommendation made or step taken in response to a complaint under this Part or with a review under this Part from referring the complaint to the Ombudsman or the Ombudsman for Children*

#### **1.11 Variation of the Complaints procedure:**

The Board may vary the procedure for good reason. This may be necessary to avoid a conflict of interest.

#### **1.12 Monitoring and Learning from Complaints:**

Complaints are reviewed annually to identify any trends which may indicate a need to take further action.

**APPROVAL OF PROCEDURE: .....**  
**Chairperson**



## **Appendix 1 – Practical Guidance for Handling Verbal Complaints**

- Remain calm and respectful throughout the conversation
- Listen – allow the person to talk about the complaint in their own words. Sometimes a person just wants to “let off steam”
- Don’t debate the facts in the first instance, especially if the person is angry
- Show an interest in what is being said
- Obtain details about the complaint before any personal details
- Ask for clarification wherever necessary
- Show that you have understood the complaint by reflecting back what you have noted down
- Acknowledge the persons feelings(even if you feel that they are being unreasonable) – you can do this without making a comment on the complaint itself or making any admission of fault on behalf of the organisation e.g. “I understand that this is frustrating for you”
- If you feel that an apology is deserved for something that was the responsibility of your organisation, then apologise
- Ask the person what they would like done to resolve the issue
- Be clear about what you can do, how long it will take and what it will involve
- Don’t promise things you can’t deliver
- Give clear and valid reasons why requests cannot be met
- Make sure that the person understands what they have been told
- Wherever appropriate, inform the person about the available avenues of review or appeal