

Version

3



Core Business

Complaints

Scope:	This policy applies to all Group members
Effective Date:	May 2009 (updated January 2010)
Review Date:	May 2010
Signed Off :	Group Policy Forum, 24 th April 2009
Author:	Amy Carter, Group Policy
Policy Owned by:	Group Policy
National Standards/Regulation:	Tenant Involvement & Empowerment QAF C1.5.5 Complaints
Legislation:	Data Protection Act 1998

Enhancing Life Chances

Complaints

1 Scope

1.1 This policy applies to all Group members.

Who can use the complaints procedure?

- Any resident of a Circle Anglia property. This includes tenants, licensees, leaseholders, freeholders, market rent and shared ownership residents.
- Any person who uses a service provided by Circle Anglia. This includes service users who may not be Circle Anglia residents.
- Any person who is applying for housing with us.
- Any person who is affected by our homes or services.
- Family members, health workers, local councillors or other advocates who are making a complaint on behalf of a customer or concerned person; providing the legitimate complainant has authorised them to do so.
- EPIC support staff can assist service users when making a complaint. However, staff must ensure that there is no conflict of interest with decisions made by EPIC or any Circle Anglia Group partner. If this situation arises an independent advocate should support the service user.
- Any resident who lives in a Circle Anglia property which is managed by an agent should be referred to the agent's complaints procedure initially. If they are dissatisfied with the outcome of the procedure, the complaint will be dealt with at Stage 2 of our procedure.

2 Policy Statement

2.1 Circle Anglia works to improve people's life chances through providing great homes and reliable services to residents, and through helping build sustainable communities where people want to live and work.

2.2 Our aim is to use the feedback both from consultation, compliments and complaints to help us shape the way our services are provided, improving our services and as a result, increasing customer satisfaction.

2.3 If we receive a comment, compliment or suggestion which could improve organisational service delivery it is important that we recognise this as useful feedback and use it accordingly.

2.4 As a customer-focused organisation we welcome feedback. Complaints are a vital part of customer feedback. Effective complaint resolution offers an ideal opportunity to restore confidence in our organisation and our services.

- 2.5 If someone makes a complaint, it will not affect the way we treat them in the future.
- 2.6 We will record, investigate and resolve complaints efficiently, fairly and impartially. The emphasis of the complaints procedure is always on “putting things right” and making reasonable decisions which reflect that we have considered the individual circumstances of the complainant alongside the exercise of our policy and procedures.
- 2.7 We reserve the right to use discretion when applying this policy and procedure.

3 Policy

- 3.1 A complaint can be any expression of dissatisfaction with the services we provide. This means that our customers define what constitutes a complaint.
- 3.2 If a person expresses dissatisfaction about a service failure they may not wish to raise the concern through the complaints procedure. It is best practice to record these reports of dissatisfaction to enable the organisation to monitor and learn from them.
- 3.3 A complaint can be made using a complaint form, in person, by telephone, letter, e-mail, fax or on our customer website.
- 3.4 The member of staff who initially receives the report of the complaint will do everything within their abilities or knowledge to resolve the problem.
- 3.5 Many problems can be resolved at the first point of contact, which means that they will not be addressed or monitored through the formal complaints procedure.
- 3.6 Where a problem cannot be resolved at the first point of contact, the member of staff will confirm with the person if they wish to raise the matter as a formal complaint.
- 3.7 A complaint will only be addressed through our internal procedure once.

Situations in which we will not use the complaints procedure

- 3.8 When a person contacts us to report a complaint, staff must take care to assess if the issue is actually a complaint that would be most appropriately addressed through the complaints procedure.
- 3.9 Where a complaint regards an issue that is not the responsibility of Circle Anglia, we may initially record and investigate the matter as a stage one complaint.
- 3.10 Following our initial investigation we will confirm to the complainant if the issue will not be progressed through the complaints process and we can advise the complainant to contact any relevant external organisations.
- 3.11 Where the decision is made not to address the issue through the complaints procedure, the reasons for this will be clearly explained to the person who

reported the issue. The full reasons for not investigating the complaint will be recorded on the housing management system.

- 3.12 **Requesting a new service** - when a customer is informing us of a problem for the first time e.g. reporting a repair or notifying us of neighbour nuisance, they may use the word “complaint” but they are in fact requesting a service from us. We will provide the service requested without processing the issue through the complaints procedure.
- 3.13 **If it is more than 6 months old** - a complaint will not usually be dealt with through the procedure if the problem dates back more than 6 months and the complainant has not brought it to our attention during this period. It can be difficult to resolve a complaint where the issues date back a significant period of time. Group partners can use their discretion if there is a valid reason for considering a complaint beyond the 6 month deadline.
- 3.14 **When taking legal action** - if the complainant begins legal proceedings, we will seek clarification from the complainant whether they wish to pursue the issue through legal proceedings or the complaints procedure. If a person is in the process of taking legal action, we can no longer deal with the issue through our complaints procedure. Threats of legal action will not deter us from dealing with a complaint.
- 3.15 **Complaints that refer to external obligations** - where a complaint concerns a matter that is determined by our legal or contractual obligations or government policy, we will not investigate the issue as a complaint. Effective complaint management is about working with the complainant to resolve the issue. Where the issue cannot be changed, investigating the complaint would not offer any further resolution.
- 3.16 **If a complaint refers to a disrepair or defect claim** - where a complaint refers to repair issues the member of staff who receives the initial contact will check the housing management system to check if the claim is already being processed as a disrepair or defect claim. The staff member will contact the relevant Insurance/Repairs team to confirm the status of the claim. This will be done at each stage of the complaints procedure. Where a complaint refers to a disrepair or defect issue, the member of staff who received the complaint will inform the complainant in writing that our insurers/legal advisors will be dealing with the claim, sending a copy to the relevant insurers or legal team for their records.

4 The Complaints Procedure

- 4.1 Our aim is to resolve all problems at the first point of contact. The member of staff who initially receives the report of the complaint will do everything within their abilities or knowledge to resolve the problem.
- 4.2 Where a problem cannot be resolved at the first point of contact, the member of staff will confirm with the person if they wish to raise the matter as a formal complaint.

- 4.3 The staff member who initially receives the complaint is responsible for taking down all of the relevant details including:
- the exact nature of the complaint
 - who the complainant has spoken to in the past
 - any key details from the housing management system, and most importantly
 - what the complainant wants from us to put things right.

The staff member will then forward full details of the complaint to the relevant complaint co-ordinator to record.

- 4.4 The complaint co-ordinator will select the person with the most appropriate level of authority to investigate at each stage of the complaint. It is important that at each stage, the staff member selected will have had no prior involvement with the case.
- 4.5 The complaint co-ordinator will send an acknowledgement letter to the complainant within 3 working days of receiving the complaint. This letter will confirm the unique complaint reference number and provide a name and contact number of the person who will be investigating the complaint.

Stage 1

- 4.6 The complaint will be investigated by a relevant qualified team member. The team member will contact the complainant by telephone or visit the complainant, to investigate the complaint fully. This will include requesting copies of all correspondence and other documentation that the complainant feels to be relevant, in order for the appropriate team manager to be able to properly investigate the complaint. We will aim to provide a full response to the complaint within 10 working days.

Stage 2

- 4.7 If the complainant is not happy with the result from stage 1, they can request for the complaint to be escalated to stage 2 within 28 days. The complaint is then investigated by the appropriate next level manager. It is important that this person should not have had any prior involvement in the stage 1 process.
- 4.8 The manager will contact the complainant by telephone or visit them, to investigate the complaint fully and understand why the complainant was unhappy with the earlier response. The manager will request that the complainant provide them with all correspondence and any other documentation that the complainant considers to be relevant to the complaint. The manager will assess the case file and look carefully for any gaps in evidence. It may be that they need to request further information from either staff or complainant. The case should be given a complete re-hearing by that manager, rather than just a review.
- 4.9 We will aim to provide a full response to the complaint within 10 working days.

Stage 3

- 4.10 If the complainant is not happy with the result from stage 2, they can request for the complaint to be escalated within 28 days to stage 3.
- 4.11 At the third and final stage of our internal complaints procedure the complainant is given the opportunity to present their complaint to an impartial panel.
- 4.12 The panel will be made up of three people and they will be selected from the appropriate Board and their local Neighbourhood Boards or Committees. The members would have had no involvement in stages 1, 2, or 3 of the complaints process.
- 4.13 The panel will be arranged with consideration for the resident's needs. The date of the panel will be confirmed 10 working days in advance.
- 4.14 The aim of the panel is to review the way the complaint has been investigated and to assess whether our policies and procedures have been followed correctly.
- 4.15 Panel hearings must be conducted in a consistent, fair and objective manner.
- 4.16 The complainant may if they wish, have a relative or friend to support them during the hearing. A legal representative may attend the complaints hearing, but may not make representations or become involved, as it is not a legal process.
- 4.17 A senior member of staff will be there to represent Circle Anglia. Other Circle Anglia employees may be invited to attend the hearing but they will only be involved in the process if they are asked a direct question by a member of the panel.
- 4.18 A minute-taker will be present to record the proceedings. The minute-taker may only answer questions about the complaints policy or procedure.
- 4.19 The Chair must be experienced in chairing meetings and will have received training on complaint resolution from the Housing Ombudsman Service.
- 4.20 The Circle Anglia representative and complainant will be asked to leave the room to allow the panel to consider the evidence and make their decision.
- 4.21 The panel's decision does not have to be unanimous, a majority decision is adequate. If there are only two panel members then the decision of the Chair is final.
- 4.22 The panel's decision must not contravene our policies and procedures.
- 4.23 If the complaint, or any part of it, is to be upheld, the panel may suggest actions that need to be taken. These actions will be reported back to the appropriate Board and the panel members.
- 4.24 Panel members may also make recommendations for existing policies and procedures to be reviewed following their decision. The actions taken as a

result of the recommendations will be reported back to the appropriate Boards and panel members.

- 4.25 Panel members are entitled to offer a goodwill payment. If more than £1000 is recommended, the Chair will contact the budget holder as soon as possible to agree this payment.

Referral

- 4.26 If a complainant feels that our internal procedure has not adequately responded to their complaint, they can refer their complaint to the [Housing Ombudsman Service](#) for housing related complaints.
- 4.27 Support service users can refer their complaint the [Local Authority Supporting People Team or the Care Quality Commission](#).
- 4.28 Complaints regarding some Commercial and Leasehold properties can be referred to the [Leasehold Valuation Tribunal](#).

5 Using Discretion

- 5.1 All complaints will be addressed using the standard procedure unless there are valid and evidenced reasons to address a complaint differently.
- 5.2 We reserve the right to not investigate a complaint or to deal with a complaint differently, if the circumstances merit it.
- 5.3 Before a complaint is handled any differently from the standard procedure, the lead handler should discuss the case with their line manager and record the agreed reasons for varying the standard procedures.
- 5.4 Lead handlers should ensure that where complaints are handled differently from the standard procedures, every action is aimed at resolving the issue in a way that is demonstrably fair and reasonable and impartial.
- 5.5 We may forward the complaint through our procedure more quickly than usual, skip a stage of the procedure or refer the case immediately to the Housing Ombudsman Service, Leasehold Valuation Tribunal, Supporting People Team or the Care Quality Commission. These decisions will be agreed by the Head of Department or service manager.
- 5.6 If we decide to address a complaint in a different manner we would need to provide tangible evidence that the issue does not merit further consideration within the organisation or that resolving the complaint via our procedure is not possible.

Goodwill payments

- 5.7 In some instances the person who is investigating the complaint may think that the complainant should receive some recompense for the loss or inconvenience they have suffered. Please see the [goodwill gestures and payments](#) procedure section for further guidance.

6 Unreasonable Behaviour

- 6.1 Where a complainant's behaviour is considered to be unacceptable, we will follow the actions set out in the [unreasonable behaviour](#) procedure. This may include stopping the investigation into the complaint, where the circumstances merit this action.

7 Group Communications

- 7.1 Circle Anglia is committed to responding quickly and appropriately to enquiries that are directed to the Chief Executive Officer (CEO) or received from Members of Parliament (MPs) or local councillors.

Chief Executive Officer (CEO) enquiries

- 7.2 Any correspondence received by a group partner that is addressed to the Chief Executive Officer should be forwarded to the CEO office for recording.
- 7.3 As appropriate, correspondence to the CEO will either result in a new complaint being raised and investigated or will be included as further information to address as part of a complaint that is currently under investigation.
- 7.4 Any complaints that are initially addressed to the CEO will be recorded by the CEO office and then forwarded to the appropriate complaints co-ordinator and follow the standard complaints procedure stages and timescales.

MP and Councillor enquiries

- 7.5 We aim to respond to correspondence received from an MP or local councillor within 5 working days. Group partners will forward a copy of the correspondence to the Executive Director of Group Communications to be recorded.
- 7.6 Please see the Group Communications MP and Councillor procedure for further information.

Press Office

- 7.7 Complaints should be managed in line with the Public Affairs policy.
- 7.8 The press office should be provided with details of any complaints which involve a high-profile issue, a legal challenge or where the complainant states that they intend to contact the media.

8 Training

Circle Anglia employees

- 8.1 Customer-facing staff receive an induction in customer care and call handling.

- 8.2 Each group partner is responsible for ensuring that staff are aware of the complaints procedure and are able to raise awareness and provide appropriate advice to residents and service users.
- 8.3 Complaints co-ordinators can be contacted for guidance on complaint handling.
- 8.4 It is important that we learn from complaints and work to prevent the same problems re-occurring.
- 8.5 All employees must be aware of the complaints procedure and take responsibility for resolving problems.

Board, Neighbourhood Board and Committee members

- 8.6 The Ombudsman offers free training on effective complaint resolution to all Board and Committee members. All panel members will ideally receive this training before sitting on complaint panels.
- 8.7 It is also recommended that senior managers attend this training course and brief their managers on good practice.
- 8.8 The Company Secretariat organises attendance at these courses on an annual basis.

9 Service Standards

- 9.1 Our aim is to resolve any complaints at the first point of contact.
- 9.2 The complaint co-ordinator will log the complaint, allocate a lead handler and send an acknowledgement letter within 3 working days of the complaint being received.
- 9.3 We aim to send a full written response within 10 working days of the complaint being logged.
- 9.4 Stage 1 complaints are handled by the team member responsible for delivering the service, who will contact the complainant by telephone or visit to try and resolve the complaint.
- 9.5 Stage 2 complaints are handled by the relevant manager who will contact the complainant by telephone or visit to try and resolve the complaint.
- 9.6 Stage 3 complaints are referred to a panel selected from the appropriate Board and their local Neighbourhood Boards or Committees (including the Joint Commission).
- 9.7 If a complainant is dissatisfied with the response at any stage, they have 28 days to request their complaint is escalated to the next stage of the procedure.
- 9.8 All our decisions will be made in line with our policies and procedures and in line with our legal and contractual obligations.

9.9 We will always adhere to the findings of the Housing Ombudsman Service, Local Authority Supporting People Team and Care Quality Commission.

10 Monitoring

10.1 Performance on the management of complaints is reported to:

- Team managers (as appropriate) monthly.
- Senior Management at the registered provider or group partner and EPIC Boards via our KPI and LPI reporting systems.
- Partner boards.

10.2 The amounts of goodwill payments awarded will be recorded and monitored.

11 Equality and Diversity

11.1 It is essential to recognise that customers of all races, ages, religions, gender, sexual orientation, literacy levels and disability should be treated equally and fairly.

11.2 A complaint can be made in person, by telephone, letter, e-mail, fax or via our website www.circleanglia.org/customers

11.3 If someone makes a complaint against us, it will not affect the way we treat them in the future.

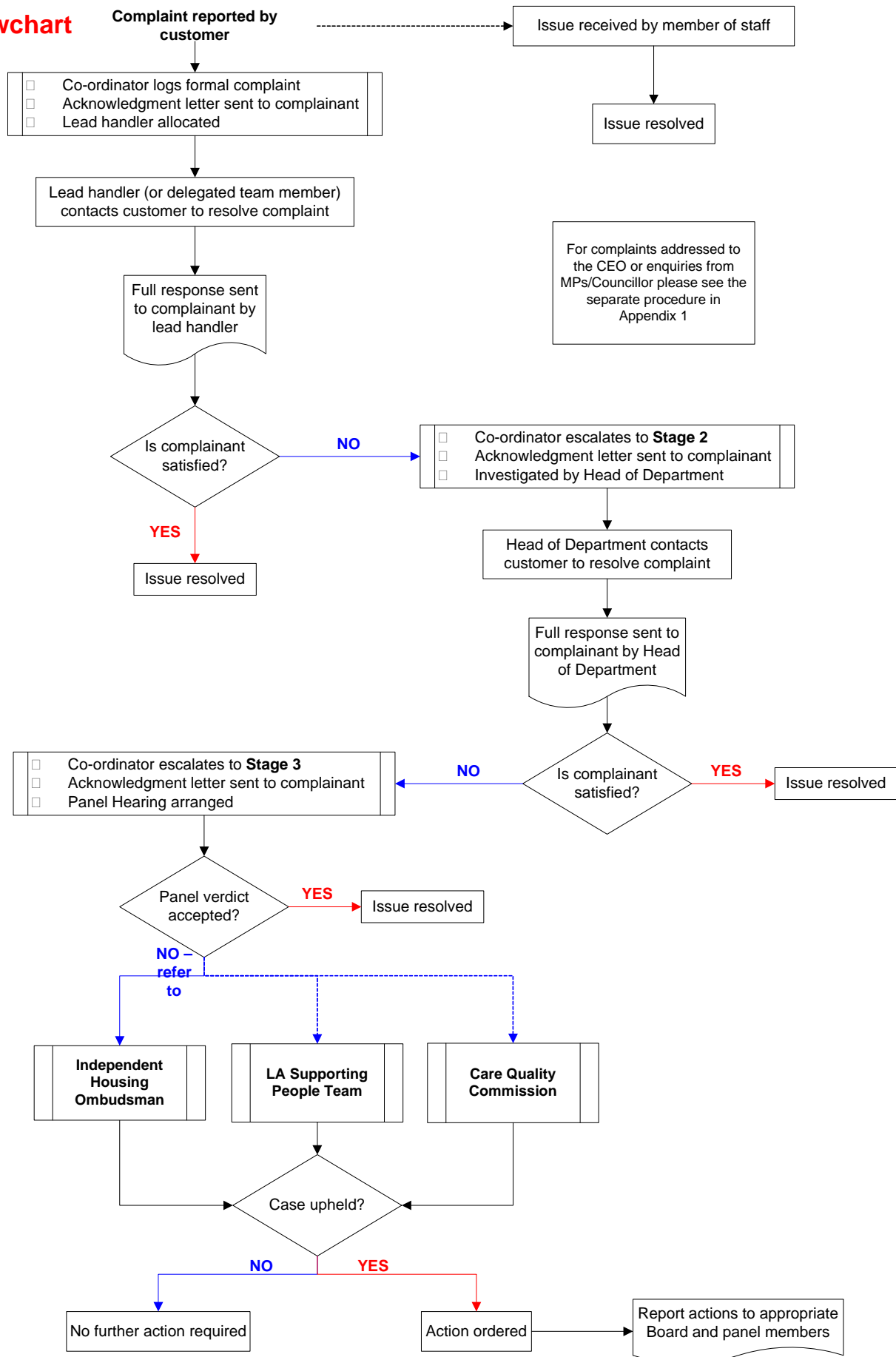
11.4 All customers will have access to this document upon request or from our website www.circleanglia.org/customers

11.5 This document can be translated or provided in alternative formats (e.g. Braille, large print, audio, easy read) upon request.

11.6 Complaint panels are arranged so that the complainant can attend and present their case, location, timing and individual requirements will be considered.

11.7 Equality and Diversity training is mandatory for all staff

12 Flowchart



Appendix 1

MP/Councillor procedure

Objectives of procedure

- To improve the response times to MPs
- To improve the quality of the letters received by MP and ensure that key messages around service and delivery are highlighted (Head of Public Affairs to work with RPs)
- To provide the Chief Executive Officer (CEO) with data on response and content of letters
- To use the information to monitor relationship between the group and Members of Parliament (MPs)

Diagram of procedure letters received by CEO

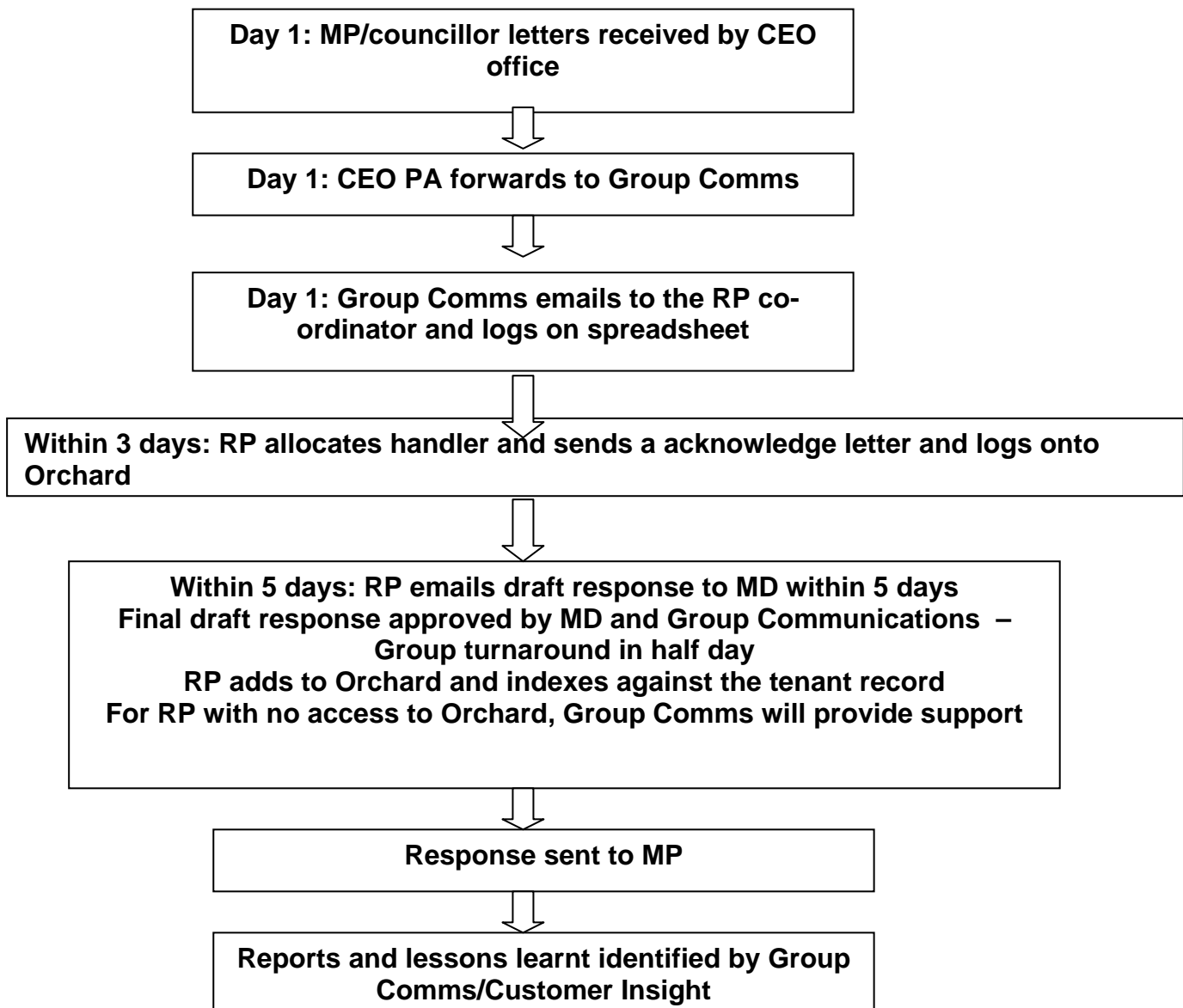
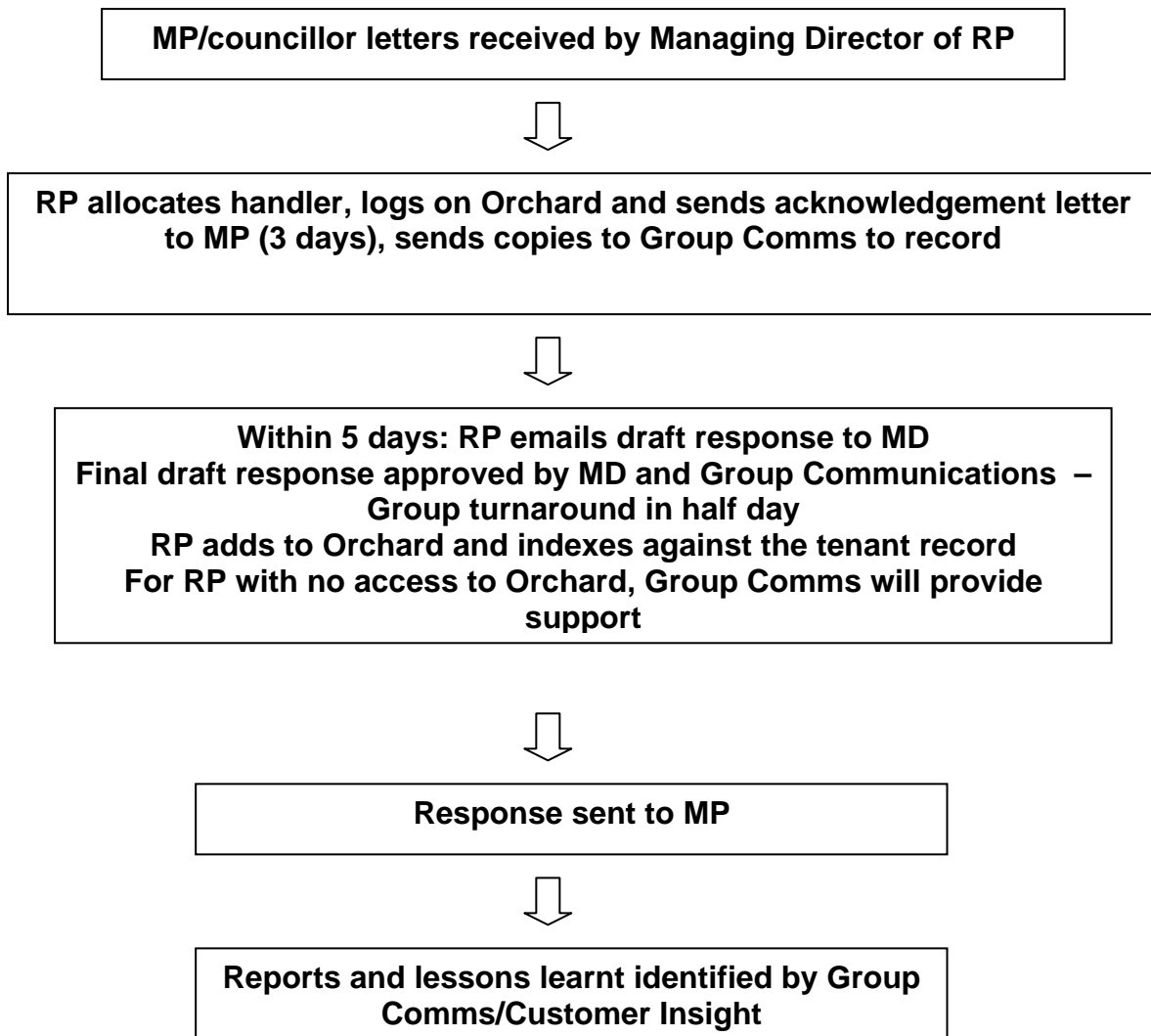


Diagram of procedure letters received directly to the RP



Glossary

Term	Definition
GPF	Group Policy Forum
SMPRG	Senior Managers Policy Review Group

Related Documents

Document	Link
Connected Policies:	Anti-Social Behaviour Customers Who Pose a Risk Repairs Service Charges
Forms and Letters:	Complaint form Resident Account Adjustment Form Goodwill Payment Request form Goodwill Payment Acceptance Form Goodwill/Compensation Form
Leaflets:	Putting Things Right
Other:	

Version history

Version no.	1	Date effective:	October 2006
Full / partial review?	New Group policy		
Brief summary of changes:	N/A		
Staff consultation (teams):	GPF, SMPRG, Staff		
Resident consultation:	Have Your Say, OFHS, OF TML		
Signed off by:	GPF 30 th June 2006		
Author:	Robert Tristram, Quality Manager Jason Christensen, Policy Officer		

Version no.	2	Date effective:	January 2007
Full / partial review?	Update only, as below		
Brief summary of changes:	3.24, 15.7 Ombudsman address updated		
Staff consultation (teams):	N/A		
Resident consultation:	N/A		
Signed off by:	N/A		
Author:	Robert Tristram, Quality Manager Jason Christensen, Policy Officer		

Version no.	3	Date effective:	April 2009
Full / partial review?	Full review		
Brief summary of changes:	Integration of new Group partners, inclusion of comments and compliments, discretionary decisions, goodwill payments reviewed, unacceptable behaviour added,		
Staff consultation (teams):	Neighbourhood, Income, C&L, Property, Continuous Improvement, Complaints Co-ordinators at all group partners. Group Communications.		
Resident consultation:	<p>All Group partners via the benchmarking representatives. Feedback from residents of: EPIC, South Anglia, Old Ford, Russet, Mole Valley, Wherry, Circle 33, Roddons.</p> <p>Changes made as a result of feedback:</p> <p>Resident's recommended that the reasons for not investigating a complaint where it involved an issue which Circle Anglia cannot change should be clearly explained to the complainant.</p> <p>Residents recommended that where a complainant has missed the escalation deadline, the complaint should only be escalated where there is a good reason for missing this deadline.</p> <p>Goodwill payments amounts were decided upon with resident involvement and approval.</p>		

	Managing unacceptable behaviour – resident's recommended meeting with the complainant to talk through the complaint and the unacceptable behaviour. A resident's complaint about personal information being needlessly shared by the organisation with the complaint panel has resulted in a clear procedural change that only relevant and non-sensitive information may be shared.
Signed off by:	GPF 24 th April 2009
Author:	Amy Carter, Policy Officer
Version no.	4
Date effective:	December 2010
Full / partial review?	Desktop review to ensure that policy is reasonable, fair and impartial and meets all legal requirements.
Brief summary of changes:	<p>Complainant now permitted to bring legal representative to panel hearing, although legal representative not permitted to intervene on behalf of complainant.</p> <p>Additional robustness given to each stage of the complaints process, through:</p> <ul style="list-style-type: none"> Insisting that as the complaint is escalated upwardly, it is heard by a more senior staff member at each stage who has had no prior involvement in the case and no contact about the case with the other members of staff on the case except for the purposes of providing an explanation as to how the decision was reached. Their task is not to simply review the decision made, but to give the case a complete re-hearing. They must look for gaps in the evidence file and where necessary request additional information from both staff and/or complainant. At all stages of the process, managers and panel members must be mindful that the decision made needs to be fair, reasonable, impartial, follow policy and procedure, and reflects representations made by the resident about their individual circumstances.
Staff consultation (teams):	n/a
Resident consultation:	n/a
Legal consultation:	Devonshires – whole document.
Signed off by:	Group Policy
Author:	Zoe Willenbrock