



Ruhama Complaints Policy

Review date: May 2024

Revision date: May 2026

1.Responsibility for approval of policy	Board of Management
2.Responsibility for implementation	Service Manager
3.Responsibility for ensuring review	CEO / Service Manager

1. Policy Statement

- 1.1. Ruhama is committed to taking seriously any complaint that concerned individuals have about the service. It believes that if an individual wishes to make a complaint or register a concern they should find it easy to do so.

2. Purpose

- 2.1. This policy is intended to ensure that complaints are dealt with properly and that all complaints or comments are taken seriously and addressed in a timely and professional manner.

3. Scope

- 3.1. This policy covers all actions to be taken in respect to a complaint by a concerned individual. Concerned individuals can include: service users, members of the local community and concerned stakeholders (funders, external agencies, etc.). A complaint by a member of staff is addressed through the grievance process (see Grievance Policy).
- 3.2. Complaints can be made against any aspect of the Ruhama service.

4. Principles

- 4.1. It is Ruhama's policy to deal with complaints proactively.
- 4.2. All complaints should be responded to and then resolved promptly, and within the timescale outlined in this policy, where practical.
- 4.3. This organisation supports the concept that most complaints, if dealt with early, openly and honestly, can be sorted out at a local level between just the complainant and the organisation.
- 4.4. All persons involved should be supported and given appropriate assistance throughout the process.
- 4.5. All complaints must be recorded using the Complaints Record Form.
- 4.6. Complaints should be kept at a centralised location and monitored for quality purposes.

5. Service user Complaints Procedures

5.1. Verbal complaints

- 5.1.1. All verbal complaints, no matter how seemingly unimportant, must be taken seriously.
- 5.1.2. All contact with the complainant should be polite, courteous and empathetic.
- 5.1.3. A staff person who receives an oral complaint should seek to solve the problem immediately if possible. If staff cannot solve the problem immediately they should refer the issue to the Service Manager.
- 5.1.4. If the suggested plan of action is not acceptable to the complainant, then the member of staff or Service Manager should ask the complainant to complete a Complaints Record Form and inform the service user fully about the complaints procedure.
- 5.1.5. All complaints should be recorded noting: date; time; name of person/project making the complaint; nature of the complaint; and name of manager handling the complaint. Contact details for the complainant should also be recorded.
- 5.1.6. If a complaint is made regarding a staff member, the complaint will be dealt with as described in 5.3.

5.2. Written complaints

- 5.2.1. A completed copy of the Complaints Record Form (Appendix 1) should be given to the Service Manager.

- 5.2.2. The Service Manager will investigate the complaint. If necessary, further details may be requested from the complainant. If the complaint is not made by the service user but on the service users' behalf, then the consent of the service user, preferably in writing, must be obtained from the complainant.
- 5.2.3. Where a complaint involves two or more individuals, all parties will have the opportunity to give their side of events to the Service Manager, who will choose whether the two parties should meet together or are best conducted separately.
- 5.2.4. If the complaint involves a member of staff, they will be requested to attend a meeting to discuss the issues. They will be given reasonable notification which enables them to bring a colleague or trade union representative if they wish to.
- 5.2.5. The Service Manager will attempt to complete the investigation within fifteen working days (unless otherwise agreed) and the complainant will be informed of any outcomes in writing and verbally.
- 5.2.6. If the complaint raises potentially serious matters, advice should be sought from a legal advisor. If legal action is taken at this stage any investigation by the organisation under the complaints procedure should cease immediately. (See also Ruhama Whistleblower Policy)

5.3. Complaints about staff

- 5.3.1. If the complaint is about a member of staff, the complaint should be made to the Service Manager. The service user will be supported to write the complaint if necessary by the Service Manager. The complainant will be told that the staff member will be informed that a complaint has been lodged against them.
- 5.3.2. If the complaint is about the Service Manager the complainant will be referred to CEO. If the complaint is about the CEO the complainant will be referred to the Chairperson. The complainant will be told that the Service Manager or the CEO will be informed that a complaint has been lodged against them.

5.4. Outcomes and actions

- 5.4.1. Outcomes and actions initiated as a result of the complaint should be recorded on the Complaints Recording Form.
- 5.4.2. If the complaint is upheld the complainant (and staff member(s) if applicable) will be made aware of the outcome. They will also be advised of the actions RUHAMA has taken as a result of the complaint. If the complaint is not upheld the complainant will be made aware of the outcome.
- 5.4.3. If the service user is not satisfied with the outcome of the investigation, they may appeal the decision to the CEO (or the Chairperson in the event of a complaint concerning the CEO) An appeal meeting should be set up within four weeks by a sub committee of the Management Board. The complainant will be entitled to bring an advocate. The outcome of this meeting will be communicated in writing within ten working days or as soon as is feasible.
- 5.4.4. An appeal referred to the chairperson should involve two members of the Management Board who have not previously been involved in the process.
- 5.4.5. The decision of the CEO, Board or subcommittee is final.
- 5.4.6. If complainant unsatisfied with the final outcome we will advise the complainant of their right to refer their complaint for independent review by the ombudsmen at the following address
Address: Office of the Ombudsman, 6 Earlsfort Terrace, Dublin 2, D02 W773.
Phone: +353 1 639 5600

6. Other Concerned Individuals Complaints Procedures

6.1. All complaints by other concerned individuals should be referred to the Service Manager.

6.2. Verbal complaints

- 6.2.1. All verbal complaints, no matter how seemingly unimportant, must be taken seriously.
- 6.2.2. All contact with the complainant should be polite, courteous and empathic.
- 6.2.3. The Service Manager should be contacted to respond to any oral complaints. If the suggested response is not acceptable to the complainant, then the Service Manager should ask the complainant to complete a Complaints Record Form and inform the service user fully about the complaints procedure.
- 6.2.4. All complaints should be recorded noting: date; time; name of person/project making the complaint; nature of the complaint; and name of manager handling the complaint. Contact details for the complainant should also be recorded.

6.3. Written Complaints

- 6.3.1. A completed copy of the Complaints Record Form should be given to the Service Manager.
- 6.3.2. The Service Manager should inform the complainant that the complaint has been lodged and the matter will be investigated.
- 6.3.3. The Service Manager will proceed to investigate the complaint. If necessary, further details should be requested from the complainant.
- 6.3.4. If the complaint involves a member of staff, they will be requested to attend to discuss the issues and will be given reasonable notification which facilitates them to bring a colleague or trade union representative.
- 6.3.5. Service Manager will complete the investigation within fifteen working days (unless otherwise agreed) and the complainant will be informed in writing.
- 6.3.6. If the complaint raises potentially serious matters, advice should be sought from a legal advisor to the establishment. If legal action is taken at this stage any investigation by the establishment under the complaints procedure should cease immediately. (See also Ruhama Whistleblower Policy).

6.4. Complaints about staff

- 6.4.1. If the complaint is about a member of staff, the complaint should be made to the Service Manager. The service user will be supported to write the complaint if necessary by the Service Manager. The complainant will be told that the staff member will be informed that a complaint has been lodged against them.
- 6.4.2. If the complaint is about the Service Manager, the complainant will be referred to the CEO. If the complaint is about the CEO the complainant will be referred to the chairperson. The complainant will be told that the Service Manager or the CEO will be informed that a complaint has been lodged against them.

6.5 Outcomes and Actions

- 6.5.1 Outcomes and actions initiated as a result of the complaint should be recorded on the Complaints Recording Form.
- 6.5.2 If the complaint is upheld the complainant (and staff member(s) if applicable) will be made aware of the outcome. They will also be advised of the actions Ruhama has taken or proposes to take as a result of the complaint. If the complaint is not upheld the complainant will be made aware of the outcome.

- 6.5.3 If the complainant is not satisfied with the outcome of the investigation, they may appeal the decision to the CEO (or the Chairperson in the event of a complaint concerning the CEO) An appeal meeting should be set up within four weeks by a sub committee of the Management Board. The complainant will be entitled to bring an advocate. The outcome of this meeting will be communicated in writing within ten working days or as soon as is feasible.
- 6.5.4 An appeal referred to the chairperson should involve two members of the Management Board who have not previously been involved in the process.
- 6.5.5 The decision of the CEO or Board subcommittee is final.

7. Anonymous Complaints

- 7.1. Anonymous complaints or complaints made under false names raise both practical problems and issues concerning fairness. The reason for this is that an investigation cannot be undertaken. Of particular importance is the fact that a staff member cannot properly respond to the issues raised. The Service Manager may also not be in position to undertake any remedial actions where there is not a full agreement on the issue as described in the complaint.
- 7.2. In the event that an anonymous complaint is received, Ruhama will note the issues raised and, where necessary try and resolve them appropriately. An anonymous complaint may be referred for investigation:
 - 7.2.1. If there was good reason why the complaint was being made on an anonymous basis, for example, if there was a concern by the complainant that if their identity was revealed it could lead to adverse consequence on their health or well-being. This may depend on the seriousness of the allegation being made and should be at the discretion of the Service Manager.
If the allegation involves the Service Manager, it will be referred to the CEO. Should the allegation involve the CEO, then the process will be referred to the Management Board.
 - 7.2.2. If the allegation can be properly investigated by reference to a third-party witness, or documented evidence provided with the complaint without need for further contact with the complainant.
 - 7.2.3. If the complaint involves a minor, all complaints should be investigated and handled in a confidential manner according to the Child Protection Policy.
- 7.3. In the case that a complaint cannot be fully investigated, the complaint will not be referred to in the staff file or will not in any other way impact upon working process or roles etc, except where this has been agreed by all involved including the person named in the complaint.
- 7.4. If the complaint relates to the general service delivery this will be referred to the Service Manager and remedial action will be implemented if appropriate.
- 7.5. A record of all complaints will be kept on file.
- 7.6. If anonymous complaints are received, as far as possible, the organisation will promote the complaints procedure and ensure appropriate supports are in place to facilitate complaints being made.
- 7.7. Refer also to Ruhama Whistleblower Policy.

8. Vexatious and Malicious Complaints

- 8.1. During investigation if the Service Manager determines the complaint to be vexatious or malicious, he/she 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.

- 8.2. 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.
- 8.3. Before the complaint is deemed vexatious the Service Manager must bring it to the attention of the CEO, or delegated person.

Appendix 1

Complaints Record Form

Date of complaint: _____

Complaint made by: _____

Complaint received by: _____

Complaint made by: Telephone
Letter (attached)
In person
Other

- All complaints will be dealt with in line with Ruhama's complaints policy.
- No service user will suffer loss of service because they have made a complaint.

Complainant details

Name of complainant(s): _____

Address _____

Contact phone number of complainant/s: _____

If a complaint is being made on behalf of someone else:

1. Who is the complaint on behalf of: _____

2. Who is making the complaint: _____
3. What is their relationship: _____
4. Does the representative have the complainant's written consent to represent their interests?
Yes
No

Details of the complaint (If insufficient space, attach extra pages.)

The complainant's desired outcome would be:

Signed

Complainant: _____ Date: _____

Manager: _____ Date: _____

Thank you for your comments. Complaints are valuable in helping to maintain and improve the service of the Ruhama.

How is the complaint being dealt with? (To be completed by the Service Manager)

RESPONSE	RESPONSIBILITY	TIMEFRAME

Actions and Outcomes (To be reported by the Service Manager.)

DATE	ACTION	OUTCOME	BY WHOM

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