

Corporate Complaints Policy & Process

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Version control	This is a new corporate policy. It replaces the following documents: <ul style="list-style-type: none"> the Complaints & Compliments Policy, last reviewed in October 2022 the Fundraising Complaints & Compliments Policy, last reviewed in November 2021. 		

1.0	POLICY STATEMENT
	<p>This policy sets out the Trust's approach to delivering a fair, transparent and accessible complaints process which aims to put things right.</p> <p>We see complaints management as a core service that is resourced accordingly. All relevant staff will be suitably trained in the importance of complaint handling.</p> <p>Our focus is on minimising complaint escalations through thorough investigation at stage one, with the aim of providing timely and appropriate resolutions to the issues raised.</p> <p>We seek to deliver a positive complaints culture where complaints are viewed as an opportunity to learn and to improve the quality of our services.</p>
2.0	OBJECTIVES
	<p>The objectives of this policy are to set out:</p> <ul style="list-style-type: none"> an approach to handling complaints which is fair, transparent and accessible and which complies with best practice the definition of a complaint and any exclusions which apply how we will ensure the people we support, and all other relevant stakeholders, are aware of our complaints service and how they can access it clear timescales for acknowledging and responding to complaints the standards expected across the Trust to ensure that complaints are resolved promptly, politely and fairly the actions we will take when things have gone wrong how we will use the learning from complaints to drive service improvements and to prevent a situation re-occurring.
3.0	SCOPE
3.1	<p>This document applies across the breadth of the Trust's services and activities.</p> <p>It applies to:</p>

	<ul style="list-style-type: none"> • anyone receiving a service from the Trust, or anyone acting on their behalf and with their consent • applicants for Trust services • any member of the public or stakeholder, who has a legitimate concern about our service provision, or considers themselves disadvantaged through the Trust's actions or inactions over activities that the Trust can legitimately be expected to control. <p>This includes our fundraising audience, including those who may have been offended by our fundraising communications.</p> <p>The Trust has adopted a broad definition of a complaint (see 4.1) and all complaints will be accepted unless there is a valid reason not to do so. We will consider the individual circumstances of every complaint before excluding any.</p>
3.2	<p>The following are examples of issues that we will <u>not</u> treat as a complaint:</p> <ul style="list-style-type: none"> • the issue is a service request (see 4.2) and not a complaint • suggested improvements / amendments to fundraising communications • the issue occurred over 12 months previously, unless there is a justifiable reason for the delay or the complaint is in relation to a safeguarding issue occurring more than 12 months ago, but which has only recently come to light • where the Trust is not responsible for delivering the service e.g. a housing benefit claim. Where possible we will sign-post to the correct service • where legal proceedings have started - this is defined as details of the claim having been filed at court • where the issue is subject to an insurance claim against the Trust (any other elements outside of the insurance claim will still be considered through the complaints process) <p>Complaints raised by members of staff will not be dealt with under this policy. Such complaints are covered by our HR policies, including the Grievance Policy and the Whistleblowing Policy.</p> <p>As detailed in section 6.2, any complaint in relation to a safeguarding issue will be handled under the Trust's Safeguarding Policy and Procedures. The Complaints process will be reverted to once the safeguarding process has been concluded.</p>
4.0	DEFINITIONS
4.1	<p>Definition of a complaint</p> <p>The Trust's definition of a complaint is based on the Local Government & Social Care Ombudsman's (LGSCO) definition: <i>'an expression of dissatisfaction, however made, about the standard of service, actions or lack of action by the organisation, its own staff, or those acting on its behalf.'</i></p> <p>The individual does not need to use the word 'complaint' for it to be treated as a complaint.</p>
4.2	<p>Definition of a service request</p> <p>The Trust has adopted the LGSCO definition of a service request: <i>'a request that the organisation provides or improves a service, fixes a problem or reconsiders a decision'.</i></p>

	<p>Examples of a service request would be the first request to fix a repair or a first report of anti-social behaviour.</p> <p>A service request is not a complaint, though it may contain expressions of dissatisfaction. The organisation should have the opportunity to deal with a service request before a complaint is made. However, dissatisfaction with the way a service request has been handled will be treated as a complaint.</p>
5.0	<p>LEGAL & REGULATORY REQUIREMENTS AND BEST PRACTICE GUIDANCE</p>
	<p>Local Government and Social Care Ombudsman (LGSCO) Complaint Handling Code</p> <p>The Trust's Complaints policy and process reflects the good practice guidance contained in the LGSCO Complaint Handling Code¹, effective from April 2024.</p> <p>The LGSCO Code is issued for local councils in England and constitutes 'important advice and guidance to councils, rather than instructions'. The Code states that 'other organisations in the Ombudsman's jurisdiction, may find the Code helpful in setting out good practice'.</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 16: Receiving and acting on complaints</p> <p>The intention of this regulation is to make sure that people can make a complaint about their care and treatment. To meet this regulation, providers must have an effective and accessible system for identifying, receiving, handling and responding to complaints from people using the service, people acting on their behalf or other stakeholders. All complaints must be investigated thoroughly and any necessary action taken where failures have been identified.</p> <p>When requested to do so, providers must provide CQC with a summary of complaints, responses and other related correspondence or information.</p> <p>The Fundraising Regulator: Code of Fundraising Practice (2019)</p> <p>The Code requires organisations to:</p> <ul style="list-style-type: none"> • have a clear and publicly available complaints procedure which must also apply to third party fundraisers. • have a clear and published procedure for members of staff and volunteers to report any concerns they have about the organisation's fundraising practice (the Whistleblowing Policy). • explain how a person can report their concerns to the Fundraising Regulator if it is not possible for it to be considered or resolved within the charity. <p>The Equality Act 2010</p> <p>Organisations must consider their duties under the Equality Act 2010 and anticipate the needs and reasonable adjustments of individual's who may need to access the complaints process.</p>

¹ The principles, process and timescales contained in the LGSCO Code also align with the Complaints Handling Code issued by the Housing Ombudsman Service.

	Note - the Charity Commission's role in respect of charity complaints is summarised at Appendix B.
6.0	POLICY / POLICY PRINCIPLES
6.1	<p>Awareness & Accessibility</p> <p>We will publicise our Complaints policy and process widely, including on our website, through posters in communities and via the regular Family Newsletters. It will be referenced within relevant correspondence with families and other stakeholders, including within fundraising material.</p> <p>An easy read version of our Complaints policy and process is available. A one-page guide on how we handle complaints for families and other representatives of people we support is also available. A copy of the Complaints Policy will be made available on request.</p> <p>Complaints may be made by any means, including in person, by telephone, in writing, via email, via text, by contacting local or central staff directly or by sending the complaint to the Trust Office. We will provide accessible information and assistance to enable the people we support to raise a concern or make a complaint through whatever means they prefer. We will make reasonable adjustments, where appropriate, according to an individual's needs.</p> <p>Complaints can be made through a third party (e.g. a relative, neighbour, or councillor). Complainants can ask a representative or advocate of their own choice to act on their behalf. Permission will need to be given by the complainant to disclose information to their advocate in compliance with data protection requirements before proceeding.</p>
6.2	<p>Receiving the Complaint</p> <p>When a complaint is received, the relevant team leader or service manager will be made aware of the complaint.</p> <p>Details of the complaint will be sent to the Trust Office so that it can be entered on the central complaint tracker by the Executive Assistant, who will also set up a central folder for all correspondence and other relevant documents.</p> <p>The Executive Assistant will notify the relevant Head of Service/Senior Manager in order to agree who will be responsible for responding to the individual. This will be recorded on the tracker. Complaints will be investigated and responded to by a manager who has not previously been involved to ensure impartiality.</p> <p>Any complaint in relation to a safeguarding issue will be logged and reported immediately to the registered manager or other designated manager and the Safeguarding policy and procedure will take precedence. The Complaints process will be reverted to once the safeguarding process has been concluded.</p> <p>In the case of other serious complaints, the Escalation Procedure may need to be followed. This will provide guidance on which matters may need to be brought to the attention of the relevant Director, the CEO, and potentially the Chair, without delay. These are events that have the potential to adversely affect the Trust's standing in the eyes of the people we support, families, statutory partners and the wider sector/public. Irrespective of the type of situation, at the point there is a</p>

	<p>potential risk of damage to the Trust’s brand, reputation or finances then the matter should be escalated.</p> <p>Consent and confidentiality will not be compromised during the complaints process, unless there is a statutory obligation, such as safeguarding, that makes this necessary.</p> <p>Where a complaint is made about a member of staff or a volunteer, they will be informed of this and have the opportunity to respond to the issues raised.</p> <p>Where a complaint is being made by a group of individuals, someone will be identified as a spokesperson to allow the efficient handling of the complaint. Any responses will be shared with all parties and subject to data protection requirements.</p> <p>In the case of anonymous complaints, the complaints process will be followed as far as possible.</p> <p>If a complaint is not accepted (see section 3.0), we will explain our reasoning and will sign-post as appropriate to external organisations (see Appendix B).</p>
6.3	<p>Stage one acknowledgement</p> <p>The Executive Assistant will acknowledge the complaint within five working days of it being received. This acknowledgement will provide the following information:</p> <ul style="list-style-type: none"> • our understanding of the complaint • who will be dealing with the complaint • when a full response can be expected • an offer to meet in person, or to discuss on the phone the issues raised. <p>It is important that the person making the complaint and/or their representative is given the opportunity to outline the reasons for their complaint, the impact it has had and the outcome they are seeking. Ideally, this will be an in person meeting.</p> <p>Any immediate action required will be taken and it may be possible to resolve the issue at this stage. Where agreement is reached that the complaint has been satisfactorily resolved, this should be confirmed in writing.</p>
6.4	<p>Stage one response</p> <p>Following investigation, a full written response (or other acceptable format as agreed with the individual / their representative) will be provided within 10 working days of the complaint being acknowledged. This response will be written in plain language and will include the following information:</p> <ul style="list-style-type: none"> • the complaint stage • a summary of the complaint • the decision in relation to the complaint, with reasons • an apology where appropriate and details of any remedy offered to put things right • details of any outstanding actions and expected timescales • details of how to escalate the matter to stage two, if not satisfied with the stage one response • details of where else the individual may be able to seek help.

	<p>The response will be provided when the answer to the complaint is known and not when the outstanding actions required to address the issue are completed. Outstanding actions must be tracked with appropriate updates provided to the individual / their representative. A complaint will only be closed when all agreed action has been taken.</p> <p>A complaint can be remedied at any stage. Individuals do not have to escalate a complaint in order to get an appropriate remedy.</p> <p>Where new issues are raised during the investigation, and the response has not yet been provided, these additional matters will be incorporated into the existing complaint. Where the response has been issued, or the new issues are unrelated, a separate complaint will be logged.</p> <p>If it will take longer to complete the investigation and to provide a response, we will let the person / their representative know the reason for the delay and when they can expect the full response. This extension should be no more than 10 working days.</p>
6.5	<p>Escalation to stage two</p> <p>If all or part of the complaint is not resolved to the individual's satisfaction, the complaint will be escalated to stage two, the final stage. Whilst the individual does not need to explain their reason for requesting a stage two investigation, we will make every effort to understand why they remain unhappy.</p> <p>Requests for a stage two investigation will be logged and acknowledged by the Executive Assistant within five working days of the escalation request being received. The Executive Assistant will notify the relevant Director and agree with them who will investigate and respond to the stage two complaint. The person considering the complaint at stage two will not be the same person that considered the complaint at stage one.</p> <p>We will not refuse unreasonably to escalate a complaint to the second stage. Any decision to not escalate a complaint will be made by the relevant Director and a full explanation will be provided.</p> <p>A full response to a stage two complaint will be issued within 15 working days of the escalation request being acknowledged. This response will be written in plain language and will include the following information:</p> <ul style="list-style-type: none"> • the complaint stage • a summary of the complaint / dissatisfaction • the decision in relation to the complaint, with reasons • an apology where appropriate and details of any remedy offered to put things right • details of any outstanding actions and expected timescales • clarification that stage two is the end of the Trust's complaints process and that there is no further appeal stage • details of how to take further action and which external bodies may be able to assist if they remain dissatisfied (see 6.8 and Appendix B). <p>If it will take longer to complete the investigation and to provide a stage two response, we will let the person / their representative know the reason for the delay and when they can expect the full response. This extension should be no more than 20 working days.</p>

	As above, a complaint will only be closed when all agreed action has been taken.
6.6	<p>Putting things right</p> <p>Where failures have been identified, several remedies are available including:</p> <ul style="list-style-type: none"> • acknowledging where things have gone wrong and providing an explanation and assistance • apologising • taking action if there has been a delay • reconsidering or changing a decision • providing a remedy to put things right • changing policies, procedures or practices <p>Any remedy offered for a service failure should reflect the impact on the individual and reflect best practice guidance published by the Ombudsman.</p> <p>We will document decisions and actions and will track the delivery of any remedy through to completion.</p>
6.7	<p>Learning and service improvement</p> <p>We will look beyond the circumstances of individual complaints and will consider any learning actions to prevent reoccurrence and ensure continuous improvement.</p> <p>Following a complex or serious complaint, it may be appropriate to hold a case review meeting to ensure that learning and service improvements are identified.</p> <p>We will report on wider learning and improvements to the Quality & People Committee, the Board, the people we support and their representatives, staff and other stakeholders.</p>
6.8	<p>External regulation / sources of assistance</p> <p>We will let people know through this policy, on our website and through our correspondence that they may have the right to pursue their complaint with an external body. Depending on the nature of the complaint, it may be appropriate to provide details of the relevant regulator or ombudsman service. See details provided at Appendix B.</p>
6.9	<p>Staff training</p> <p>To ensure effective management of complaints and resultant learning, we will provide training for managers in successful complaint management.</p> <p>All relevant staff will receive training in complaint handling and template letters will be available to support staff.</p>
6.10	<p>Unacceptable behaviour / unreasonable demands / vexatious complaints</p> <p>If it is necessary to put any restrictions in place as a result of unacceptable behaviour, unreasonable demands and/or vexatious complaints, these will be proportionate. We will provide reasons for any such restrictions and will keep these under regular review.</p>

7.0	ACCOUNTABILITY / RESPONSIBILITY
7.1	The Trustees are ultimately responsible for the Trust's management and administration, including the management of complaints. In practice, the work needed to fulfil the Trustee responsibilities with regards to complaints are delegated to staff.
7.2	<p>The Chief Executive has overall responsibility for this Policy. The Executive Team has responsibility for:</p> <ul style="list-style-type: none"> • leading a service improvement and customer focused complaints culture within the Trust • ensuring that managers have the autonomy to act to resolve complaints promptly and fairly • ensuring that sufficient resources are assigned to complaint handling.
7.3	<p>The Governance Manager, supported by the Executive Assistant, has responsibility for:</p> <ul style="list-style-type: none"> • overseeing the Trust's complaint handling performance • developing and reviewing the Complaints policy and process • ensuring effective supporting systems are in place (including the complaints tracker, correspondence records and template letters) • monitoring the Trust's response to complaints, ensuring this is in line with the policy, process and timescales • regular reporting to EMT, Committee & Board, as outlined in section 8 • ensuring there is a structured approach in place to learn from complaints and identify areas for service improvement • liaising with the Learning & Development Team over the provision of training • where appropriate, managing escalations in line with the Escalation process and guidance on reporting serious incidents. • sample checking that follow-up actions have taken place.
7.4	<p>Managers are responsible for:</p> <ul style="list-style-type: none"> • considering each complaint on its own merit • ensuring that the individual / their representative and any staff member subject to a complaint are given the opportunity to set out their position before a decision is made • ensuring that complaints are thoroughly and fairly investigated, providing full responses and setting appropriate remedies • ensuring our agreed standards and timescales are adhered to • working collaboratively to resolve complaints efficiently, particularly where a complaint may involve more than one department / service area • taking collective responsibility for any shortfalls identified • ensuring individuals / their representatives are kept updated during an investigation • taking ownership of lessons learnt and driving continuous service improvements from trends and themes identified.
7.5	<p>All Staff are responsible for:</p> <ul style="list-style-type: none"> • familiarising themselves with the complaints policy and process and knowing how to respond when they receive a complaint • discussing matters with individuals / their representatives to distinguish between service requests and dissatisfaction about the service they have received

	<ul style="list-style-type: none"> • offering the complaints process to individuals who express concerns of dissatisfaction and providing assistance where necessary • bringing any complaints received to the immediate attention of their manager • adhering to the Trust's service standards / response times • attending any training identified for them.
8.0	MONITORING / AUDITING / CONTROLS
8.1	Complaints will be monitored over time, looking for areas of risk and trends which may need to be addressed.
8.2	<p>Complaints Tracker</p> <p>The Complaints Tracker is maintained by the Executive Assistant, at the Trust Office. The Tracker records all complaints, key stages / dates, actions taken and outcomes and learning and date of closure. Where no action is taken, the reasons for this will be recorded.</p>
8.3	<p>Quarterly reporting to EMT</p> <p>The Governance Manager will provide a quarterly report to EMT, to include the following information:</p> <ul style="list-style-type: none"> • a summary of complaints received (number and subject) • all complaints logged and acknowledged in writing within five working days • all stage one complaints responded to within 10 working days from date of acknowledgment • all stage two complaints responded to in writing within 15 working days • the percentage of complaints escalated to stage two.
8.4	<p>Quarterly reporting to Quality & People Committee</p> <p>A quarterly summary of complaints will be provided to the Quality & People Committee, to include the following information:</p> <ul style="list-style-type: none"> • the information outlined at 8.3 • details of any complaints we refused to accept • any emerging themes • the service improvements implemented as a result of learning from complaints.
8.5	<p>Annual reporting to Quality & People Committee and to Board</p> <p>An annual complaints performance and service improvement report will be provided to the Quality & People Committee and to Board, to include the information listed at 8.4 above.</p> <p>The Annual Complaints Report will be published on the Trust website. A summary of complaints will be provided in the Trust's Annual Report & Financial Statements.</p>
8.6	<p>Seeking feedback on the Complaints policy & process</p> <p>We will seek feedback from individuals / their representatives, in relation to the outcome and handling of their complaint, as part of our drive to encourage a positive complaint and learning culture.</p>

9.0	REFERENCE DOCUMENTS
	<p>Trust policies:</p> <ul style="list-style-type: none"> • Safeguarding Policy & Safeguarding Procedure • CQC Notifications & Duty of Candour Policy • Escalation Procedure • Crisis Management Policy • Equality, Diversity & Inclusion Policy • Grievance Policy • Whistleblowing Policy <p>Other reference documents</p> <ul style="list-style-type: none"> • Local Government & Social Care Ombudsman Complaint Handling Code (April 2024) • Housing Ombudsman Service Complaint Handling Code (April 2024) • CQC: Regulation 16: Receiving and acting on complaints (updated May 2025) • Fundraising Code of Practice (2019)

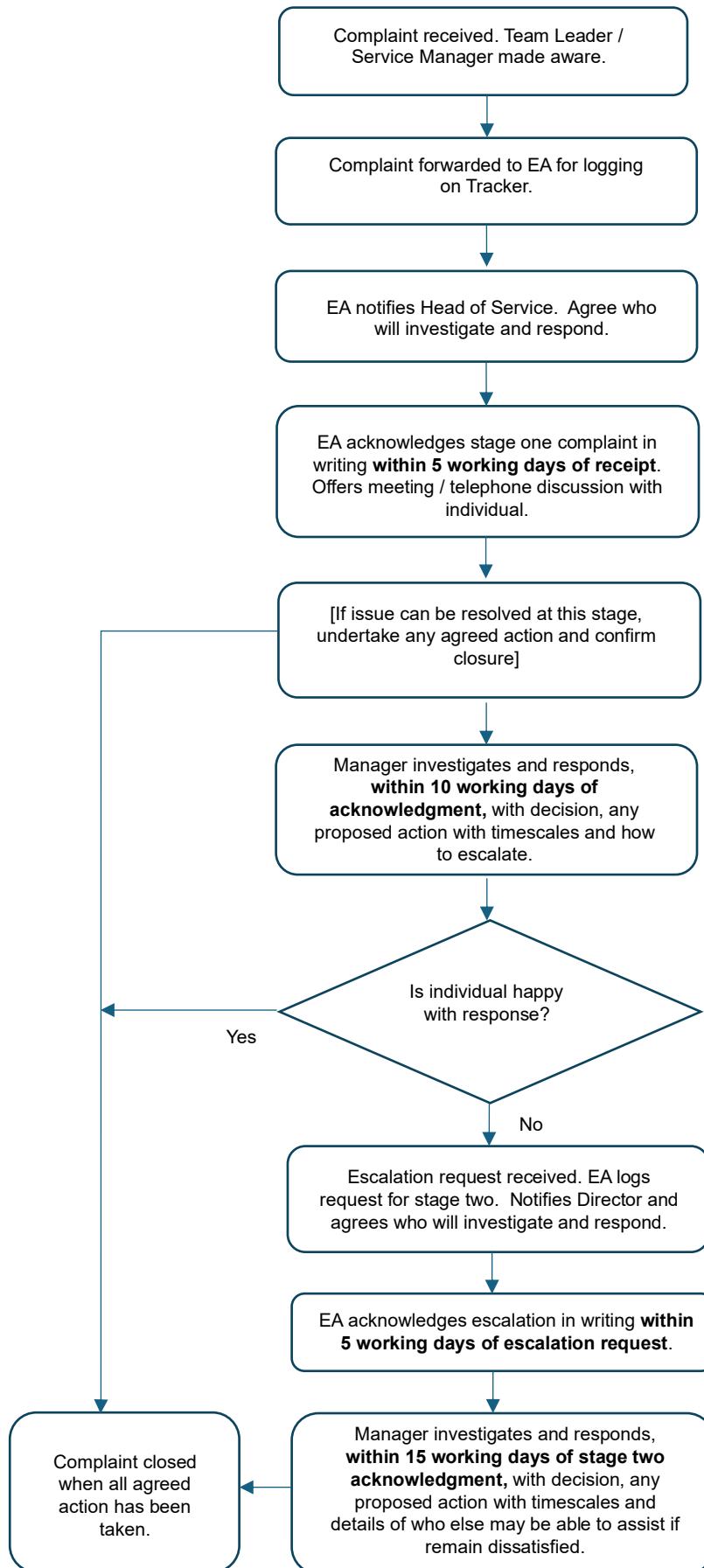
List of Appendices

Appendix A - Flowchart summary of the complaints process

Appendix B - External Regulators and Sources of Assistance

Appendix C - Example template letters (to follow)

Appendix A: Summary Process



Appendix B: External Regulators and Sources of Assistance

1. Complaints in relation to adult social care

If the care is funded or arranged by a local council, the individual / their representative can complain to the relevant council. www.gov.uk/find-local-council

The [Local Government & Social Care Ombudsman](#) will investigate complaints about adult care services, whether the care is provided by a local council or the individual pays for it themselves. The LGSCO will generally only consider complaints that have already been through the organisation's own internal complaint process.

For those receiving personal care, complaints can be made directly to the [Care Quality Commission](#) (CQC).

2. Complaints in relation to fundraising

The [Fundraising Regulator](#) investigates complaints about charitable fundraising where these cannot be resolved by organisations themselves or where the issue has caused, or has the potential to cause, significant public harm. Examples include where a fundraising organisation:

- has made misleading or excessive requests for donations
- has been disrespectful or treated someone unfairly when seeking donations
- is not transparent or open about the relationship it has with a third party
- has failed to respect someone's wishes
- has not dealt appropriately with a complaint that has been made about fundraising.

3. Complaints in relation to advertising

The [Advertising Standards Authority](#) will consider complaints about:

- advertising campaigns considered to be offensive, deceptive or inaccurate
- the amount of emails or mail received from a charity

The [Fundraising Preference Service](#) can be used to change how often emails, phone calls, texts or post are received from a charity.

4. Complaints in relation to personal data

Complaints about the use of personal data by a charity should be reported to the [Information Commissioner's Office](#).

5. The Charity Commission

The [Charity Commission](#) does not take up complaints about a charity's standard of service in individual cases. Nor does the Commission act as a mediator when the complaint centres on a breakdown of relations between the charity and a complainant.

The following concerns should be raised with the Commission:

- a charity not following the law, which significantly damages its reputation and public trust in charities generally
- serious harm to the people the charity helps or other people who come into contact with the charity through its work
- charities being used for significant private advantage
- a charity set up for illegal or improper purposes, for example to avoid paying tax
- a charity losing significant amounts of money
- a charity losing significant assets, for example land or buildings
- criminal, illegal or terrorist activity.