

EIA – [EQUALITY IMPACT SCREENING & ASSESSMENT TOOL](#)

SUI - [SERVICE USER POLICY REVIEW FORM](#)

Praxis Care
UK - UK - COMPLAINTS & COMPLIMENTS
MANAGEMENT POLICY & PROCEDURE

Printed copies are for reference only. Please refer to electronic copy for most recent information.

For use in services in ENGLAND and NORTHERN IRELAND only.

Please read in conjunction with the following:-

[HOW TO MAKE A COMPLAINT](#)

[COMPLAINTS PROCESS FLOWCHART](#)

1. INTRODUCTION

Praxis Care is committed to providing high quality services. Praxis Care encourages feedback from service users, their representatives, and from those who commission its services, especially when things go wrong, in order to be able to resolve any issues at the earliest opportunity and to improve services for the future.

2. AIMS & OBJECTIVES

This policy aims to:

- provide a framework for those who wish to comment about Praxis Care's services to do so, and to have them effectively investigated
- provide a framework for staff to assist them manage complaints
- ensure that anyone wishing to make a complaint is listened to and treated with courtesy and respect
- ensure that anyone wishing to make a complaint is not disadvantaged by doing so
- ensure that learning from complaints is shared

The overall objective of this policy is to:

- improve Praxis Care's services for everyone as a result of acting on any feedback it receives

3. DEFINITION

For the purposes of this policy a complaint is:

an expression of dissatisfaction (communicated verbally, electronically, or in writing) and whether justified or not, which requires a response. There is no difference between a 'formal' complaint and an 'informal' complaint. Both are expressions of dissatisfaction.

4. SCOPE

This policy and procedure should be used by any service user, their representative, commissioner or supplier to comment on the quality of Praxis Care's services.

This policy and procedure should be read and understood by all Praxis Care employees, volunteers and students on placement.

5. EXCLUSIONS

5.1 Anti-Social Behaviour

A report of anti-social behaviour from a service user or neighbour about another service user is not a complaint about Praxis Care. In such instances, all incidents of nuisance, or anti-social behaviour should be reported to the owner/landlord of the relevant property to be managed under the terms of the relevant policy or the person's licence/tenancy agreement.

5.2 Property Maintenance

Where Praxis Care is not the owner, managing agent or landlord responsible for maintaining the property, a report received which relates to a property issue should not be recorded as a complaint against Praxis Care. In such instances, all property maintenance issues should be reported to the appropriate landlord/owner for action and resolution. Staff should support the service user appropriately to speak to the relevant owner/landlord of the property.

Where Praxis Care is the owner, managing agent or landlord of the property, a report of a property maintenance issue is also not a complaint, it is a

request for a service and should be recorded and managed in line with the relevant Repairs Policy.

On occasions it may be appropriate for a complaint to be made in respect of property maintenance. For example, if a request for a repair was made in line with the relevant Repairs Policy, but the repair was not carried out within the timeframe promised or not carried out well. On this occasion it would be appropriate for a complaint to be made that the service provided was not as expected.

5.3 Concerns of Abuse

A concern may be reported, which, on further consideration, relates to safeguarding. In such instances, the concern should be managed and resolved under the relevant safeguarding policy and procedures, rather than this Complaints Management Policy.

5.4 Staff Concerns

This policy is not to be used by employees raising an issue or concern. Staff members with a concern should first raise it with their line manager and attempt to resolve it informally. If, following discussion with the manager, either informally or in supervision, a staff member feels the issue has not been resolved, it should be brought to the attention of the appropriate Head of Operations.

Staff should refer to:

- the [GRIEVANCE PROCEDURE](#) where they have an issue about their employment, treatment, or terms and conditions which has not been resolved informally with the line manager.
- the [CAPABILITY POLICY](#) where they have concerns about a colleague's conduct/performance, which have not been resolved informally.
- the [WHISTLEBLOWING POLICY](#) where the employee is concerned about dangers or wrong-doing that affect others and which has not been fully addressed locally at scheme level.

In any of these cases, the employee should raise the issue firstly with their line manager to enable a swift local resolution where possible.

6. ROLES AND RESPONSIBILITIES

6.1. Chief Executive

The Chief Executive has overall responsibility for the process of complaints management and application of the complaints policy.

6.2. Directors

Directors have delegated responsibility for ensuring the efficient and effective implementation of the Complaints Management Policy and Procedure within their area of responsibility.

6.3. Head of Operations

Heads of Operations are responsible for ensuring that staff are aware of the Complaints Management Policy and Procedure and assist in building a culture where feedback of any type is welcomed and encouraged. Heads of Operations have a duty to ensure that, where they have been involved in an investigation, an action plan is produced and completed within an agreed timescale and copied to the Complaints Master File.

6.4. Managers

The Project Manager will ensure that all complaints received locally are actioned appropriately.

Managers have a responsibility to ensure that staff are aware of the Complaints Management Policy and Procedure. They have a responsibility to encourage a culture where a positive approach to learning from the results of service user feedback, concerns and complaints is fostered.

Managers must contact Praxis Care's Safeguarding Champion, at the earliest opportunity, if the complaint relates to a safeguarding concern.

Managers must contact the HR Department, at the earliest opportunity, where a complaint has been made concerning a member of staff, or where a complaint could potentially lead to disciplinary action, and take guidance from the HR Department where necessary.

6.5. All Staff

Any staff member may be the first recipient of a concern or complaint from a service user, carer or service user representative. Therefore, best practice in customer care and management of informal concerns and complaints is every staff member's responsibility.

It is the responsibility of all staff to work to resolve any concerns expressed by service users or their representatives, and to escalate to their manager any concern which cannot be resolved immediately.

6.6. The Complaints Officer

Praxis Care has a nominated Complaints Officer (Director of Quality & Governance). The Complaints Officer is responsible to the Chief Executive for implementing, delivering and monitoring of the Complaints & Compliments Management Policy and Procedure.

The Complaints Officer must be informed of all complaints received. Staff should use the on-line Complaint Form on which to record complaints.

The Complaints Officer is responsible for ensuring that an investigating officer is appointed to deal with any complaint which has not been resolved locally at Stage One.

The Complaints Officer will present a report to the Governance Committee which details the number and type of complaint for each service, a status report on any resolved complaints, trends in complaints, and a summary of any organisation learning resulting from any complaint.

6.7. Governance Committee

The Governance Committee will oversee and review the management of the organisation's complaints processes. At each meeting it will review complaint trends and seek assurances that complaints have been managed in accordance with Praxis Care policy. The Governance Committee will also review any unresolved complaints and enquire about their status.

6.8. HR Department

The HR Department will provide guidance where a complaint has been made concerning a member of staff, or where a complaint could potentially lead to disciplinary action.

7. COMPLAINTS POLICY

7.1. Openness, Transparency & Candour

Praxis Care will operate its Complaints Policy on the basis of openness, transparency and candour:

- **Openness** – enabling concerns and complaints to be raised freely without fear.
- **Transparency** – allowing information about performance and outcomes to be shared with staff, service users, the public and regulators.
- **Candour** – any individual harmed by the provision of service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it.

7.2. Complaints Management

Praxis Care's policy in relation to the management of complaints to:

- Take all complaints seriously.
- Inform people about the process and make information readily available in accessible formats.
- Make the process simple and enable people to make a complaint in a way that suits them, at a time convenient to them and with the immediate reassurance that the issue will be taken seriously.
- Train staff to be receptive and supportive of feedback and complaints, to have the skills to manage complaints and to be empowered to resolve issues promptly and effectively.
- Investigate and respond to complaints within 28 days, and if this is not possible, ensure the complainant is kept informed (every 28 days) of the reasons for any delays.
- Keep the complainant informed of progress in a timely manner, where possible providing anonymity if requested.
- Ensure the views of the complainant are taken into account when exploring remedial actions.
- Provide outcomes/resolutions that directly address the complaint, in a manner the complainant prefers and by an appropriate person.

- Adopt an open, learning culture where complaints and feedback are actively encouraged and recognized as opportunities to reflect and improve service provisions locally and organisationally.
- Inform the complainant of their options in the event that they are not satisfied with the outcome of their complaint.

7.3. Complaints and External Investigations

This policy will not normally continue where an external investigation is investigating the same concern. In the event that an external investigation, a Safeguarding investigation, or a police investigation is underway, the complaint may be put 'on hold' by Praxis Care, and the complainant informed of this.

Praxis Care will liaise, as much as is practical, with the co-ordinator of any external investigation to enable the complaint to be resolved at the earliest opportunity. If a legal view is needed on consideration of a complaint, the Director of Care (Governance) should be contacted.

7.4. Confidentiality & Consent

Information about complaints and those involved is strictly confidential. Any information should only be disclosed to those with a demonstrable need to know, in line with the relevant Data Protection legislation.

If someone makes a complaint on behalf of a service user, staff must clarify with the service user that he/she has given consent for the complainant to do so. Information about a service user should not be shared with anyone without the consent of the service user.

7.5. Advocacy

In some instances, advocates are an important support to a service user in assisting him / her to make a complaint and guiding the individual through the complaints process. Praxis Care should ensure that the service user is aware of the contact details of advocacy services in the local area. Please read: [ACCESSING OTHER SERVICES](#).

7.6. Training

All staff involved in any aspect of operational services will be provided with training on Complaints Management. Staff should attend refresher training

every 5 years. Details of the course aims and objectives can be located in [TRAINING PROGRAMME AIMS & OBJECTIVES](#).

8. COMPLIMENTS POLICY

For the purposes of this policy a compliment is defined as an: 'Expression of appreciation either verbally, or by letter, card, gift or donation.'

Compliments are as important to Praxis Care as complaints and should be seen as a means of learning how things have gone well. It is always helpful to hear how people think about the organisation and the services it provides. People are encouraged when they are complimented on their work. If a compliment is received about any aspect of Praxis Care it should be shared with all those involved.

Compliments are important because:

- They can help influence the policy and decisions of the organisation
- They can help maintain the standards of our services
- They can raise issues of real importance and can lead to change for the better
- They enable inspectors to monitor and evaluate the safety and quality of the service
- They provide a quality indicator which can be used by commissioners, individuals and their families, and regulators to measure the quality of the service and to provide evidence of outcomes.

Compliments should be recorded on the online compliment form and evidence of submission i.e. the confirmation email, printed and filed locally for quality monitoring purposes.

Letters of appreciation/compliments, cards, etc. should also be filed as supporting evidence, with the confirmation email.

Compliments should be a standing item on team meeting agendas.

Compliments are monitored monthly through the Head of Operations monthly monitoring visit report (MMVR).

9. INFORMATION ABOUT MAKING A COMPLAINT or COMPLIMENT

An Information Guide [COMPLAINTS AND COMMENTS](#) has been developed for service users, to accompany this policy and procedure. It provides information about all aspects of Praxis Care's complaints procedures as well as additional information. It directs service users and/or their representatives to advice and guidance services, regulatory bodies, advocacy services and ombudsman services. These resources must be made available to all service users and representatives on commencement of service and on request. Information on how to make a complaint must also be made available to all relevant parties on request.

10. COMPLAINTS & COMPLIMENTS MONITORING

10.1. Monthly Monitoring Visits

The number and nature of complaints and compliments will be monitored on a monthly basis in each scheme by the Head of Operations as part of the Monthly Monitoring Visit Report.

10.2. Operational Governance Meetings & Governance Committee

Complaints and compliments will be monitored and evaluated by the Governance Committee, a Sub-Committee of the Board, which meets every two months. The Complaints Officer will submit a report to this Committee. In advance of the Governance Committee, the Operational Governance Meeting will also review the management of complaints, the effectiveness of the policy, and any trends that have been identified.

10.3. Management Review

A Management Review Meeting, held twice yearly, comprising the Senior Leadership Team, will be held which will evaluate the trends and learning from complaints and compliments. The Quality and Governance Department will submit a report to this meeting.

11. ROLE OF REGULATORY BODIES, OMBUDSMEN AND COMMISSIONERS

11.1. Commissioners

Service users can contact the Complaints Officer or Service Manager in the local Health and Social Services Trusts of Local Authority. The commissioner involved will have a procedure in relation to dealing with complaints from service users receiving a service from a provider organisation.

11.2. England

11.2.1. CQC – Care Quality Commission

Where the complainant is not satisfied with the response from the Independent Review Panel, he may decide to inform the regulatory body – Care Quality Commission. Whilst CQC cannot investigate the complaint, it can use the information received when it is inspecting services to ensure that the services are meeting standards of quality and safety. However, complaints from people whose rights are restricted under the Mental Health Act, or their representatives, about the way staff have used their powers under the Act, can be investigated by CQC.

11.2.2. Ofsted

Ofsted welcomes complaints in relation to children’s services. Service users and/or their representatives can contact Ofsted who will investigate whether the relevant requirements and regulations are being met.

11.2.3. Health and Care Professions Council

Service users, carers or the general public can make a complaint to the HCPC about a Registered Social Worker. The HCPC have a duty to investigate complaints as Registered Social Workers are expected to abide by the Codes of Practice for Social Workers.

11.2.4. Parliamentary and Health Service Ombudsman

Anyone can complain to the Ombudsman about the services provided by government departments, a range of public bodies in the UK and the NHS in England. The Ombudsman provides a service to the public to undertake independent investigations into complaints.

11.3. Northern Ireland

11.3.1. RQIA – Regulation and Quality Improvement Authority

The regulatory body RQIA advise that in the first instance complaints should be resolved with the organisation providing the service. Where a complaint to RQIA highlights a failure to comply with regulations or minimum standards, these are followed up through RQIA's inspection activity.

The Regulation and Quality Improvement Authority is located at:
9th Floor Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Email: info@rqia.org.uk

Telephone: 028 9536 1111 (Switchboard is manned 9am - 5pm Monday to Friday)

11.3.2. NISCC – Northern Ireland Social Care Council

Service users, carers, employers or the general public can make a complaint about a registered social care worker. NISCC will investigate a complaint about the specific behaviour of a registered social care worker which does not meet the standards set out in the NISCC Code of Practice for Social Care Workers. NISCC can also be contacted about the conduct of a Social Care Worker that is not yet registered.

The NISCC is located at:
7th Floor Millennium House
19-25 Great Victoria Street
Belfast
BT2 7AQ

Email: info@niscc.hscni.net

Telephone: 028 9536 2600

11.3.3. Northern Ireland Ombudsman

Anyone can complain to the Ombudsman if they are unhappy with the service provided by a government department/agency or public body. Public bodies include all local councils, education and library boards, organisations providing Health and Social Care (HSC) Services and prison healthcare.

The NI Ombudsman is located at:

Progressive House
33 Wellington Place
Belfast, BT1 6HN

Email: nipso@nipso.org.uk

Telephone: 028 90233821 or freephone 0800 343424

11.3.4. Patient Client Council

The Patient Client Council provides a Complaints Support Service offering free and confidential advice and support to anyone wishing to make a complaint about any Health and Social Care service.

The Patient Client Council is located at:
The Patient and Client Council
2nd Floor, Centre House
79 Chichester Street
Belfast
BT1 4JE

Email: complaint.pcc@hscni.net

Telephone: 0800 917 0222

12. LEGISLATION

All regulated services must operate a complaints procedure.

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (England), Regulation 19 & Regulation 20
- The Residential Care Homes Regulations (NI) 2005, Regulation 24.
- The Children's Home Regulations (NI) 2005, Regulation 23.
- The Day Care Setting Regulations (NI) 2007, Regulation 24.
- The Domiciliary Care Agencies Regulations (NI) 2007, Regulation 22.
- Regulation of Care Act, 2013, (IoM)

13. REFERENCES

- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

- Complaints in Health and Social Care – Standards and Guidelines for Resolution and Learning. DHSSPSNI (2009).
- 'Listening, Responding, Improving – a Guide to Better Customer Care' (DH 2009).
- 'Your Service, Your Say', Complaints Policy & Procedures Manual, HSE, 2009
- A Patient's Guide, NHS Complaints Procedure, Department of Health, Isle of Man, 2012.
- A Review of Concerns (Complaints) Handling in Wales, June 2014.
- Being Open, National Patient Safety Agency, 2009

14. COMPLAINTS PROCEDURE

Praxis Care's Complaints Procedure comprises of 3 stages:-

- Stage 1 – Local Resolution (Scheme/Department)
- Stage 2 – Formal Investigation (Head Of Operations Level)
- Stage 3 – Independent Review (Director Level)

14.1. STAGE ONE - LOCAL RESOLUTION

Any member of staff may receive an expression of dissatisfaction; and whether written or oral, it must be addressed promptly and in a professional manner.

14.1.1. Receiving a Complaint

Service users and their representatives should be assured that all feedback is greatly appreciated, that they will not be disadvantaged in any way, and that there will be no retribution for making a complaint. Staff should explain the complaints procedure and provide a copy of the [COMPLAINTS AND COMMENTS](#) leaflet.

The individual should also be asked how he / she would like the complaint to be resolved.

If a complaint is being made on behalf of a service user by a carer or advocate, it must first be verified that the person has permission to speak for the service user. If staff are in doubt, it should be assumed that the service user's explicit permission is needed prior to discussing the complaint with the advocate.

14.1.2. Reporting a Complaint

Employees should take steps to resolve complaints immediately, agreeing the course of action with the complainant at the time and in person. Where remedial action cannot be facilitated, the employee's line manager should be informed without delay. The Project Manager will ensure that all complaints received locally are actioned appropriately.

The person dealing with the complaint should not be directly involved in the matters of the complaint or be the subject of the complaint. If the manager is the subject of the complaint, the complaint should be referred to Praxis Care's Complaints Officer / or relevant Director of Care to appoint an appropriate person to deal with the complaint.

14.1.2.1 Safeguarding Concerns

Managers must contact Praxis Care's Safeguarding Champion, at the earliest opportunity, if the complaint relates to a safeguarding concern.

14.1.2.2. Staff Conduct

Managers must contact the HR Department, at the earliest opportunity, where a complaint has been made concerning a member of staff, or where a complaint could potentially lead to disciplinary action, and take guidance from the HR Department where necessary.

14.1.3. Recording a Complaint

Where an individual wishes for an issue to be treated as a complaint, the employee must, at the earliest opportunity, record the complaint and actions taken on the on-line complaint form located in the Q&G MIS. If the complaint can be resolved immediately then it should be marked as 'closed' at the time it is logged on the on-line form. If the complaint requires investigation, it should be recorded as 'open' on the on-line form.

If an individual wishes to write the complaint, he or she should be given the [COMPLAINT FORM](#) on which to record the complaint. The individual should then be advised to give the form to the Project Manager to deal with. The Project Manager will ensure that all complaints received locally are actioned appropriately.

14.1.4. Communication with the Complainant

Staff should make every effort to obtain the complainant's postal address, email address and contact details as soon as possible, to enable contact to be maintained during the investigation and to enable feedback to be given to the complainant once the complaint is resolved.

Following receipt of a complaint, initial communication with the complainant should take place within 2 working days, and preferably be verbal via phone

or in person, unless the complainant cannot be contacted directly or has requested another means of correspondence. Where a contact number is not provided by the complainant, a letter of acknowledgement will be issued within 5 working days.

A record of all communication with the complainant should be maintained by the person investigating the complaint.

If the complaint is received directly by the Complaints Officer, he/she (or someone with delegated responsibility) will log it on the online form and allocate a suitable representative to contact the complainant directly via phone (within 5 working days) to talk through the concern and agree the course of action, including the process of investigating the complaint.

Where a contact number is not provided by the complainant, a letter of acknowledgement will be issued within 5 working days.

The member of staff dealing with the complaint should fully investigate it, and complete a report with findings, within 28 days.

If this is not possible, the member of staff dealing with the complaint should ensure the complainant is kept informed (every 28 days) of the reasons for any delays, until the complaint is resolved.

The person dealing with the complaint should discuss the findings of the investigation with the complainant to ascertain that he/she is satisfied with Praxis Care's response.

14.1.5. Closing a Complaint at Stage One

When a complaint has been investigated it is important that the complainant is given feedback (either verbally or written) on the organisation's response to their complaint.

This feedback will:

- inform the complainant that their complaint has been investigated and outline the actions taken in response
- inform the complainant that the complaint is now considered closed
- advise the complainant of their rights in the event that they are not satisfied with the response

Where a complaint has been received in writing a written closure letter will be sent to the complainant containing this feedback. The corporate closure letter template should be used and can be requested from the Complaints email address.

The letter will be drafted by the Investigating Officer and the appropriate Operational Head, and forwarded to the relevant Operational Director for review. Once the content has been approved by the relevant Director, the written response will be issued to the complainant by the person who investigated the complaint.

Once the complaint has been addressed, the Complaints Officer should be updated of the closure of the complaint via the dedicated Complaints email address.

A copy of all investigative work, correspondence, including the closure letter etc, should also be forwarded by the investigating officer to the Complaints Officer, via the complaints@praxiscare.org.uk email.

14.2. STAGE TWO – FORMAL INVESTIGATION

14.2.1. Referral to Stage Two

An investigation at Stage 2 is used for any complaint that:

- Has not been resolved at Stage 1 – Local Resolution

In discussion with the complainant, if resolution has not been reached at Stage 1, the complainant should be advised that the matter will be escalated to Stage 2, and the process outlined.

The Manager / Head of Operations must inform the Complaints Officer directly to initiate Stage 2.

- Is of a serious nature that requires a formal investigation. This can include the following:-

Where the complaint concerns more than one service:

- Where serious matters are concerned i.e. perceived or actual risk to the service user
- Where there is a potential or actual Health and Safety issue

- Where the complainant infers or states that legal action will follow
- Where action could result in disciplinary proceedings for staff members
- Where the complainant infers or states that they will inform or involve the media, their MP or local councillor

If a complaint is received which raises a potentially serious matter, advice should be sought in the first instance from the Head of Operations to determine whether the Complaints Officer requires to be contacted to initiate a Stage 2, without first seeking a local resolution.

Praxis Care's Safeguarding Champion must be contacted, at the earliest opportunity, if the complaint relates to a safeguarding concern.

The HR Department must be contacted, at the earliest opportunity, where a complaint has been made concerning a member of staff, or where a complaint could potentially lead to disciplinary action, and take guidance from the HR Department where necessary.

14.2.2. Stage Two – Investigation

The Complaints Officer will appoint an Investigatory Officer, inform the Investigatory Officer that they have been appointed to investigate the complaint at this stage, and ensure that all relevant information is promptly forwarded to the Investigatory Officer.

The Investigatory Officer will contact the complainant (preferably verbally or in person) within 5 working days, to explain his/her role, talk through the concern, clarify how the complainant would like the complaint resolved, and agree the course of action, including investigation of the complaint at this stage.

The member of staff dealing with the complaint should fully investigate it, and complete a report with findings, within 28 days.

The report should include (as applicable):

- details of the complaint
- how the complaint was investigated
- findings
- recommendations
- learning

If this is not possible, the member of staff dealing with the complaint should ensure the complainant is kept informed (every 28 days) of the reasons for any delays, until the complaint is resolved.

The person dealing with the complaint should discuss the findings of the investigation with the complainant.

14.2.3. Closing a Complaint at Stage Two

A written response this will be drafted by the investigating officer and the appropriate Operational Head, and forwarded to the relevant Operational Director for review. Once the content has been approved by the relevant Director, the written response will be issued to the complainant.

The written response will:

- inform the complainant that their complaint has been investigated and outline the actions taken in response
- inform the complainant that the complaint is now considered closed
- advise the complainant of their rights in the event that they are not satisfied with the response

A copy of this letter will also be sent to the manager of the service about which the complaint was made.

The corporate closure letter template must be used and is available on request from the Complaints Officer, via the complaints@praxiscare.org.uk email address.

Once the complaint has been addressed, the Complaints Officer should be informed via the dedicated complaints email address, so that it can be closed at corporate level.

A copy of all investigative work, correspondence, etc, should also be forwarded by the investigating officer to the Complaints Officer, via the complaints@praxiscare.org.uk email.

14.3. STAGE THREE - INDEPENDENT REVIEW

Where the complainant is still not satisfied with the findings and actions of Stage 2 – Formal Investigation, he/she can make a written request to the Complaints Officer for an Independent Review to be carried out.

The Complaints Officer will review the documentation and may ask the complainant to state in writing why he / she is still unhappy with the previous attempts to resolve the issue.

The Complaints Officer will only consider the complaint if he / she is satisfied that Stage One and Two procedures have been completed correctly without adequate resolution of the complaint.

The Complaints Officer may then decide that:

- The matter has been dealt with fully and inform the complainant giving reason the why this is so.
- More could still be done locally to rectify the situation and refer the matter back to the Investigating Officer, specifying to him/her what further action is required.
- Appoint an independent person (at an appropriate level of authority, and not previously involved in the management of the complaint) to review the complaint and the action taken to date. The independent person will then complete a report, with recommendations, and return this to the Complaints Officer for review.

The Complaints Officer will then communicate with the complainant about the outcome at Stage Three.

The Complaints Officer will also advise the complainant in writing of the details of appropriate external agencies who can assist the individual if he/she is still not satisfied with the action taken to try to resolve the complaint.