



**Belong To** LGBTQ+  
Youth Ireland

## Feedback, Compliments, and Complaints Policy

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*Belong To LGBTQ+ Youth Ireland*

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## 2. Revision History

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Revision	Date of Release	Purpose
V1.0 Initial Draft	October 2015	Initial Release
V2.0	January 2019	Updated for GDPR, and Complaints Management Procedure for Voluntary Orgs issued by the HSE, Mar 2018, v8
V2.1	September 2024	Review and update

### 3. Policy Statement

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**Belong To LGBTQ+ Youth Ireland** (*hereinafter referred to as "the Organisation"*) feedback, compliments, and complaint handling policy and associated procedures have been created to meet general standards and requirements and complies with standard compliant handling procedures, including:

- a) Children First: National Guidelines for the Protection and Welfare of Children
- b) Your Service Your Say – Complaints Management Procedures for Voluntary Organisations (v8) funded under s38 or 39 of the Health Act 2004
- c) The Data Protection Acts and the EU's General Data Protection Regulation
- d) The Governance Code
- e) The Statement of Guiding Principles in Fundraising
- f) The Charities Governance Code issued by the Charities Regulator

The aim of this policy is to ensure that all feedback, compliments, and complaints, either written or verbal, are handled in a consistent and regulated manner and that further complaint incidents are mitigated and, where possible, prevented. Where a stakeholder has cause to complain, the complaints handling procedure will be followed in every instance and a record will be made of the complaint nature and details to help improve our services and reduce the occurrence of similar complaints.

### 4. Purpose

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The organisation is committed to delivering a fair, open, and clear process for feedback, compliments, and complaints and ensure a satisfactory outcome for all stakeholders who raise a complaint. We provide thorough staff and volunteer training in our internal complaint handling procedures and support our staff and volunteers in how to handle complaint situations in a face-to-face, written and/or telephone environment.

This policy sets out our intent and objectives for how we handle complaints, from offering a clear and approachable system for individuals to complain, through to conducting root cause analysis on all complaints received to identify the cause, issues and corrective actions regarding the complaint, and to implement measures to prevent reoccurrences where applicable.

### 5. Scope

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This policy applies to all staff within the organisation (meaning permanent, fixed term, and temporary staff, any third-party representatives or sub-

contractors, agency workers, volunteers, trustees, interns, and agents engaged with the organisation in Ireland or overseas). Adherence to this policy is mandatory and non-compliance could lead to disciplinary action.

## 6. Objectives

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The organisation's objectives are laid out below regarding complaint handling. For the purposes of this policy, a complaint is defined as any relevant contact whereby a negative communication or outcome has occurred. The complainant does not have to formally address their communication as an official complaint or to request a response for the organisation to treat the incident as a complaint and to follow the related procedures.

### **The organisation's objectives for internal complaint handling are:**

- To provide a fair complaints procedure which is clear and easy to use for those wishing to make a complaint.
- To ensure that our complaints procedure is fully accessible so that people know how to contact us to make a complaint.
- To make sure everyone at the organisation knows what to do if a complaint is received.
- To make sure all relevant complaints are investigated fairly and in a timely manner.
- To gather information which helps us to improve what we do and how we do it.
- To ensure that the Data Protection Team is involved in any complaints relating to personal data.
- To ensure that the Child Protection Team is involved in any complaints relating to safeguarding and child protection.

### **The organisation's objectives for the complaint handling process are:**

- Complaints will be investigated and responded to within 6 weeks from the initial contact.
- Complainants will be sent a copy of the formal complaint's procedure along with any relevant or mandatory consumer leaflet.
- Complaint responses will always be provided in writing (*unless the complainant makes a specific request for an alternate form of communication, which will be provided in addition to the written format*).
- Complaint procedures and forms will be available via the organisation's website as well as upon written and/or verbal request.

- All complaints will be investigated by a senior member of staff and a full outcome summary provided to Senior Management.
- Complaint records will be used to revise organisational procedures and to improve communication and organisational practices where applicable.
- Complainants are advised of their rights and provided with relevant information regarding any right they may have to refer/lodge/ or appeal the complaint, and the contact details for any relevant bodies.

## **7. Compliments**

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The organisation recognises that compliments about positive experiences stakeholders have when interacting with our organisation are valuable measures of success. All compliments should be recorded on the register so that good practice can be highlighted and shared across the organisation to improve the quality of our services.

## **8. Procedures and Guidelines**

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### **8.1 Definition of a Complaint**

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In line with the Health Act 2004, a 'complaint' in the context of this policy means a complaint made about any action of the organisation that:

- a) it is claimed, does not accord with fair or sound administrative practice, and
- b) adversely affects the person by whom or on whose behalf the complaint is made.

### **8.2 Who can make a complaint?**

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Any person who is being or was provided with a health or personal social service by the organisation or has sought such a service may complain.

Any person who has been a donor or contributor to the organisation may complain.

Any person who has participated in, or sought to participate in, any of the organisation's activities, training programmes or volunteer opportunities may complain.

## 8.3 Advocacy

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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. The HSE defines an advocate as “somebody who can provide information, advice or support to, or act on behalf of, a Service User or the Service User’s family.” They may also “represent the views of those seeking information or making complaints when required.”<sup>1</sup>

Complainants who wish to have the support of an advocate and wish to have us deal with or correspond with an advocate must appoint them in writing and give free, informed, and explicit consent for us to correspond with them regarding your personal matters. We are unable to share your personal information with an advocate who has not been appointed in writing. This is to protect your privacy under the GDPR.

## 8.4 Raising a Complaint

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Individuals who request the organisation’s complaint handling procedure will be provided a copy of the procedure and form either by email in a .pdf format, or in the post, and will be asked to raise their complaint in writing as soon as possible after the incident.

**NOTE:** Complaints are normally requested to be raised in writing and a link to our online Feedback, Compliments and Complaints Form will normally be provided for this purpose. However, verbal complaints will be accepted and dealt with as per the same procedures.

If an individual telephones the organisation and wishes to raise a complaint, they should be passed through to the Complaints Officer who will try to resolve the complaint then and there.

Even if the complaint is resolved at the time, the complainant must still be offered the option of receiving the complaints handling procedure and form prior to ending the call and the call notes must be retained and logged in the complaints record within the database system.

### 8.4.1 Time Limits for Making a Complaint

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The Complaints Officer must determine if the complaint meets the time frames as set out in Section 47, Part 9 of the Health Act 2004, which requires that:

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<sup>1</sup> <https://www.hse.ie/eng/services/yourhealthservice/feedback/services/>

- A complaint must be made within 12 months of the date of the action giving rise to the complaint or within 12 months of the complainant becoming aware of the action giving rise to the complaint.

A Complaints Officer may extend the time limit for making a complaint if, in the opinion of the Complaints Officer, special circumstances make it appropriate to do so. These special circumstances may include, but are not exclusive to, the following:

- If the complainant is ill or bereaved.
- If new relevant, significant, and verifiable information relating to the action becomes available to the complainant.
- If it is considered in the public interest to investigate the complaint.
- If the complaint concerns an issue of such seriousness that it cannot be ignored.
- Diminished capacity of the complainant at the time of the experience e.g. mental health, critical/ long-term illness.
- Where extensive support was required to make the complaint, and this took longer than 12 months.

The Complaints Officer must notify the complainant of decision to extend / not extend time limits within 5 working days.

## **8.5 Data Protection Related Complaints**

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Where a complaint is related to the processing of personal data, this policy ensures that the organisation complies with the data protection laws and notification requirements.

Every individual has the right to lodge a complaint with the supervisory authority where they consider that the processing of personal data relating to them infringes the General Data Protection Regulation (GDPR) or we have breached data protection law. All individuals using our products or services, and those employed by or volunteering with us, are notified of this right via our Privacy Notice, in our complaint handling procedures and in our information disclosures.

The supervisory authority with which the complaint has been lodged is responsible for informing the complainant on the progress and the outcome of the complaint, including the possibility of a judicial remedy where the supervisory authority does not handle a complaint or does not inform the data subject within three months on the progress or outcome of the complaint lodged.



## 8.6 Informal Complaint Resolution

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The organisation considers and responds to all complaints and issues, no matter how they are raised or what they refer to. Some issues and complaints we can resolve immediately or within a timeframe of 2 working days and are referred to as **informal complaints**. Such instances are where an investigation is not required because the nature of the complaint is clear, and a resolution can be obtained without further review of the facts. Where we resolve a complaint within the timeframe, the details are still logged on our complaint register within our database system, and the complainant is still informed of their rights.

The organisation takes every opportunity to resolve complaints at the first initial point of contact where feasible and possible. Informal resolution is always attempted where the issues raised are straightforward and potentially easily resolved, requiring little or no investigation. Most face to face and telephone issues can be resolved in this manner, however the complainant is always offered the option of making the complaint formal if the resolution is not to their satisfaction.

Where an informal complaint is received, it is acceptable for the point of contact or addressed employee to attempt to resolve the issue without involving the Complaints Officer. However, any issue relating to data protection infringements or breaches, no matter how small or informal, are always brought to the attention of the Data Protection Team.

Frontline staff are trained to deal with basic issues and informal complaint resolution and are aware of their obligations and the subsequent reporting lines. Such employees and volunteers are equipped to attempt to resolve a complaint relevant to their area of service or expertise, wherever possible.

### 8.6.1 Timeframe for Informal Resolution

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It is the aim of the organisation to resolve informal complaints immediately, or at least within 2 working days. Such complaints and issues will have a quick, but informative, response and do not need to have an investigation or enter the formal complaint process.

No matter how small or informal the complaint, if a satisfactory resolution has not been achieved within 2 working days of the complaint being raised or identified, the issue is passed to the Complaints Officer, who will either enter a formal process or will refuse to proceed with an investigation

## 8.7 Responding to a Complaint

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Where an official complaint has been received, or the informal complaint was unable to be resolved at the frontline point of contact, a written acknowledgement is sent to the complainant within 5 working days. The response should detail the complaint handling procedure and provide approximate timelines and expectations for the investigation and future responses.

A Senior Manager, the Data Protection Team or the Complaints Officer are the only staff members who should respond to complainants regarding their complaints.

## 9. Investigating the Complaint

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### 9.1 Matters Excluded

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As per part 9 of the Health Act 2004, a person is not entitled to make a complaint about any of the following matters:

- a) a matter that is or has been the subject of legal proceedings before a court or tribunal.
- b) a matter relating solely to the exercise of clinical judgment by a person acting on behalf of either the Executive or a service provider;
- c) an action taken by the Executive or a service provider solely on the advice of a person exercising clinical judgment in the circumstances described in paragraph (b).
- d) a matter relating to the recruitment or appointment of an employee by the Executive or a service provider.
- e) a matter relating to or affecting the terms or conditions of a contract of employment that the Executive or a service provider proposes to enter into or of a contract with an adviser that the Executive proposes to enter into under *section 24* of the Health Act 2004.
- f) a matter relating to the Social Welfare Acts.
- g) a matter that could be the subject of an appeal under section 60 of the Civil Registration Act 2004.
- h) a matter that could prejudice an investigation being undertaken by the Garda Síochána.
- i) a matter that has been brought before any other complaints procedure established under an enactment. (This does not prevent a complaints officer from dealing with a complaint that was made to the Ombudsman or the Ombudsman for Children and that is referred by him or her to a Complaints Officer.)

Complaints made to the organisation which relate to the above will not be progressed and complaints will be advised that we are statute barred from accepting their complaint.

## **9.2 Refusal to Investigate or Further Investigate Complaints**

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In line with section 50 of the Health Act 2004:

- (1) A Complaints Officer shall not investigate a complaint if—
  - (a) the person who made the complaint is not entitled under 8.2 above to do so either on the person's own behalf or on behalf of another,
  - (b) the complaint is made after the expiry of the period specified in 8.4.1 above or any extension of that period allowed under 8.4.1.
  
- (2) A Complaints Officer may decide not to investigate or further investigate an action to which a complaint relates if, after carrying out a preliminary investigation into the action or after proceeding to investigate such action, that officer—
  - (a) is of the opinion that—
    1. the complaint does not disclose a ground of complaint provided for in 8.1 above,
    2. the subject-matter of the complaint is excluded by 9.1 above,
    3. the subject-matter of the complaint is trivial, or
    4. the complaint is vexatious or not made in good faith,
  - or
  - (b) is satisfied that the complaint has been resolved.
  
- (3) A Complaints Officer shall, as soon as practicable after determining that he or she is prohibited from investigating a complaint or after deciding not to investigate or further investigate a complaint, inform the complainant in writing of the determination or decision and the reasons for it.

## **9.3 Principals Governing the Investigation Process**

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The investigation will be conducted thoroughly and objectively with due respect for the rights of the complainant and the rights of the staff members and volunteers to be treated in accordance with the principles of natural justice.

The Complaints Officer will have the necessary expertise to conduct an investigation impartially and expeditiously. Where appropriate, the Complaints Officer may request appropriately qualified persons to carry out clinical assessments, validation exercises, etc.

Confidentiality will be maintained throughout the investigation to the greatest extent consistent with the requirements of fair investigation.

A written record will be kept of all meetings and treated in the strictest confidence.

The Complaints Officer may interview any person who they feel can assist with the investigation. Staff and volunteers are obliged to co-operate fully with the investigation process and will be fully supported throughout the process.

Staff and volunteers who participate in the investigation process will be required to respect the privacy of the parties involved by refraining from discussing the matter with other colleagues or persons outside the organisation.

It will be considered a disciplinary offence to intimidate or exert pressure on any person who may be required to attend as a witness or to attempt to obstruct the investigation process in any way.

## **9.4 The Process**

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An individual will be assigned the role of investigating complaints by the Complaints Officer and will gather all necessary documents, recordings and information to make an independent review of the incident.

If internal interviews are to be conducted, a note taker will be present alongside the investigator and interviewee and a copy of the interview notes will be written up and signed by the interviewer and interviewee prior to them being added to the complaint history.

All investigations must take place with 6 weeks of the initial complaint being received so that a final response (*decision letter*) can be sent to the complainant within our designated 30 working day period.

Investigations must utilise all the facts and any previous, related information to produce an unbiased outcome and an expected course of action. A complaint reference code will be generated by the database system and all documents relevant to the complaint should have the referenced written on them for continuity.

The reference provides an audit trail which allows for tracing back in the future should this be required.

All staff and volunteers are provided with clear guidelines of when a complaint is formal and requires an appropriate investigation.

**Complaints must be referred to the Complaints Officer and/or Data Protection/ Child Protection Team as appropriate where:**

- The complainant has requested such a referral or investigation.
- The complaint involves any type of personal data issue.
- The informal complaint resolution stage failed or was inappropriate.
- There is a conflict of interest between the complainant and an employee or volunteer.
- The issues are complex and require an investigation.
- The complaint represents a high or serious risk to the organisation.
- The facts are unclear, or the complaint will require additional time to resolve.
- The complainant is identified as being vulnerable.
- There has been any media contact or attention.
- Child protection issues are involved.
- The issues do or may affect more service users (*whether identified or not*).

#### **9.4.1 Extending the Timeline for Dealing with a Complaint**

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In the normal course, complaints should be resolved within 30 working days of having been raised. However, this may not always be possible due to the nature or complexity of the issues raised. Where the timeline for dealing with a complaint is being extended, the complainant will be informed and updated on progress every 20 working days.

We will endeavour to respond to these complaints within 6 months, but in exceptional circumstances it may take up to 12 months.

#### **9.5 Decision Letter (Final Response)**

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After the complaint has been investigated in full, and an outcome and action decision has been reached, the investigator or Complaints Officer will draft a final response letter to the complainant with their findings and decision regarding any action(s) to be taken or redress awarded.

The final response must be sent within 30 days of the initial response being raised, unless the timeline has been extended in line with 9.4.1 above. The final response will specify the complainant's right to refer or lodge the complaint with the appropriate body (*where applicable*) should the service user be unhappy with the decision received.

- a) For complaints related to personal data and/or breaches of the data protection laws and regulations, the final response will reiterate the complainant's right to lodge a complaint with the supervisory authority and will detail the Data Protection Commission's telephone number and address, along with the possibility of seeking a judicial remedy.
- b) For complaints related to the provision of supports and services provided by the organisation, the final response will reiterate the complainant's right to appeal with:
  - i. An internal or external review officer appointed for this purpose who shall be an individual who has had no prior engagement with the complaint.
  - ii. The Office of the Ombudsman, and will detail their telephone number and address.
  - iii. The Ombudsman for Children, and will detail their telephone number and address.

## **10. Unreasonable Complainant Behavior**

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It is noted that in a minority of cases where the organisation will take all reasonable measures to try to resolve a complaint through the complaints procedure, the complainant does not accept these efforts. Where a complainant's behaviour could be considered abusive, unreasonable, or vexatious, the organisation may consider declaring it a Vexatious Complaint.

The complainant must be notified of their right of review (as per the outline above) if they are not happy with the outcome of the complaint.

Complainants (and/or an advocate acting on their behalf) may be deemed to be vexatious where previous or current contact with them shows they meet two or more of the following criteria:

- a) Persist in pursuing a complaint and the Organisation's complaints procedure has been fully and properly implemented and exhausted.
- b) Persistently change the substance of a complaint or continually raise new issues or seek to prolong contact by continually raising further concerns or questions upon receipt of a response whilst the complaint is being addressed. Care must be taken, however, not to disregard new issues which are significantly different from the original complaint as they need to be addressed as separate complaints.
- c) Are repeatedly unwilling to accept documented evidence given as being factual or deny receipt of adequate response in spite of correspondence specifically answering their questions, or do not

accept that facts can sometimes be difficult to verify when a long period of time has elapsed.

- d) Repeatedly do not clearly identify the precise issues which they wish to have investigated, despite reasonable efforts of the Organisation to help them specify their concerns, and/or where the concerns identified are not within the remit of the Organisation to investigate.
- e) Regularly focus on a trivial matter to an extent which is out of proportion to its significance and continue to focus on this point. Determining what a trivial matter is can be subjective; therefore, careful judgement must be used in applying this criterion.
- f) Have threatened or used physical violence towards staff at any time – this will, in itself, cause personal contact with the complainant and/or their representatives to be discontinued and the complaint will, thereafter, only be continued through written communication. All such incidents must be documented.
- g) Have, in the course of addressing a registered complaint, had an excessive number of contacts with the Organisation, placing unreasonable demands on staff or volunteers. For the purposes of determining an excessive number, a contact may be in person, by telephone, letter, e-mail, or fax. Discretion must be used in determining the precise number of “excessive contacts” applicable under this section, using judgement based on the specific circumstances of each individual case.
- h) Have harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with the complaint. Staff and volunteers must recognise that complainants may sometimes act out of character in times of stress, anxiety or distress and will make reasonable allowances for this. All instances of harassment, abusive or verbally aggressive behaviour must be documented.
- i) Are known to have recorded meetings or face-to-face/telephone conversations without the prior knowledge and consent of other parties involved.
- j) Display unreasonable demands or expectations and fail to accept that these may be unreasonable (e.g. insist on responses to complaints or enquiries being provided more urgently than is reasonable or normal recognised practice).

## **10.1 Process**

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In determining the options for dealing with vexatious complaints, it is important to ensure that:

- a) The complaints procedure has been correctly followed so far as possible, and that no material element of a complaint has been overlooked or inadequately addressed.
- b) Staff dealing with complaints appreciate that even habitual or vexatious complaints may have aspects which contain some substance.

Where complainants have been identified as vexatious in accordance with the criteria identified above, a Senior Manager will determine what action needs to be taken. The Senior Manager will implement such action and will notify complainants in writing of the reasons why they have been classified as vexatious and the action to be taken. This notification will be copied for the information of others involved, e.g. the Complaints Officer.

A record must be kept for future reference of the reasons why a complainant has been classified as vexatious.

The Senior Manager may decide to deal with complaints in one or more of the following ways:

- Try to resolve the matter before invoking this policy by drawing up a signed "agreement" with the complainant which sets out a code of behaviour for the parties involved if the Organisation is to continue processing the complaint. If these terms are contravened, consideration would then be given to implementing other action as indicated in this section.
- Decline contact with the complainant either in person, by telephone, by fax, by letter or any combination of these, provided that one form of contact is maintained.
- Notify the complainant in writing that the Organisation has responded fully to the points raised and has tried to resolve the complaint, but there is nothing more to add and continuing contact on the matter will serve no useful purpose. The complainant should also be notified that the correspondence is at an end and that further letters received will be acknowledged but not answered.
- Inform the complainant that in extreme circumstances the Organisation reserves the right to pass unreasonable or vexatious complaints to its solicitors/report to Gardaí.
- Temporarily suspend all contact with the complainant or investigation of a complaint whilst seeking legal advice.

If found to be vexatious, the Organisation will not pursue the complaint any further. However, this does not remove the complainant's right to submit their complaint to independent agencies, such as the Ombudsman or the Ombudsman for Children. If a complaint is found to be vexatious, there will



be no record of the complaint in the file of the staff member/ volunteer/ service about which the complaint was made.

## **10.2 Withdrawing 'Vexatious' Status**

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Once a complainant has been deemed vexatious, there needs to be a mechanism for withdrawing this status at a later date if, for example, the complainant subsequently demonstrates a more reasonable approach, or he/she submits a further complaint for which normal complaints procedures would appear appropriate. Staff should previously have used discretion in recommending 'vexatious' status at the outset, and discretion should be similarly used in recommending that this status be withdrawn, when appropriate. Where this appears to be the case, discussion will be held with the relevant Senior Manager. Subject to their approval, normal contact with the complainant and application of the Organisation's complaints procedure will then be resumed.

## **11. Complaint Recording**

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All complaints, whether formal or informal, are recorded on a Complaint Register within the organisation's database systems. The register should consist of the below information, and should be audited on a frequent basis to ensure that incidents are not being repeated and improvements are being made.

- Date
- Nature of Complaint
- Department(s) Involved
- Complaint Reference Code (auto generated)
- Lead Investigator
- Decision Letter Sent (Y/N)
- Date Complaint Closed

The log is made available to any competent authority, ombudsman or body who relates or oversees the organisation's complaints, as well as being made available on an annual basis to the Trustees of the organisation for review.

### **11.1 Patterns and Analysis**

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The complaints log and issues forms are reviewed regularly by the Complaints Officer to identify any patterns or reoccurring issues. The organisation is dedicated to improving our performance, services, and functions through the auditing of our complaints records and our

investigation process. Where gaps or patterns are identified, we put corrective actions and mitigating solutions into place as soon as possible and keep the function, process or person under review until a satisfactory improvement is noted.

## 12. Redress

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An effective complaints system which offers a range of timely and appropriate remedies will enhance the quality of service to the consumers of the Organisation. It will have a positive effect on staff/ volunteer morale and improve the Organisation's relations with the public. It will also provide useful feedback to the Organisation and enable it to review current procedures and systems which may be giving rise to complaints.

Redress should be consistent and fair for both the complainant and the service against which the complaint was made. The Organisation will offer forms of redress or responses that are appropriate and reasonable where it has been established that a measurable loss, detriment or disadvantage was suffered or sustained by the claimant personally. This redress could include:

- An apology
- An explanation
- Refund
- Admission of fault
- Change of decision
- Replacement
- Repair /rework
- Correction of misleading or incorrect records
- Technical or financial assistance
- Recommendation to make a change to a relevant policy or law
- A waiver of debt

A complaints officer may not, following the investigation of a complaint, make a recommendation the implementation of which would require or cause—

- a) the Executive to make a material amendment to its approved service plan, or
- b) a service provider and the Executive to make a material amendment to an arrangement under *section 38* of the Health Act 2004.

If, in the opinion of the relevant person, such a recommendation is made, that person shall either—

- (a) amend the recommendation in such manner as makes the amendment to the applicable service plan or arrangement unnecessary, or
- (b) reject the recommendation and take such other measures to remedy, mitigate or alter the adverse effect of the matter to which the complaint relates as the relevant person considers appropriate.

### **13. Responsibilities**

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The organisation will ensure that all staff and volunteers are provided with the time, resources and support to learn, understand and deal with complaints, and that full training will be provided for new and existing employees and volunteers on the complaint handling policy, procedures and expectations.

The Complaints Officer will be appointed the role of overseeing, investigating and recording all service user complaints and is responsible for regular auditing of the complaints log to ensure mitigating actions and improvements are put into place where possible.

### **14. The Complaints Officer**

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The organisation has an appointed Complaints Officer to understand, investigate and respond to complaints of all types. Where the complaint involves personal data, the Complaints Officer is assisted by the Data Protection Team or Child Protection Team to ensure that the Regulation and laws are followed, and the individual's rights are exercised and complied with.

The Complaints Officer can complete their complaint handling duties independently and without bias, and each complaint is reviewed to ensure that there is no conflict of interest with the appointed officer. If a conflict is identified (*i.e. the complaint involves the investigating person*), another individual will handle the complaint.

The Complaints Officer has full authority and internal credibility to ask questions, carry out investigations and interviews, obtain and analyse evidence, recommend policy and process changes and be involved in department functions for the purposes of complaint handling.