



## Complaints Policy

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### **Part 1 – Complaints**

#### **1. Introduction**

At PartnershipProjects, we recognise that everyone occasionally makes mistakes. What is important, however, is that when mistakes are made there is a clear and fair approach to putting things right again.

The aim of this Complaints Policy is to ensure that every service user, staff member and stakeholder has access to a procedure that supports and enables them to raise concerns or complain about any aspect of our services.

Staff members who have concerns or complaints relating to their contract of employment or employee relationships, are expected to raise these through our

grievance policy and procedure. Any other concern or complaint should be raised in accordance with this complaints policy.

**The PartnershipProjects Complaints Policy endeavours to:**

- be easily accessible and publicised.
- be simple to understand and use.
- be impartial.
- be non-adversarial.
- allow swift handling with established timescales for action and keep people informed of the progress.
- ensure a full and fair investigation by an independent person where necessary.
- respect people's desire for confidentiality.
- address all the points at issue and provide an effective response and appropriate redress, where necessary.
- provide information to PartnershipProjects so that services can be improved.

**2.Aims and objectives of the policy**

This complaints policy aims to:

- Encourage the resolution of concerns by informal means wherever possible.
- Ensure that concerns and complaints are dealt with quickly, fully and fairly and within clearly defined time scales.
- Provide effective responses and appropriate redress.
- Maintain good working relationships between all people involved with the service.

This Policy & Procedure will be reviewed annually to ensure it remains fit for purpose and compliant with current legislation and best practice.

**3. Who is allowed to complain?**

This policy may be used by anyone (except staff whose concern or complaint is about their contract of employment or employee relationships) that has a concern or complaint about any aspect of our service. This includes but is not limited to: anyone in receipt of a service from PartnershipProjects, stakeholders, the commissioning County Council/Local Authority, partner agencies or any other members of the local community.

**4. Monitoring complaints**

At all stages of the formal complaints procedure, the following information will be recorded:

- The name of the complainant.
- The date and time at which complaint was made.
- The details of the complaint
- The desired outcome of the complainant.
- How the complaint is investigated (including written records of interviews

held);

- Results and conclusions of investigations.
- Any action taken.
- The complainant's response (satisfaction or further pursuit of complaint).

The Director for Safeguarding will be the responsible person for maintaining a record of complaints and ensuring that all staff and service users are aware of and comply with this policy, provide leadership and vision in respect of equality and provide guidance and support to all staff. The only instance where the Director for Safeguarding will NOT be responsible for logging complaints is if the complaint is made against the Director for Safeguarding.

In this instance, the complaint will be dealt with by another director.

### **5.Upholding or not upholding complaints**

At each stage of the complaints procedure, the conclusion will be either:

- That the complaint is upheld (in part or in full) and, where appropriate, some form of action is taken.

Or

- That the complaint is not upheld and reasons for this are clearly given.

### **6.Publicity and communication**

This policy will be publicised by the PartnershipProjects' information in many ways:

- information will be given to new service users prior to receiving a service
- information will be given to commissioning bodies
- bulletins and/or newsletters will remind service users about the policy
- information will be published on PartnershipProjects' website.

All staff will be made aware of this complaints policy and the various stages of the procedures involved. At all stages of the complaints procedure, everybody involved will be clear about what is happening and what their responsibilities are.

Written records will be kept as evidence of these procedures being followed. In addition, the complainant will be told how to proceed to the next stage of the procedure when their complaint is not upheld.

### **7.Summary of Stages**

This policy sets out the procedures which PartnershipProjects will follow whenever it receives a complaint. A summary of the various stages is given below:

**Stage 1** – Informal discussion and resolution Informal Stage

**Stage 2** – Formal Complaint made followed by investigation

**Stage 2** – Appeal submission against Stage 1 decision heard by an appeal panel

## 8.Scope

Any matter where a service user, staff member or stakeholder is unhappy and is seeking action by PartnershipProjects is a complaint and is in the scope of this policy with the **exceptions** listed below, for which there are separate procedures.

Exceptions	Who to contact
<ul style="list-style-type: none"><li>Matters likely to require a statutory child or adult safeguarding investigation</li></ul>	In relation to safeguarding matters, the Safeguarding Policy will be followed.
<ul style="list-style-type: none"><li>Allegations against staff that relate to safeguarding matters</li></ul>	When an allegation has been about a staff member (including volunteers and associates) that outlines concerns of a safeguarding nature, the Managing Allegations against Staff Policy will be used (in conjunction with the Safeguarding Policy, where appropriate).
<ul style="list-style-type: none"><li>Whistleblowing</li></ul>	The Whistleblowing Policy will be followed
<ul style="list-style-type: none"><li>Staff grievances and disciplinary procedures</li></ul>	These matters will be considered under our grievance procedures. Complainants will not be informed of the outcome of any investigation.
<ul style="list-style-type: none"><li>Complaints about services provided by other providers or commissioning bodies</li></ul>	Other service providers should have their own complaints procedure to deal with complaints about their service. They should be contacted directly. This includes other bodies who may commission PartnershipProjects to provide services.

## 9.Informal Procedures – Stage 1

### Stage 1

At the outset of any concern being raised, the difference between a concern and a complaint will be identified. We believe that taking informal concerns seriously at the earliest stage will reduce the numbers that develop into complaints.

We understand that concerns are often caused by simple mistakes or misunderstandings, or thoughts and feelings that have not been aired or acknowledged and we anticipate that these and other issues can be quickly and informally resolved through improved communication and immediate response. At other times, or if a concern is not resolved to the complainant's satisfaction, it may be necessary to use the formal complaints procedure. It is important that this choice is always available.

We ask that staff, where possible, are able to resolve issues on the spot including apologising where appropriate. In addition, it may be appropriate to offer one or more of the following:

- an explanation;
- an admission that the situation could have been handled differently or better;

- an assurance that the event of concern will not recur;
- an explanation of the steps that have been taken to ensure that it will not happen again.

### **Who to speak to informally**

Individuals can raise concerns with any staff member within PartnershipProjects or their managers depending on their wishes and the type of issues they want to discuss.

### **Monitoring**

A brief note of all such issues will be kept.

### **Time scales**

There are no specific time scales for dealing with concerns at this stage. However, as at all stages, issues will be considered and dealt with as quickly and effectively as possible.

### **Response**

The individual who raised the concern or complaint will be informed of any action to be taken to resolve the issue and if appropriate, in writing.

If a Stakeholder or service user is dissatisfied at the outcome of discussing a concern, they can make a complaint. In order to be considered as a formal complaint, this request will need to be put in writing unless this is not possible for whatever reason and the complainant will be supported to put their complaint in writing upon request to the Director for Safeguarding (or alternative Director).

At PartnershipProjects, we treat **ALL** complaints as formal, no matter how small. We will follow the same procedure for all complaints received, and we aim to resolve each one with a satisfactory resolution.

The Director for Safeguarding is the service's nominated member of staff with responsibility for the operation and management of the complaints procedure.

#### **The Director for Safeguarding, when investigating complaints, will:**

- contact and/or meet with the complainant
- clarify the nature of the complaint and what remains unresolved
- clarify what the complainant feels would put things right
- establish **what** has happened so far, and **who** has been involved
- interview those involved in the matter and/or those complained of, allowing them to be accompanied if they wish
- approach the investigation with an open mind
- keep detailed notes of any interview
- establish the facts insofar as they are able to ascertain

Complainants will be encouraged to state what actions they feel might resolve the problem at any stage during the resolution of the complaint.

The investigation process will identify areas of agreement between the parties and clarify any misunderstandings that may have occurred to ensure a positive atmosphere in which to discuss any outstanding issues.

We recognise that it is essential to be open to criticism or complaint from any source and that only by being open to criticism or complaints can we hope to improve our services.

## 9. Formal Procedures – Stages 2 & 3

### Stage 2

1. Information about any complaint made must be passed immediately to the Director for Safeguarding for them to make an initial assessment (save for where the complaint relates to the Director for Safeguarding, whereby it must be passed to the named alternative director)
2. When a complaint is made it will be recorded in a 'Complaints Folder', to show the date and time of the complaint being made; the name of the person making it; the nature of their complaint; any response required/given; the name of the person(s) dealing with it. The 'Complaints Folder' will be stored in a secure and confidential manner in line with our Data Protection and Information Sharing Policy. A chronology will then be started to track and monitor any progress of the complaint.
3. A decision must also be made at this stage as to how and when to inform any third party who may be the subject of the complaint as well as consideration given to any interim measures that may need to be put in place whilst the matter is investigated.
4. Confirmation of receipt including the name of person dealing with the complaint will be provided to the complainant within **3 working days** of the complaint being received.
5. The matter should then be looked into and responded to, if not in full, within **10 Working days**, providing written details of how the matter has been dealt with or the timescale during which it will be investigated and fully addressed.
6. A written chronological record will be kept throughout of all communication and actions planned or taken, so that the progress of any investigation can be monitored. The records will indicate whether the complaint was resolved satisfactorily at the preliminary stage or whether the complainant remains dis-satisfied with the outcome and wishes to progress to the next stage.
7. The process of investigation and response should not exceed **15 working days**, except in rare and exceptional circumstances. If this does occur it is vital that the Complainant is informed, in writing, as to when they may expect a full response.

### Stage 3

8. Should the matter then remain unresolved to the Complainant's satisfaction, they have the right to appeal the outcome, within **20 working days** of the full response being received.
9. Where the Complainant wishes to appeal against the response provided, an appeal can be submitted in writing to the Director for Safeguarding. The appeal will be considered by a panel of at least 3 people, who have not previously been involved in the complaint.
10. The Appeals Panel will be convened by the Director for Safeguarding within **15 working days**
11. Panel members will be asked to consider the substance of the original

complaint and the response provided to this complaint by the investigator. They will then be free to make their own findings and recommendations.

- 12.** The outcome of any Appeal Panel will be formally recorded, and copies of the findings and recommendations distributed within 5 working days to the Complainant, the **Director for Safeguarding** and, where possible, any person(s) about whom the complaint has been made.

### **10. Confidentiality**

All conversations and correspondence will be treated with discretion. Complainants have the right to know what use will be made of personal information and accordingly, personal information will only be shared between staff on a 'need to know' basis.

### **11. Equal Access, Accompaniment and Representation**

Steps will be taken to ensure that any individual has the opportunity to raise their concerns or submit a complaint. This includes the right to submit complaints which have been written by another individual on their behalf. Should any meeting need to be held where any parties would have difficulties in terms of access, the Director for Safeguarding will assist with providing an appropriate venue.

It is an expectation that equal respect will be granted to each person involved within the process and that differences between people will be respected and understood.

### **12. Time between stages**

Although each of the stages within the procedure should occur consecutively, it is not necessary for each stage to immediately follow the last. Complainants may need some time to decide whether they wish to pursue the matter any further.

After each stage, the complainant and the individual who is dealing with their complaint at that time will agree an appropriate time scale within which the next stage should be accessed, if at all. If the complaint is not submitted to the next stage within this agreed time scale it will be considered as closed.

### **13. Changes to time scales and deadlines**

In general, the time scales and deadlines contained within this policy will be adhered to. However, in certain circumstances it may be inappropriate or impossible to guarantee that this is possible. Where a complaint leads to criminal proceedings this will always be the case.

If and when it becomes necessary to alter the time scales and deadlines set out within this policy, the complainant will be told and given an explanation as to why this has been the case.

### **14. Disciplinary Procedures**

This complaints policy is distinct from formal staff disciplinary proceedings and this should be made clear to all concerned. There may be occasions where a complaint

gives rise to disciplinary procedures which put the complaints process on hold. If and when this occurs, the complainant should be informed. Any non-disciplinary aspects of the complaint should continue to be dealt with through the usual complaints procedures. If another policy is more appropriate than this complaints policy for any given situation then it should be used in preference to it.

## **Part 2 - Malicious and Vexatious Complaints**

PartnershipProjects is committed to dealing with all stakeholders fairly, ensuring we provide high quality services, and a clear, and timely response when they contact us.

However, in certain cases people may pursue their complaints in a way that is unreasonable. They may behave unacceptably or be unreasonably persistent in their contacts and submission of information. This can impede investigating their complaint (or complaints by others) or otherwise disproportionately impact on the operational capacity of the service. These actions can occur either while their complaint is being investigated, or when the complaint investigation is finished.

### **1. Values & Principles**

PartnershipProjects is committed to responding with patience and sympathy to the needs of all our service users, staff and stakeholders, including when they have a complaint.

In order to distinguish between complainants who, make a number of complaints with good cause, because they really think things have gone wrong, and those who are unreasonably complaining without sufficient cause; the Director for Safeguarding will:

- consider each complaint on its own terms, and decide whether it is genuine or malicious and/or vexatious
- evaluate each written or spoken submission
- ensure that, if someone has made malicious and/or vexatious complaints in the past, it is not assumed that any subsequent complaint from them also falls into this category

PartnershipProjects cannot commit significant time responding to unreasonable complainant behaviour but will try to avoid inflaming any already difficult situation. The Director for Safeguarding will exercise judgement on the best way of handling each case.

### **2.Aim**

This section of the Complaints Policy outlines how PartnershipProjects aims to ensure a proportionate approach when responding to complaints and complainant behaviour. It supports staff (including volunteers and associates) to understand clearly what is expected of them, what options for action are available, and who can authorise these actions.



### **3. Scope**

This section of the Complaints Policy covers unreasonable complainant behaviour, which may include one or two isolated incidents, as well as unreasonably persistent behaviour, which is usually a build-up of incidents or behaviour over a longer period.

#### **How do we identify which complaints are malicious and/or vexatious?**

For the purpose of this policy, malicious and/or vexatious complaints are those which, because of the nature or frequency of the complainant's contacts, impede the services consideration of their or other people's complaints or otherwise disproportionately impact on the operational capacity of the service.

Single incidents may be unacceptable in themselves, but more often the difficulty is caused by unreasonably persistent behaviour that is time consuming to manage and interferes with proper consideration of the complaint.

### **4. Examples of Malicious and/or Vexatious Behaviours**

The following are examples of some of the actions and behaviours which PartnershipProjects may consider malicious and/or vexatious (this list is *not* exhaustive):

- Refusing to specify the grounds of a complaint, despite offers of help.
- Refusing to cooperate with the complaints investigation process.
- Refusing to accept that certain issues are not within the scope of a complaints procedure.
- Insisting on the complaint being dealt with in ways which are incompatible with the adopted complaints procedure.
- Making unjustified complaints about staff who are trying to deal with the issues, and/or seeking to have them replaced.
- Systematically harassing or bullying staff.
- Changing the basis of the complaint as the investigation proceeds.
- Denying or changing statements that the complainant made at an earlier stage.
- Introducing trivial or irrelevant new information at a later stage.
- Raising many detailed but unimportant questions, and insisting they are all answered.
- Submitting falsified documents from themselves or others.
- Several complainants pursuing parallel complaints on the same issue or one complainant pursuing parallel complaints on the same issue with various multi-agencies
- Making excessive demands on staff time and resources with lengthy phone calls, emails to numerous staff or detailed letters and expecting immediate responses.
- Submitting repeat complaints with minor additions / variations which the complainant insists make these 'new' complaints.
- Refusing to accept the decision; repeatedly arguing points with no new evidence.

## **5. Responsibilities**

The Director for Safeguarding has ultimate responsibility for the implementation of the provisions of this policy and for ensuring that the appropriate mechanisms are in place to support an open, fair and proportionate response to complainants.

**All Staff** (including volunteers and associates) have a responsibility to ensure that complaints relating to PartnershipProjects are handled appropriately; complaints received, whether written or spoken, should be escalated to the Director for Safeguarding in the first instance.

## **6. Procedure**

### **Considerations Prior to Taking Action under the Policy**

Prior to taking action under this policy the Director for Safeguarding will conduct a thorough review of the complaint and be satisfied that:

- the complaint is being or has been investigated in line with part 1 of this policy
- communications with the complainant have been adequate based on the aforementioned Values and Principles quoted, and
- the complainant is not now providing any significant new information that might affect PartnershipProjects' view on the complaint.

### **Designating a Complaint as Malicious and/or Vexatious**

The Director for Safeguarding will decide when a complaint is to be designated as 'malicious and/or vexatious'. They will base this decision on whether the nature and/or frequency of the complainant's contact with the service, is impeding the service's consideration of their or other people's complaints, or otherwise disproportionately impacting on the operational capacity of the service.

Where the complaint has been designated as malicious and/or vexatious, the Director for Safeguarding will suggest appropriate options for action to the Board of Directors and external advice will be sought where deemed necessary.

The Board of Directors will consider and agree the option/s proposed prior to any action being taken; if relevant, an appropriate time limit on any restrictions will also be agreed.

Any actions taken by PartnershipProjects will be proportionate to the nature and frequency of the complainant's current contacts. The following options may be suitable, taking the complainant's behaviour and circumstances into account:

- Placing limits on the number and duration of contacts with staff per week or month.
- Offering a restricted time slot for necessary calls.
- Limiting the complainant to one medium of contact (telephone, letter, email etc.).
- Requiring the complainant to communicate only with one named member of staff.
- Requiring any personal contacts to take place in the presence of a witness and in a suitable location.
- Refusing to register and process further complaints about the same matter.

## Managing Complainant Contacts

Having designated a complaint as malicious and/or vexatious and decided on appropriate option/s for action, the Director for Safeguarding will send the complainant a formal letter, which will include a copy of the policy and will explain:

- that this represents the *full and final decision* in respect of the raised complaint
- why the decision has been taken
- what it means for their contact with the service
- how long any restrictions will last

In order to ensure ongoing complainant contacts are managed, the Director for Safeguarding may also decide to adopt one or more of the following approaches:

- setting up a strategy meeting to agree a service-wide approach
- informing all relevant staff that contact with a named complainant is being restricted
- appointing a key officer to coordinate the service's response(s).

Where a full and final decision on the complaint has been reached and communicated, the complainant will be told that "*future correspondence will be read and placed on file, but not acknowledged unless it contains new information*". A designated member of staff will be identified who will read future correspondence to pick up any significant new information.

## This policy has been approved & authorised by:

**Name:** Jackie Lindeck and Rachael Aylmer

**Position:** Company Directors

**Date:** January 2023

**Policy Review Date:** January 2026



Independent  
Safeguarding  
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