

The Royal Hospital Donnybrook

Comments, Compliments and Complaints Management Policy & Procedures

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1.0	01.02.2005	New Policy Drafted	Not applicable
2.0	22.06.2009	All Sections	All
3.0	Aug 2011	Change in wording of policy statement; updated suggestions & compliments processes; eligibility section added; editing of complaints procedures	4.0, 4.2, 7.0, 7.0
4.0	April 2014	New Policy Format applied Reference to Health Act (2007) added Complaints Administrator section added Data Collection & Reporting – new bullet point at end	All 4.0 6.4 7.8
5.0	April 2016	Reviewed	All sections

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1.0 Purpose

The Royal Hospital Donnybrook (RHD) aims to provide the highest quality service to patients / residents and to communicate effectively with all relevant parties. This policy aims to direct staff at RHD in the appropriate and effective management of all complaints and comments received from residents/patients, relatives and service users, in order to ensure that the well being and rights of residents/patients and staff are upheld and the hospital is afforded the opportunity to learn from feedback received.

2.0 Persons affected

This policy applies to all employees, Contractors, patients / residents and visitors and any other service user associated with The Royal Hospital Donnybrook.

3.0 Policy

The RHD invites comments, compliments and complaints from residents/patients, their visitors and service users about the services provided by the RHD. Comments or complaints will be viewed as an opportunity to inform service provision to continuously improve the quality of the services that we provide and to learn lessons so as to prevent similar occurrences in the future. Complaints, criticisms or suggestions, whether oral or written will be taken seriously, handled appropriately and sensitively.

Complaints that will be managed using the procedures described in this document will fall within the definition of a complaint as per 4.1 of this policy i.e. those that are provided for under Part 9 of The Health Act 2009 and the Health Act (2007) (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

3.1 Matters excluded from right to complain under Part 9 of the Health Act 2004

In accordance with Health Service Executive (HSE) Complaints Management Framework (2008) and Part 9 of the Health Act a person is not entitled to make a complaint about any of the following matters:

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- 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 judgement by a person acting on behalf of the RHD;
- c) an action taken by the RHD 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 RHD;
- 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;
- f) a matter relating to 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 Siochana;
- i) a matter that has been brought before any other complaints procedure established under an enactment.

3.2 Non Part 9 complaints

Where the subject matter of the complaint is not included under part 9 of the Health Act 2004, as described in **section 4.1** in this document, these complaints are termed “non-Part 9 complaints”. The Complaints Officer must manage the complaint as follows:

3.2.1 Complaints in relation to clinical judgement

- Where there is a possibility that the complaint may include an element of clinical judgement, that complaint must be assessed by the Complaints Officer to determine if the complaint or parts of the complaint may be clearly defined as clinical judgement;
- Where a complaint is not **solely** related to clinical judgement a local investigation of the complaint is to be carried out by the Complaints Officer to identify the root

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causes of the complaint and to identify those aspects of the complaint that do not relate to clinical judgement;

- Where a complaint concerns clinical judgement, it must be referred to the CEO who will immediately inform the Medical Director and Consultant in charge of the patient. The Medical Director / Consultant will look into the clinical aspects and in conjunction with the CEO try to resolve the complaint and if necessary meet with the patient and family members to discuss the matter;
- Where a complaint relates to clinical judgement exercised by any of the other clinical professions where a Consultant is not involved it must be referred to the CEO who will immediately inform the appropriate Department Head/Director of Nursing to investigate. The clinical professional will look into the clinical aspects and in conjunction with the CEO will try to resolve the complaint and if necessary meet with the patient/service user and family members to discuss the matter; If the investigation indicates that there is an employee related issue, then this issue is referred to the Head of Department for appropriate action under the appropriate procedure.

3.2.2 Anonymous complaints

- All anonymous complaints, both written and verbal, should be documented on the appropriate complaint reporting forms and brought to the attention of the relevant line manager for a decision as to whether quality improvements are required on the basis of the complaint;
- It is RHD policy that complainants must provide contact details when making a complaint against RHD to enable appropriate validation, follow up and investigation of that complaint unless there is a good and sufficient reason for withholding this information;
- Anonymous complaints will not normally be investigated as there is a possibility that they are vexatious or malicious and the anonymity of the complainant does not enable the principles of natural justice and procedural fairness to be upheld. Notwithstanding the fact that anonymous complaints cannot be the subject of a formal investigation unless there is supporting evidence, management should

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assure themselves that the systems in place are robust and the welfare of patients/clients is not at risk;

- If the complaint is made by phone, or by person, the member of staff taking the complaint should encourage the caller to provide a name and telephone number at which they may be contacted;
- The caller should be advised that unless they provide their name and contact details, it may not be possible to investigate the complaint if the disclosure of identity is regarded as essential to facilitate a full and proper investigation of the complaint;
- If a complainant makes a complaint in confidence, the identity of the complainant will only be known to the recipient of the complaint and the Complaints Officer. If the investigation of the complaint requires the identity of the complainant to be disclosed, the consent of the complainant must be obtained to disclose this information. In this case, the complainant must be informed that it may not be possible to carry out a full and proper investigation of the complaint without their consent to disclose their identity;
- If an anonymous complaint provides details that enable the identification of individual staff members, these details must be anonymised and there must be no record of an anonymous complaint on the file of any individual staff members.

3.2.3 Vexatious and malicious complaints

- If found to be frivolous or vexatious, RHD 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/Ombudsman for Children;
- If a complaint is found to be vexatious or malicious, there will be no record of the complaint in the file of the staff member / service about which the complaint was made;
- Before the complaint is deemed vexatious the Complaints Officer must bring it to the attention of the CEO.

3.2.4 Alternative policy, procedure, or guideline for managing a complaint

- Where the subject matter of a complaint is such that alternative complaint processes are appropriate for the management of such complaints, the Complaints Officer will

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either investigate the complaint using the alternative process or will refer the complaint directly to the appropriate Head of Department for investigation under the relevant policy, procedure or guideline as outlined in Appendix 1 of this document;

- The complainant must be informed by the Complaints Officer that their complaint is being managed under the appropriate policy and procedure.

3.3 Eligibility of Complainant to make Complaint

In accordance with Section 46, Part 9 of the Health Act 2004, the following are entitled to make a complaint:

- Individuals who are receiving or have received health care services from the RHD;
- Individuals who are seeking or have sought services from the RHD;
- If a person is entitled to make a complaint but is unable to do so because of age, illness or disability, the complaint may be made on that person’s behalf by:
 - a close relative or carer of the person,
 - any person who, by law or by appointment of a court, has the care of the affairs of that person,
 - any legal representative of the person,
 - any other person with the consent of the person, or
 - any other person who is appointed as prescribed in the regulations.
- If a person who would otherwise have been entitled to make a complaint is deceased, a complaint may be made by a person who, at the time of the action in relation to which the complaint is made, was a close relative, or carer of that person. A close relative is defined in Section 45 of the Health Act, 2004 as being a parent, guardian, son, daughter, spouse or someone who is cohabiting with the person on whose behalf the complaint is being made.

3.4 Time limits for making a complaint

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

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- This time limit may be extended if in the opinion of the Complaints Officer special circumstances make it appropriate to do so. These special circumstances include but are not exclusive to:
 - 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 service user 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 the decisions to extend / not extend time limits within 5 working days.

3.5 Advocacy

- All complainants have a right to appoint an advocate to assist them in making their complaint and to support them in any subsequent processes in the management of that complaint (HSE 2008). Service users may request any staff member or their Medical Social Worker to assist them with in making their complaint. Service users will also be facilitated to make contact with national Advocacy agencies as listed in Appendix 2.

4.0 Definitions

4.1 Complaint

“Complaint” means a complaint as defined in Part 9 of The Health Act 2004 made about any **action** of The Royal Hospital Donnybrook that, it is claimed, does not accord with fair or sound administrative practice, and adversely affects the person by whom, or on whose behalf, the complaint is made. (The Health Act 2004)

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In the Health Act 2004 Action is defined as:

“..anything done or omitted to be done by the Executive, or by a Service Provider in connection with the provision of a health or personal social service that is the subject of an arrangement under Section 38 of the Act, or a service in respect of which assistance given under Section 39 of the Act”.

As identified in the Health Act (2004), an **action** does not accord with fair and sound administrative practice if it is:

- taken without proper authority,
- taken on irrelevant grounds,
- the result of negligence or carelessness,
- based on erroneous or incomplete information,
- improperly discriminatory,
- based on undesirable administrative practice, or in any other respect contrary to fair or sound administration.

5.0 Responsibilities

5.1 CEO

It is the responsibility of the CEO:

- To ensure that the RHD is compliant with Part 9 of the Health Act 2004;
- To ensure that there is effective monitoring and evaluation of the complaints system on an agreed routine basis;
- To ensure that organisational improvements are implemented in response to complaints received as far as is reasonably practicable.

5.2 Complaints Officer

It is the responsibility of the Complaints Officer to:

- Manage complaints in accordance with the procedures described in this policy;
- Ensure the policy & procedures for complaints management in the RHD are in line with current legislation and best practice;

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- To ensure that all Managers and staff are aware of and comply with the complaints management policy and procedures;
- Ensure that all staff are supported to effectively manage complaints at the first point of contact;
- To co-ordinate education and training for staff in complaints handling;
- To follow up complaints not resolved at local level;
- Inform the CEO of outstanding / unresolved complaints;
- Audit compliance with and determine effectiveness of the Complaints Policy and submit reports to the CEO /Board of Management as required;
- Ensure that consumer-friendly information on how to make a complaint is widely available throughout the hospital;
- Co-ordinate the collection of complaints data, disseminate this information as appropriate within the hospital and submit reports to the **Consumer Affairs Area Officer as requested throughout the year.**

5.3 Line Managers

It is the responsibility of Line managers to:

- Ensure that this policy is accessible and read by all staff within their area of responsibility and for maintaining records of this locally;
- Ensuring that staff within their area of responsibility attend training and/or in-service on this policy as made available and that records of this are kept locally;
- Implement the procedures outlined in this document;
- Co-operate with and take a pro-active approach in the local resolution/investigation of complaints that involves their service;
- Implement improvements to their service where required as a result of the findings and recommendations arising from the complaint investigation;
- Provide evidence that lessons have been learned and improvements have been made to their service as a result of complaints;
- Ensure that their staff are appropriately supported throughout the complaint management process.

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5.4 Complaints Administrator

A staff member from the Corporate and Clinical Affairs Office with training in Complaints Management is nominated by the CEO to oversee the complaints management process and to ensure that:

- All complaints are appropriately responded to;
- The Complaints Officer maintains records of the investigation and outcome of complaints and whether or not the complainant is satisfied.
- All complaints are appropriately filed and available.

5.5 All staff

All staff have an obligation to effectively deal with complaints made to them, either through dealing with the complaint at the point of contact in line with the local complaints management systems where appropriate, or forwarding the complaint to their Line Manager or Complaints Officer. In addition, it is the role of staff to:

- Participate in Complaints Management Training;
- Partake in any investigation of a complaint where necessary;
- Be involved in improvement initiatives within their service;
- Provide information relevant to complaints to their Line Manager or Complaints Officer.

6.0 Procedures

6.1 Comments & Compliments

- Comments and compliments can be made by any service user, visitor and/or relative either verbally to staff or can be recorded on the Comments, Suggestions and Complaints form which are available on every unit;
- A letter of thanks will acknowledge compliments that include a name and address. The appropriate department Manager is responsible for ensuring this happens;
- Compliments that focus on individual members of staff or service units will be sent to the appropriate line manger;

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- A letter of thanks will be sent to the staff member by Department / Nurse Manager to ensure that they are aware of the compliment;
- A letter of acknowledgement will be sent to the service user by the Dept. manager/Nurse Manager to thank them for taking time to compliment the service and inform them that the staff member has been made aware of the feedback;
- Dept. Managers/Nurse Managers must send compliment information to the Complaints Officer so that this information can be recorded on the hospital database.

6.2 Complaints

- There are four distinct stages in the complaints management process:
 1. **Stage 1:** Local resolution of verbal complaints at the point of contact
 2. **Stage 2a:** Informal resolution of the complaint
Stage 2b: Local Investigation of written complaints
 3. **Stage 3:** HSE review
 4. **Stage 4:** Independent Review (Office of Ombudsman).
- A summary of the process is included in Appendix 3.

6.3 Receiving and managing a verbal complaint (Stage 1)

- Verbal complaints are usually more frequent, of a less serious nature than written complaints and are often resolvable on the spot;
- All staff are accountable to patients/residents and service users and have a responsibility to receive and respond to verbal complaints;
- When receiving a verbal complaint from a complainant, the staff member should:
 - be respectful and helpful towards the complainant.
 - find a quiet area/office—do not talk in a public space
 - give the complainant his / her individual attention
 - not attempt to lay blame, be defensive or argue
 - remain positive
 - not take anger as a personal attack.
- Refer to Appendix 4 for a specific approach to listening to verbal complaints.

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Note: In the course of receiving a verbal complaint a staff member is not expected to tolerate personal abuse or aggressive behaviour from the complainant and assistance should be sought immediately from their line manager if this occurs.

6.3.1 Options for managing a verbal complaint (Stage 1):

1. The complaint is received by a staff member who immediately brings it to their line manager where appropriate or resolves it at point at contact;
2. The complaint is received by front line staff / Department or Nurse Manager who determines that it is appropriate to manage the complaint at local level with a view to resolving the complaint or the complainant is advised to submit their complaint as a formal written complaint for investigation;
3. The complaint is received by the Complaints Officer/Manager who determines that the complaint may be managed with a view to resolution at local level and links with the relevant Department / Nurse Manager to appropriately manage the complaint;
4. The Complaints Officer determines that he/she needs to manage the complaint with input from relevant parties.

6.3.2 Timeframes for the Management of a Verbal Complaint. (Stage 1)

Every effort should be made to resolve a verbal complaint immediately or within 24 hours of receiving the verbal complaint if it is deemed appropriate to manage the complaint, with a view to resolution, at the first point of contact or local level.

6.3.3 When a complaint should not be managed at Stage 1

There are a variety of reasons why a complaint should not be managed at Stage 1 of the process. The key reasons include:

- The complaint involves too many issues to resolve at the point of contact;
- The complaint was a result of harm/incident or a near miss and requires further investigation to identify and eliminate the root causes;
- The complaint was as a result of deviations from quality standards that require further investigating to identify the reasons for the deviation and if there are any system improvements required;

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- The complaint involves multi-disciplines and multi-locations and involvement of all parties is required to effectively and fairly investigate the complaint.

6.3.4 Procedure when complaints cannot be resolved at Stage 1

- If it is not possible to resolve the complaint to the satisfaction of the complainant at the first point of contact or local level, the person receiving the complaint must advise the complainant of:
 - The reasons why the complaint cannot be resolved at this level
 - That they may submit the complaint as a formal written complaint as per Stage 2 of the procedure and inform them of the process for submitting a formal written complaint. The form for submitting written complaints is included as Appendix 6.
- The complainant is to be advised that a formal investigation of the complaint may not take place unless the complainant provides contact details to enable the Complaints Officer to validate the complaint and to liaise with the complainant in the course of the investigation of the complaint;
- If requested by the complainant, the staff member/Manager may provide assistance to the complainant to make a written complaint.

6.3.5 Recording Verbal or Informal Complaints at Stage 1

- Verbal or informal complaints should be documented on the Local Complaint Log by the Dept. Manager/CNM (Appendix 5);
- All complaints logs must be forwarded as soon as the complaint has been managed at local level to the Complaints Manager for analysis of trends, risks and required actions.

6.4 Managing a written complaint (Stage 2)

6.4.1 Receiving a written complaint

- Any written complaints received by a staff member must be brought immediately to the attention of their relevant Department / Nurse Manager who must inform the Complaints Officer as soon as possible;

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- Written complaints may also be directed by the complainant directly to a Complaints Officer.

6.4.2 Acknowledging receipt of a written complaint

- An acknowledgement letter must be sent **within 5 working days** of receipt of the complaint. When acknowledging a written complaint:
 - Acknowledge the receipt of the complaint, the date it was written and inform the complainant of the date it was received by the organisation;
 - Discuss the appreciation of consumer feedback as a means of improving systems and service delivery;
 - Express regret for any inconvenience or difficulties that the complainant experienced;
 - Advise the complainant when they will next receive contact and that they will be kept informed of the processing of their complaint;
 - Inform the complainant that patient confidential files may have to be accessed by authorised personnel to fully investigate the complaint;
 - Inform the complainant that they must contact the Manager dealing with the complaint immediately (**within 5 working days**) if they do not wish for patient confidential files to be accessed. If the Complaints Officer does not receive any contact from the complainant within 5 working days he/she should endeavour to contact the complainant;
 - Offer the opportunity for the complainant to contact you to discuss any of the matters above;
 - Close the letter.

6.4.3 Pre-investigation of the complaint

- The Complaints Officer will carry out a pre-investigation of the complaint in order to determine if the complaint is a complaint as defined in **section 4.1** of this policy;
- Additionally as part of the pre-investigation process the Complaints Officer must determine that:
 - The subject matter of the complaint is **not** trivial,
 - The complaint is **not** vexatious,

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- The complaint is made in good faith,
- The complaint has not already been resolved.

6.4.4 Process upon completion of pre-investigation

- Where the Complaints Officer determines that the complaint is not a complaint as defined in **section 4.1** of this policy s/he will determine how best to manage the complaint as detailed in **section 3.1 to 3.3** of this policy;
- The Complaints Officer will inform the complainant in writing, **within 5 working days** of making the decision/determination and inform them of how their complaint will be dealt with as appropriate.

6.4.5 Stage 2a: Informal resolution of a complaint

- Having completed the pre-investigation process, the Complaints Officer will consider whether it would be practicable, having regard to the nature and the circumstances of the complaint, to seek the consent of the complainant and any other person to whom the complaint relates to finding a resolution to the complaint by the parties concerned;
- The Complaints Officer must determine the most appropriate informal resolution approach for a particular complaint, e.g., contacting the complainant with a view to resolving the complaint informally or arranging a meeting between the parties concerned;
- Where resolution is achieved through this informal process, the Complaints Officer must create a report outlining the details of the complaint, the resolution process and the outcome of the resolution process including any recommendations made;
- Where the complaint is not resolved by informal resolution approaches, the Complaints Officer will record the details of the informal resolution process attempted and the reasons why the approach failed to resolve the complaint and will inform the complainant of the process for the formal investigation of the complaint.

6.4.6 Stage 2b: Process for Formal Investigation of a Written Complaint

- Where a formal investigation is required and appropriate and where informal resolution is not appropriate or was not successful, the Complaints Officer will

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initiate the investigation of the complaint once all steps have been taken to remove or treat any immediate harm caused by the action about which the complaint is being made. The Complaints Officer:

- May request any documents and communicate with any persons he or she believes can assist with the investigation of the complaint,
 - Identify all parties involved in the complaint (i.e. complainant & staff members/service managers about whom the complaint is being made) and advise of the decision to carry out a formal investigation,
 - May also request further information about the complaint from the complainant to enable a full and proper investigation of the complaint,
 - Where deemed appropriate, will establish and lead or delegate a lead person and investigation team, consisting of all relevant persons and staff with expertise and knowledge to carry out the investigation.
- If the Complaints Officer determines that an investigation team is required, she/he will decide on the size and membership of the team;
 - He/she will write formally to Managers / staff member.
 - The investigation team in conjunction with the Complaints Officer will develop terms of reference of the investigation. The terms of reference determine the objectives of the investigation team and the limits of its responsibility and authority.

6.4.7 Principles governing the investigation process

- The investigation will be conducted thoroughly and objectively with due respect for the rights of the complainant and the rights of the service/staff members 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 a fair investigation;
- A written record will be kept of all meetings and treated in the strictest confidence;

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

6.4.8 Timeframes for investigation of complaint

- Where the complaint will be investigated, the Complaints Officer must endeavour to investigate and conclude the complaint **within 30 working days** of it being acknowledged;
- If the investigation cannot be investigated and concluded within 30 working days , the Complaints Officer must communicate this to the complainant and the relevant service/staff member within 30 working days of acknowledging the complaint and give an indication of the time it will take to complete the investigation;
- The Complaints Officer must update the complainant and the relevant staff/ service member **every 20 working days**;
- The Complaints Officer must endeavour to investigate complaints within 30 working days. However, where the 30 working days timeframe cannot be met despite every best effort, the Complaints Officers must endeavour to conclude the investigation of the complaint **within 6 months** of the receipt of the complaint;
- If this timeframe cannot be met, the Complaints Officer must inform the complainant that that the investigation is taking longer than 6 months, give an explanation why and outline the options open to the complainant. S/he should encourage the complainant to stay with the local complaints management process while informing them that they may seek a review of their complaint by the Ombudsman.

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6.4.9 Timeframes for obtaining further information from the Complainant

- Where it has been indicated to the Complaints Officer prior to or during the investigation that further information is required from the complainant to enable the full and proper investigation of the complaint, the Complaints Officer must contact the complainant immediately, outlining the information required and request a response from the **complainant within 10 working days** of receipt of the letter;
- When the required information is not received within this time period, the Complaints Officer may extend the time limit for receipt of the information by **a further 10 working days**;
- The complainant must be informed that if he/she fails to comply with this request for further information, the Complaints Officer may decide to invalidate the complaint if the information required is essential for the further processing and management of the complaint.

6.4.10 Timeframes for eliciting responses from staff member(s)

- Where there is a response required from staff members in relation to issues raised by the complaint, the Complaints Officer may inform the relevant Manager/Head of department and the staff members of the issues to which a response is required. The Manager/Head of Department is then responsible for ensuring the staff member provides a response to the issues raised;
- Where the Complaints Officer is of the opinion that the matter does not warrant the involvement of the Manager/Head of Department, he/she may contact the staff member directly;
- The Complaints Officer must record the date of the notification;
- The relevant staff member(s) is required to respond **within 10 working days** of receiving notice of the complaint.

6.4.11 Timeframes for eliciting responses from persons no longer employed by RHD

- When a complaint involves a staff member who is no longer employed by the RHD, the Complaints Officer must endeavour to contact the relevant ex-staff member

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immediately, to inform them of the complaint and to invite a response from that staff member to the issues raised within the timeframes as outlined above;

- Every effort is to be made to comply with the timeframes as outlined above;
- However, there may be special circumstances where timeframes cannot be met due to the unavailability of the ex-staff member or the current location of the ex-staff member. These issues must be brought to the attention of the complainant and the complainant must be assured that the management of the complaint is progressing as quickly as possible;
- If, after all reasonable efforts, the Complaints Officer is unable to obtain a response from any persons no longer employed by the RHD, the Complaints Officer must endeavour to investigate the complaint to the best of his/her ability with the information available to him/her.

6.4.12 Preparation of a report post-investigation

- Post investigation of the complaint the Complaints Officer will prepare a signed and dated report which will include:
 - his/her findings,
 - any recommendations which he or she considers appropriate,
 - the reasons for such findings and recommendations,
- In detail, the contents of the report should include:
 - A description of the complaint,
 - Reason(s) for actions resulting in the complaint,
 - A description of the investigation process to assure the complainant that their complaint has been fully and fairly investigated,
 - The Complaints Officer’s findings,
 - An apology when the investigation showed that RHD was at fault and an apology for any distress caused.
- If the investigation showed that there were no legitimate grounds for the complaint and the complaint was not substantiated, the report will outline the reasons why this decision was reached;
- Where the complaint was substantiated, the report will detail recommendations considered appropriate by the Complaints Officer to:

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- Prevent re-occurrence of the causes of the complaint and for quality improvement,
- Details of any redress to be provided to the complainant where appropriate.
- The Complaints Officer will forward the report as soon as practicable (and within the timeframe specified in this policy) to the complainant, the relevant Department /Nurse manager /Staff Member and to the CEO;
- The report forwarded to the complainant will also advise that he/she may request a review of the outcome of the investigation of their complaint and will provide the complainant with the details of how to request the review;
- The recipients of the report will be invited to contact the Complaints Officer to clarify any issues in the report;
- Where a staff member against whom a complaint has been made is unhappy with the recommendations they may invoke the Grievance & Disciplinary procedures.

6.4.13 Employee related issues

Where the investigation of the complaint highlights that the complaint or part of the complaint indicates an employee related issue then this issue will be referred by the Complaints Officer to the Head of Department and HR Department if necessary for appropriate action under the relevant policy and procedures.

6.4.14 Withdrawal of Complaints

- A complainant may, at any time, withdraw a complaint made and, on advice of such withdrawal, the Complaints Officer may cease to investigate or review the complaint;
- However, where the Complaints Officer has reasonable grounds for believing that public interest would best be served by the continuation of the investigation or review, he or she must refer the matter to the CEO for a decision on the matter.

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6.4.15 Implementation of Recommendations made by Complaints Officer

- The Complaints Officer will forward a report of the investigation to the CEO at the same time as the complainant and relevant Department / Nurse Manager and staff member;
- Within **30 working days** of receiving the report from the Complaints Officer, the CEO shall take such steps, as appropriate to the nature of the complaint, as are reasonable to give effect as soon as practicable and to the greatest extent practicable to any recommendation of the Complaints Officer, provided that the CEO is satisfied that it is within the functional remit of The Royal Hospital Donnybrook;
- Where a recommendation the implementation of which would require or cause a material amendment to its approved service plan, the CEO may amend the recommendation as deemed appropriate;
- Where the recommendation is being amended or rejected or where alternative measures are being taken, the CEO must give the reasons for their decisions;
- The CEO must put an action plan in place for the implementation of the recommendations of the investigation. The action plan, persons responsible and timeframes are to be identified and recorded;
- Where a complainant has requested a review of the outcome of the investigation, the CEO will suspend the implementation of a recommendation and will notify the complainant of this suspension;
- If after a period of time recommendations made are not implemented and the complainant is dissatisfied, they should be advised to contact the relevant Department / Nurse Manager.

6.5 HSE Review (Stage 3)

6.5.1 General Review Process

- Where a complainant is dissatisfied with recommendations made by a Complaints Officer (Stage 2), he/she may apply for a review of the recommendations to the Health Service Executive **within 30 working days** of the date on which the report was signed and dated by the Complaints Officer;
- All reviews should be forwarded to the HSE to the office of:

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Director of Advocacy,
 Health Service Executive,
 Oak House,
 Millennium Park,
 Naas ,
 Co. Kildare.
 Telephone: 1890 424 555.

- The function of the Review Officer(s) will be to review the outcome of the investigation of the complaint by the Complaints Officer including the recommendations made and the process implemented to investigate the complaint;
- The Review Officer(s) appointed may request all documentation relevant to the complaint and communicate with any person that he/she reasonably believes can assist with the review of the complaint;
- A complainant who has requested a review may make written representations in support of his or her complaint and such representations will be considered by the Review Officer(s);
- The Review Officer(s) must endeavour to conduct and conclude the review **within 20 working days** of the request being received. However, where the review cannot be concluded within this timeframe, the Review Officer must inform the complainant of this fact and indicate the additional time necessary to complete the review;
- The Review Officer(s) must be independent of the service(s) about which the complaint was made and must not have had any part of any prior investigations into any complaints they review and must not have any conflicting interest in the subject matter of the complaint;
- The Review Officer(s) may:
 - Uphold the original recommendations from the investigation,
 - Vary the recommendations or make new recommendations,
 - Recommend that the investigation be repeated locally by a member of the Senior Management team independent of the preliminary investigation.

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- Review Officer(s) will not make a finding in his/her report, adverse to a person, without first having afforded the person concerned with the opportunity to consider the finding or criticism and to make representations in relation to it;
- Upon conclusion of a review, the Review Officer(s) will, as soon as is practicable forward a report in writing on the review to the CEO and the Complaints Officer, the complainant and the service / staff member against whom the complaint was made.

6.6 Independent Review (stage 4)

- At all stages of the process, complainants must always be made aware of their right to an independent review of their complaint by the Ombudsman;
- The process used by the Ombudsman is not described in this Policy but this information may be sourced through the following website www.ombudsman.ie.
- The complainant must be provided with the address of the Ombudsman as below:

Office of The Ombudsman,
 18 Lower Street,
 Dublin 2.
 (01)6395600

6.7 Redress

- An effective complaints system which offers a range of timely and appropriate remedies will enhance the quality of service to the consumers of RHD. It will have a positive effect on staff morale and improve RHD's relations with the public. It will also provide useful feedback to RHD 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. RHD should 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

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- Admission of fault
- Change of decision
- Correction of misleading or incorrect records
- Technical assistance
- Recommendation to the appropriate bodies to make a change to a relevant policy or law.

6.8 Data collection and reporting

- The Complaints Officer will maintain a database of all comments and complaints for the hospital;
- The information collected will be provided to the CEO/Board of Management at regular intervals throughout the year;
- A report will be submitted to the HSE as requested throughout the year to include:
 - the total number of complaints received,
 - the nature of the complaints,
 - the number of complaints resolved by informal means,
 - the outcome of any investigations into the complaints;
 - the number of compliments received.
- The Complaints Administrator as per 5.4 above will oversee the data collection and reporting activities described above.

6.9 Training and Education

Complaints handling training and education will be part of the hospital’s overall in-service programme and will be provided at least yearly to all staff

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7.0 References/Bibliography

Health Service Executive (2008) **‘Your Service Your Say’ The Management of Consumer Feedback to include Comments, Compliments and Complaints in the Health Service Executive (HSE)**, HSE, Naas, Ireland.

Health complaints (2011) Your guide to where and how to complain about health and social care services in Ireland, Accessed on line at www.healthcomplaints.ie.

HSE Guidelines for System Analysis, Investigation of incidents and complaints 2012

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8.0 Appendices

8.1 Alternative complaint management process

Complaints that do not fall within the remit of this Policy and must be referred to the appropriate personnel to be addressed using the appropriate Policy, Procedure, Guidelines or Legislation as detailed in this table (only information relevant to this organisation is included).

Details of Complaint/Allegation	Policy, Procedure, Guideline or legislation to be followed
<p>Allegations of abuse made against staff members</p> <p>Professional Misconduct and Fitness to Practice Issues.</p> <p>Complaints by staff of any inappropriate behaviour of other staff at work</p>	<p>Refer to Department / Nurse Manager to deal with complaint in line with some or all of the following:</p> <ul style="list-style-type: none"> • Trust in Care - Safeguarding • Grievance and Disciplinary Policy for The Royal Hospital Donnybrook • Dignity at Work Policy for The Royal Hospital Donnybrook • Health and Social Care Professionals Act 2005 • Medical Practitioners Act 1978 • Nurses Act 1985
Complaints about entitlements under Part 3, Chapter 9 of the Social Welfare (Consolidation) Act 2005	Refer to Health Service Executive Appeals Process/Social Welfare Appeals Office in relation to Basic Payments and Supplements
Complaints against the HR/Recruitment process	Refer to Department / Nurse Manager /Human Resources to deal with complaint in line with some or all of the following: <ul style="list-style-type: none"> • Dignity at Work Policy for The Royal Hospital Donnybrook • Grievance and Disciplinary Policy for The Royal Hospital Donnybrook
Complaints about bullying and/or harassment made against staff	Refer to Department / Nurse Manager / Human Resources to deal with complaint in line with some or all of the following: <ul style="list-style-type: none"> • Trust in Care - Safeguarding • Dignity at Work Policy for The Royal Hospital Donnybrook • Grievance and Disciplinary Policy for The Royal Hospital Donnybrook.
Complaints in relation to decisions of Freedom of Information internal reviewers	Refer to Office of the Information Commissioner to deal with the complaint in line with the Freedom of Information Act 1997 and 2003 info@oic.ie
Complaints in relation to breaches of Data Protection Rights	Refer to Data Protection Commissioner to deal with the complaint in line with the Data Protection Act 1988 and 2003 info@dataprotection.ie Data Protection Officer
Complaints in relation to Environmental Issues	Refer to Local Environmental Health Office to deal with the complaint in line with some or all of the following: <ul style="list-style-type: none"> • Food Safety Authority of Ireland Act 1998 • European Communities (Hygiene of foodstuffs) Regulations 2006 • Food Hygiene Regulations 1950 – 1989 • Public Health (Tobacco) Acts 2002 & 2004

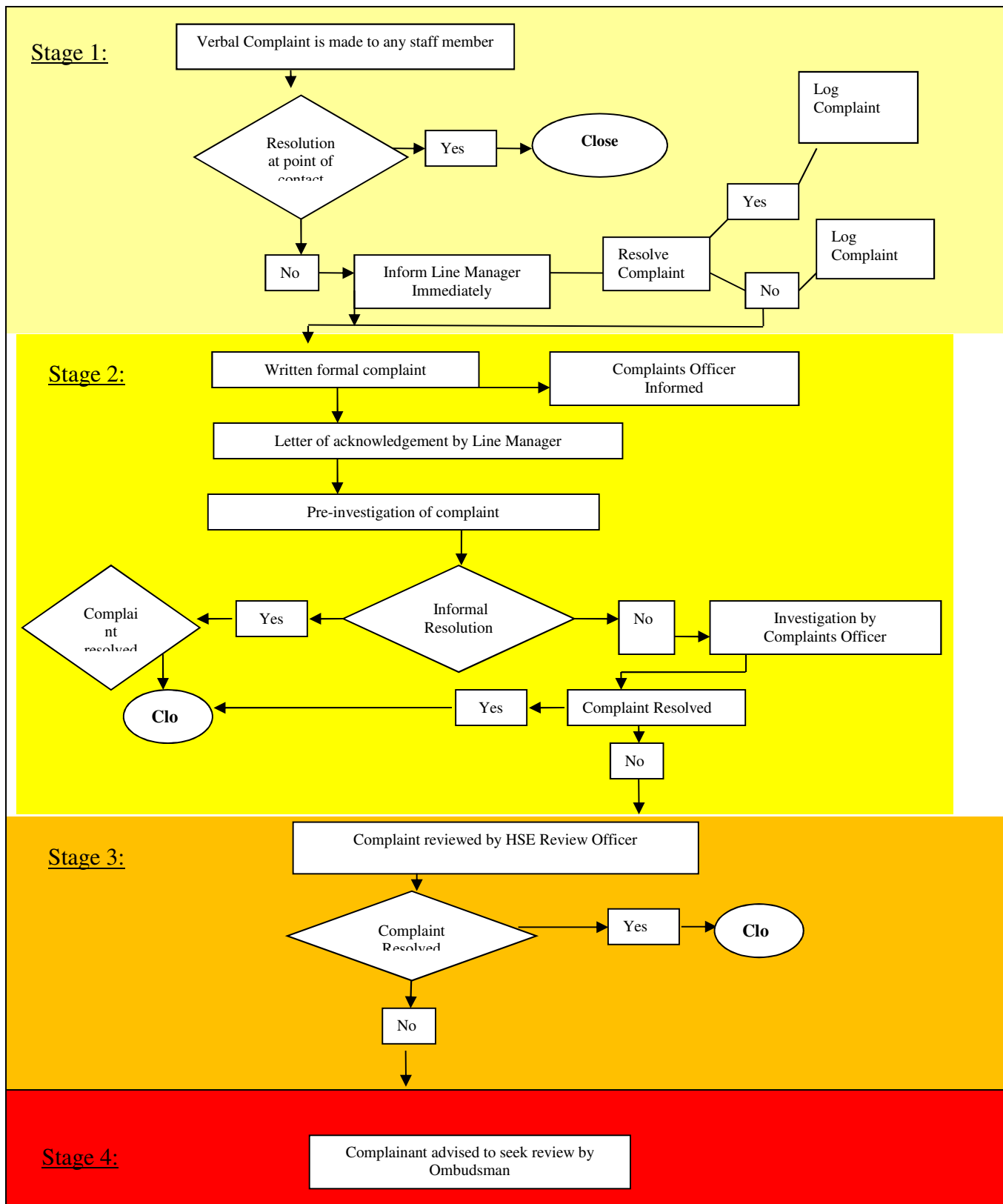
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8.2 List of Advocacy agencies

Name	Contact Details	Location
Citizens Information Board	(01) 6059000 information@ciboard.ie	7th Floor, Hume House, Ballsbridge, Dublin 4.
Irish Patients' Association	Web: www.irishpatients.ie Phone: 01 272 2555 Phone: (emergency) 087 659 4183 Email: info@irishpatients.ie	24 Church Road, Ballybrack, Co. Dublin
Equality Authority	Lo Call 1890 245 545 (01) 4173331 info@equality.ie	The Equality Authority, 2 Clonmel Street, Dublin 2.
Irish Advocacy Network	(047) 38918 (087 7540763) admin@irishadvocacynetwork.com	Irish Advocacy Network, C/O Health Care Unit, Rooskey, Monaghan.
Irish Cancer Society	(01)2310500 1800 200 700 helpline@irishcancer.ie	Irish Cancer Society, 43/45 Northumberland Road, Dublin 4, Ireland.
Patient Focus	Web: www.patientfocus.ie Phone: 01 885 1611 support@patientfocus.ie	Sky Business Centre, Plato Business Park, Damastown, Dublin 15

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8.3 Summary of Complaints Management Process



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8.4 LISTEN approach

Use the LISTEN approach to assist you when receiving a verbal complaint

Listen:

- Listen carefully to the issues being raised by the complainant

Identify:

- Identify if there are multiple issues relevant to the complaint and separate each issue.
- Attempt to identify any hidden or underlying issues that may exist.
- Summarise the issues to clarify and check that you understand what the person is telling you.
- Ask the complainant to confirm that they agree with your interpretation of their complaint.
- Find out from the complainant what they want to happen as a result of their complaint.

Summarise:

- Summarise the issues to clarify and check that you understand what the person is telling you.
- Ask the patient / service user to confirm that they agree with your interpretation of their complaint

Thank the person

- Thank the person for taking the time to make the complaint

Empathise and Explain:

- Empathise and acknowledge the feelings of the complainant.
- Explain to the complainant that there will be no negative repercussions
- Explain what will happen next e.g. you may need to contact your manager

Expression of regret or apology:

- An early expression of regret or apology can minimise the possibility of a verbal complaint becoming a formal written complaint
- Training for staff must deal with the area of expression of regret and apology. Staff must also be given the skills to recognise when a complaint can or cannot be resolved at first point of contact and when the complaint needs to be referred to Complaints Officers for appropriate management.

Now Act:

Assess the verbal complaint:

Once a verbal complaint is received, the person receiving the complaint must ensure that they get as much information as possible about the complaint to assist them in assessing the seriousness and/or the complexity of the complaint. This in turn assists staff in determining if the complaint should be resolved at the point of contact or if the complaint should be referred to the Complaints Officer for management at Stage 2 of the complaint management process.

Staff should only attempt to manage complaints received at the point of contact if due care has been taken to establish that all issues can be addressed appropriately at the point of contact.

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8.5 Verbal Complaints Log Form

The Royal Hospital Donnybrook Verbal/Informal Complaints Log Form

Unit /Department:	Date complaint made:
Name of staff member/s who managed complaint:	
Name and contact details of Complainant:	Complainant <i>(tick as appropriate)</i> : Patient/Resident: <input type="checkbox"/> Relative: <input type="checkbox"/> Other <i>(specify)</i> :
Details of Complaint:	
Desired outcomes for the complainant:	
Actions Taken:	
Outcome: Resolution achieved? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If no briefly outline why)</i>	
If No, has the person been informed of the process for making a formal complaint? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Staff signature:	Date:
Date received by Complaints Officer:/...../.....	
Complaints Officer Signature:	

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8.6 Formal written complaint form

THE ROYAL HOSPITAL DONNYBROOK

Morehampton Road, Donnybrook, Dublin 4.

This form is to help you provide us with the necessary information to deal with your complaint. Please use additional sheets if necessary. You may also write your own letter and use the headings in this form to assist you. When you have completed the form please return it to:

- The Manager of the department/unit to which the complaint relates
- Or**
- Directly to the Complaints Officer who is the Director of Nursing.

If you require assistance with this form, please ask a member of our staff.

Thank you.

<p>Section 1 Please provide your details below: Name: Address: Contact Phone number: Do you have any special needs (e.g. wheelchair access, sign language, need for interpreter etc) that you would like us to facilitate:.....</p>						
<p>Section 2 If you are writing on behalf of a resident/patient please provide their details Name:..... Address:..... Please state your relationship to the resident/patient:.....</p>						
<p>Section 3 To help you summarise your complaint and describe what happened, you may find the following questions useful:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">What happened?</td> <td style="width: 50%;">Who was involved?</td> </tr> <tr> <td>When did it happen?</td> <td>Where did it happen?</td> </tr> <tr> <td>How did it happen?</td> <td>Why did it happen?</td> </tr> </table> <p>Summary of complaint:.....</p>	What happened?	Who was involved?	When did it happen?	Where did it happen?	How did it happen?	Why did it happen?
What happened?	Who was involved?					
When did it happen?	Where did it happen?					
How did it happen?	Why did it happen?					

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