

**GLASGOW KELVIN COLLEGE**

**AUDIT AND RISK COMMITTEE - MEETING OF 8 SEPTEMBER 2020**

**COMPLAINTS HANDLING PROCEDURE**

**REPORT BY INTERIM ASSISTANT PRINCIPAL**

**1 Introduction**

The purpose of this report is to provide an update to members in relation to changes to the College's Complaints Handling Procedure.

**2 Background and Update**

We were advised in November 2019 that changes were required to the Complaints Handling Procedure in relation to Scottish Public Sector Ombudsman requirements.

The changes are detailed in Appendix 1.

The amended and updated Complaints Handling Procedure is contained in Appendix 2 with all changes denoted in blue text. The College's Senior Management Team have gone through these changes in detail and the new Complaints Handling Procedure is now in place for AY 2020/21.

**3 Resource Implications**

There are some additional resource implications as a consequence of the adjustments to the Complaints Handling Procedure ie the procedure is more elongated, is now required to be included in Induction sessions for new staff and additional training is required to take place routinely across the College for all staff to ensure correct complaint handling.

**4 Equalities**

No adverse impacts on individuals with protected characteristics have been identified as a consequence of changes to the Complaints Handling Procedure.

**5 Risk and Assurance**

Risk to the College is mitigated by ensuring that complaints are handled appropriately and consistently in line with the Complaints Handling Procedure. This in turn ensures that appeals made to the Scottish Public Sector Ombudsman will not be upheld if correct processes have been followed. However, the Complaints Handling Procedure is now slightly more complex and will require extra care, diligence and regular training to take place.

**6 Data Protection**

There are no data protection implications arising as a consequence of the report.

## **7 Recommendations**

It is recommended that members:

- i) note the content of this report and the amended Complaints Handling procedure which is provided for information only.

## **8 Further Information**

Further information can be obtained from Lisa Clark, Interim Assistant Principal on [lisaclark@glasgowkelvin.ac.uk](mailto:lisaclark@glasgowkelvin.ac.uk)

Lisa Clark  
Interim Assistant Principal  
31 August 2020

## Further Education MCHP – Overview of changes

Red text denotes significant change or new obligation

Section	Change
General	<p>Core text standardised across all sectors (based on Social Work MCHP (as most recent / fullest version), with some text adopted from other sectors where this was clearer).</p> <p><b>Changes throughout to provide greater support for staff who are complained about.</b></p> <p>Minor changes throughout to emphasise data protection considerations when information may be shared (in line with GDPR)</p> <p>Minor changes throughout to clarify that day one is the date of receipt (except where occurring on a public holiday or weekend). Appendix 3 clarifies that this should be applied in line with the organisation's standard practices for dealing with mail (e.g. if correspondence after a certain time is treated as being received the following working day, complaints should be treated in the same way).</p>
Foreword	<p>Updated to reflect current revision.</p> <p>New paragraph on importance of staff training and familiarity with CHP.</p>
How to use the MCHP	
<b>What is a complaint?</b>	<p>Slight change to definition.</p> <p>Some standardisation of lists of what is / is not a complaint across sectors (while retaining specific sector examples).</p> <p>Clarified complaint versus service request</p> <p>New examples of non-complaints: child/adult safety concern; staff grievances; abuse or unsubstantiated allegations about staff.</p> <p><i>There is also new SPSO guidance on how to distinguish complaints from other issues</i></p>
Who can make a complaint?	Moved up from later in chapter.
Supporting the customer	<p><b>Moved up from governance chapter.</b></p> <p><b>Substantially reworked, with a focus on organisations tailoring this to their customers, including vulnerable groups (SPSO materials to be made available as an example).</b></p>

Section	Change
How complaints may be made (new section)	Guidance provided on receiving complaints in different formats, including digital platforms/social media.
Time limit for making complaints	Moved up from governance chapter. Clarified that the 6 month timeframe also applies where there is a time lapse between Stage One response and escalation to Stage Two. More guidance on discretion to waive timebar.
Complaints by a third party (new section)	Updated in view of GDPR changes and more guidance given (this situation was previously covered under 'who can make a complaint').
Serious, high risk or high-profile complaints	Content moved from Stage One
Anonymous complaints	
What if the customer does not want to complain?	
Complaints involving more than one department or organisation	Updated in view of GDPR changes.
Complaints about contracted services (new section for FE)	Adopted from other sectors and reworked, with more detailed guidance about organisations' obligations.
Complaints and appeals (new section)	New section for HE and FE – guidance around the interaction of complaints with local appeal processes (e.g. academic appeals). Reflects arrangements for social work appeals.
<b>The complaints handling process</b>	Stage One renamed to reflect that resolution is not limited to this stage, but can occur throughout the process.
Resolving the complaint (new section)	New focus on resolution throughout the process (definition of resolution given).

Section	Change
<i>Stage One: Frontline response</i>	<p>Clarified that staff complained about <b>may</b> handle a complaint at this stage (to explain/apologise).</p> <p>Re-ordered some text throughout so that actions flow logically through the stages of consideration and closing the complaint.</p>
What to do when you receive a complaint	<p>More detailed guidance on checking if the CHP applies (and what to do if not).</p> <p>More guidance on which stage is appropriate (emphasising Stage One should be for simple complaints only).</p> <p><b>New requirement to share complaint with staff complained about (where possible).</b></p> <p><i>There is also new SPSO guidance on how to distinguish complaints from other issues</i></p>
What to do if the CHP does not apply <b>New section</b>	New guidance and links to SPSO guidance (to be published)
Timelines	
Extension to the timeline	<b>Clarified that complainant does not need to 'agree' extension (but must be kept informed).</b>
Closing the complaint at the frontline response stage	<p><b>New obligation to share outcome with any staff complained about.</b></p> <p>Clarified when written response will be required (if customer cannot be contacted).</p> <p>New text on learning from the complaint (moved from the governance section).</p>
<i>Stage Two: Investigation</i>	Clarified who may investigate and respond to a Stage Two complaint.
What to do when you receive a complaint for investigation	<p><b>New obligation to contact the customer to clarify the complaint and outcome sought, and to manage expectations.</b></p> <p>Reminder that this might be a good point to consider alternative resolution approaches.</p>
Notifying staff members involved <b>(new section)</b>	<b>New requirement to share complaint with staff complained about</b>
Investigating the complaint <b>(new section)</b>	<b>New high-level guidance on how to conduct an investigation and links to SPSO resources.</b>

Section	Change
Alternative resolution approaches (renamed from Alternative resolution and mediation)	<p>Revised to make it clear that a range of alternative resolution approaches may be used (not just mediation) and that this may be for all or part of the complaint.</p> <p>Clarified that timescales will likely need extending (but this should not discourage alternative resolution approaches).</p> <p><i>New SPSO guidance linked.</i></p>
Meeting with the customer during the investigation (new section)	New guidance reflected from NHS CHP (including a requirement to make and share a record from any meeting)
Timelines	
Extension to the timeline	<p>Clarified that complainant does not need to 'agree' extension (but must be kept informed).</p> <p>New requirement to update complainant every 20 days (where investigation is extended).</p> <p>New requirement to update staff involved in complaint.</p>
Closing the complaint at the investigation stage	<p>New guidance on who can respond / sign off</p> <p>New guidance on how to close a complaint which is resolved during the investigation.</p> <p>New requirement to share the response with staff complained about.</p> <p>New guidance on best practice complaint responses (reflected from NHS MCHP).</p> <p>Links to SPSO guidance on responding to complaints.</p> <p>New section on learning from complaints (moved from governance section) and links to SPSO guidance on this.</p>
Independent External Review	Clarified that all complaint responses should signpost to SPSO as well as to SQA (or relevant body) where relevant.
Signposting to the SPSO	New wording for signposting to SPSO.
Maintaining confidentiality	<p>Moved up from governance chapter.</p> <p>Updated in view of GDPR changes.</p>

Section	Change
Expected behaviours (previously Managing Unacceptable Actions)	Moved up from governance chapter.  Substantially reworked with a focus on promoting positive behaviours.  Further guidance given around the interaction of the CHP with policies to manage unacceptable actions.  <i>SPSO materials on managing difficult behaviour to be updated (this topic will be included in the SPSO Conference 2020).</i>
<b>Governance of the complaints handling procedure</b>	
Roles and responsibilities	Updated in line with other sectors.  New suggested text on responsibilities for oversight of staff training and contractor complaints performance.
Complaints about senior staff	
Recording, reporting, learning from and publicising complaints	Reminder that contractor complaints must also be recorded & reported.
Recording complaints	New guidance on best practice recording of the full complaint journey (through stage one, two and SPSO)  New guidance on storing files and need to consider data protection legislation.
Reporting of complaints	Clarified quarterly and annual reporting and publicising requirements, with link to new performance indicators (included in annex).  Annual reporting of complaints performance required to be on website.  Learning from complaints text revised to reflect the governance role in learning (more detail on learning from individual complaints included in the chapter on process).
Learning from complaints	
Publicising complaints performance information	
<i>Appendix 1 – What is a complaint</i>	
<i>Appendix 2 – What is not a complaint</i>	
<i>Appendix 3 – Timelines</i>	Reworked, with old examples replaced by FAQs of common concerns.

Section	Change
<i>NEW Appendix 4 – Performance Indicators</i>	<p>Reduced to four mandatory performance indicators (those identified through survey as most useful to organisations).</p> <p>Two new 'best practice' indicators around staff training and promoting access to vulnerable groups.</p>
<i>Appendix 5 – The CHP</i>	Flowchart to be updated once text finalised.





# Complaints Handling Procedure (CHP)

Document Control Information	
Reviewed by the Strategic Management Team:	
Date of Next Review:	
Approved by the Quality Enhancement Committee	

*The Board of Management (or any person/group with delegated authority from the Board) reserves the right to amend this document at any time should the need arise following consultation with employee representatives.*

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## Foreword

Our Complaints Handling Procedure reflects the College's commitment to valuing complaints. It seeks to resolve customer dissatisfaction as close as possible to the point of service delivery and to conduct thorough, impartial and fair investigations of customer complaints so that, where appropriate, we can make evidence-based decisions on the facts of the case.

The procedure was first developed by college staff who are experienced complaints handlers, working closely with the Scottish Public Services Ombudsman (SPSO). The Model Complaints Handling Procedures (MCHPs) were revised in 2019 by the SPSO in consultation with all sectors. This new edition includes a core text, which is consistent across all public services in Scotland, with some additional text and examples specific to this sector. As far as is possible we have produced a standard approach to handling complaints across Scotland's public services, which complies with the SPSO's guidance on a MCHP. This procedure aims to help us 'get it right first time'. We want quicker, simpler and more streamlined complaints handling with local, early responses by capable, well-trained staff.

All staff across the College must cover this procedure as part of their induction and must be given refresher training as required, to ensure they are confident in identifying complaints, empowered to resolve simple complaints on the spot, and familiar with how to apply this procedure (including recording complaints).



Complaints give us valuable information we can use to improve service provision and customer satisfaction. Our Complaints Handling Procedure will enable us to address a customer's dissatisfaction and may help us prevent the same problem from happening again. For our staff, complaints provide a first-hand account of the customers' views and experience, and can highlight problems we may otherwise miss. Handled well, complaints can give our customers a form of redress when things go wrong, and can also help us continuously improve our services.

Handling complaints early creates better customer relations. Handling complaints close to the point of service delivery means we can deal with them locally and quickly, so they are less likely to escalate to the next stage of the procedure. Complaints that we do not handle swiftly can greatly add to our workload and are more costly to administer.

The Complaints Handling Procedure will help us do our job better, improve relationships with our customers and enhance public perception of the College. It will help us keep the user at the heart of the process, while enabling us to better understand how to improve our services by learning from complaints.

## Overview of the CHP

1. Anyone can make a complaint, either verbally or in writing, including face-to-face, by phone, letter or email.
2. We will try to resolve complaints to the satisfaction of the customer wherever this is possible. Where this isn't possible, we will give the customer a clear response to each of their points of complaint. We will always try to respond as quickly as we can (and on the spot where possible).
3. Our complaints procedure has two stages. We expect the majority of complaints will be handled at stage 1. If the customer remains dissatisfied after stage 1, they can request that we look at it again, at stage 2. If the complaint is complex enough to require an investigation, we will put the complaint into stage 2 straight away and skip stage 1.

Stage 1: Frontline response	Stage 2: Investigation	Independent external review (SPSO or other)
<p>For issues that are straightforward and simple, requiring little or no investigation</p> <p>'On-the-spot' apology, explanation, or other action to put the matter right</p> <p>Complaint resolved or a response provided in <b>five working days</b> or less (unless there are exceptional circumstances), at peak periods throughout the academic year this may be extended to <b>ten working days</b></p> <p>Complaints addressed by any member of staff, or alternatively referred to the appropriate point for frontline response</p> <p>Response normally face-to-face or by telephone (though sometimes we will need to put the decision in writing)</p> <p>We will tell the customer how to escalate their complaint to stage 2</p> 	<p>Where the customer is not satisfied with the frontline response, or refuses to engage at the frontline, or where the complaint is complex, serious or 'high-risk'</p> <p>Complaint acknowledged within <b>three working days</b></p> <p>We will contact the customer to clarify the points of complaint and outcome sought (where these are already clear, we will confirm them in the acknowledgement)</p> <p>Complaint resolved or a definitive response provided within <b>20 working days</b> following a thorough investigation of the points raised</p> 	<p>Where the customer is not satisfied with the stage 2 response from the service provider</p> <p>The SPSO will assess whether there is evidence of service failure or maladministration not identified by the service provider</p> <p>Some complaints may also have an alternative route for independent external review</p>

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## Expected behaviours

4. We expect all staff to behave in a professional manner and treat customers with courtesy, respect and dignity. We also ask customers bringing a complaint to treat our staff with respect. We ask customers to engage actively with the complaint handling process by:
  - telling us their key issues of concern and organising any supporting information they want to give us (we understand that some people will require support to do this)
  - working with us to agree the key points of complaint when an investigation is required; and
  - responding to reasonable requests for information.
5. The College has a number of policies to address situations when these standards are not met. These can be viewed on the [Policies and Procedures page](#) of our website.
6. We recognise that people may act out of character in times of trouble or distress. Sometimes a health condition or a disability can affect how a person expresses themselves. The circumstances leading to a complaint may also result in the customer acting in an unacceptable way.
7. Customers who have a history of challenging or inappropriate actions, or have difficulty expressing themselves, may still have a legitimate grievance, and we will treat all complaints seriously. However, we also recognise that the actions of some customers may result in unreasonable demands on time and resources or unacceptable behaviour towards our staff. We will, therefore, apply our policies and procedures to protect staff from unacceptable actions such as unreasonable persistence, threats or offensive behaviour from customers. Where we decide to restrict access to a customer under the terms of our policies, we have procedures in place to communicate that decision, notify the customer of their right of appeal, and review any decision to restrict contact with us.
8. If we decide to restrict a customer's contact, we will be careful to follow the process set out in our policies and to minimise any restrictions on the customer's access to the complaints process. We will normally continue investigating a complaint even where contact restrictions are in place (for example, limiting communication to letter or to a named staff member). In some cases, it may be possible to continue investigating the complaint without contact from the customer. Our policies allows us in limited circumstances to restrict access to the complaint process entirely. This would be as a last resort, should be as limited as possible (for a limited time, or about a limited set of subjects) and requires approval from the Interim Assistant Principal. Where access to the complaint process is restricted, we must signpost the customer to the SPSO.
9. The SPSO has guidance on [promoting positive behaviour and managing unacceptable actions](#).

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## Maintaining confidentiality and data protection

10. Confidentiality is important in complaints handling. This includes maintaining the customer's confidentiality *and confidentiality in relation to information about staff members, contractors or any third parties involved in the complaint.*
11. *This should not prevent us from being open and transparent, as far as possible, in how we handle complaints. This includes sharing as much information with the complainant (and, where appropriate, any affected staff members) as we can. When sharing information, we should be clear about why the information is being shared and our expectations on how the recipient will use the information.*
12. We must always bear in mind legal requirements, for example data protection legislation, as well as internal policies on confidentiality and the use of customer information. *The College Data Protection Officer can provide further guidance on data protection matters and can be contacted by email at [gdpr@glasgowkelvin.ac.uk](mailto:gdpr@glasgowkelvin.ac.uk).*
13. *Examples of situations where a response to a complaint may be limited by confidentiality, such as:*
  - *where a complaint has been raised against a staff member and has been upheld – we will advise the customer that their complaint is upheld, but would not share specific details affecting staff members, particularly where disciplinary action is taken.*
  - *where someone has raised a concern about a child or an adult's safety and is unhappy about how that has been dealt with – we would look into this to check whether the safety concern had been properly dealt with, but we would not share any details of our findings in relation to the safety concern.*

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## What is a complaint?

14. Glasgow Kelvin College's definition of a complaint is: 'an expression of dissatisfaction by one or more members of the public about the College's action or lack of action, or about the standard of service provided by or on behalf of the College.'
15. For clarity, where an employee also receives a service from the College as a member of the public, they may complain about that service.
16. A complaint may relate to the following, but is not restricted to this list:
  - the admissions process
  - the disciplinary process
  - a request for a service or for information which has not been actioned or answered
  - wrong information about academic programmes or college services
  - the quality and availability of facilities and learning resources
  - accessibility of our buildings or services
  - failure or refusal to provide a service
  - inadequate quality or standard of service, or an unreasonable delay in providing a service
  - *dissatisfaction with one of our policies or its impact on the individual*
  - *failure to properly apply law, procedure or guidance when delivering services*
  - failure to follow the appropriate administrative process
  - *conduct, treatment by or attitude of a member of staff or contractor (except where there are arrangements in place for the contractor to handle the complaint themselves: see **Complaints about contracted services**); or*
  - disagreement with a decision, (**except** where there is a statutory procedure for challenging that decision, or an established appeals process followed throughout the sector).
17. **Appendix 1** provides a range of examples of complaints we may receive, and how these may be handled.
18. A complaint is **not**:
  - a request for information or an explanation of policy or practice
  - a disagreement with academic judgment
  - *a concern about student conduct (see **Complaints and student conduct procedures**)*
  - a routine first-time request for a service (see **Complaints and service requests**)
  - a request for compensation only (see **Complaints and compensation claims**)
  - issues that are in court or have already been heard by a court or a tribunal (see **Complaints and legal action**)
  - disagreement with a decision where there is a statutory procedure for challenging that decision (such as for freedom of information and subject access requests), or an established appeals process followed throughout the sector (see also **Complaints and appeals**)



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- *a request for information under the Data Protection or Freedom of Information (Scotland) Acts*
  - a grievance by a staff member or a grievance relating to employment or staff recruitment
  - *a concern raised internally by a member of staff (which was not about a service they received, such as a whistleblowing concern)*
  - *a concern about a child or an adult's safety*
  - an attempt to reopen a previously concluded complaint or to have a complaint reconsidered where we have already given our final decision
  - *abuse or unsubstantiated allegations about our organisation or staff where such actions would be covered by our policies and procedures; or*
  - *a concern about the actions or service of a different organisation, where we have no involvement in the issue (except where the other organisation is delivering services on our behalf).*

19. **Appendix 2** gives more examples of 'what is not a complaint' and how to direct customers appropriately.
20. We will not treat these issues as complaints, and will instead direct customers to use the appropriate procedures. Some situations can involve a combination of issues, where some are complaints and others are not, and each situation should be assessed on a case-by-case basis.
21. If a matter is not a complaint, or not suitable to be handled under the CHP, we will explain this to the customer, and tell them what (if any) action we will take, and why.

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## Who can make a complaint?

22. Anyone who receives, requests, or is affected by our services can make a complaint. In this procedure these people are termed 'customers', regardless of whether they are or were using a service.
23. We also accept complaints from the representative of a person who is dissatisfied with our service.

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## Supporting the customer

24. *All members of the community have the right to equal access to our complaints procedure. It is important to recognise the barriers that some customers may face complaining. These may be physical, sensory, communication or language barriers, but can also include their anxieties and concerns. Customers may need support to overcome these barriers.*
25. *We have legal duties to make our complaints service accessible under equalities and mental health legislation. For example:*
- *the Equality Act (Scotland) 2010 – this gives people with a protected characteristic the right to reasonable adjustments to access our services (such as large print or BSL translations of information); and*
  - *the Mental Health (Care and Treatment) (Scotland) Act 2003 – this gives anyone with a 'mental disorder' (including mental health issues, learning difficulties, dementia and autism) a right to access independent advocacy. This must be delivered by independent organisations that only provide advocacy. They help people to know and understand their rights, make informed decisions and have a voice.*
26. *Examples of how we will meet our legal duties are:*
- *proactively checking whether members of the public who contact us require additional support to access our services*
  - *providing interpretation and/or translation services for British Sign Language users; and*
  - *helping customers access independent advocacy (the [Scottish Independent Advocacy Alliance website](#) has information about local advocacy organisations throughout Scotland).*
27. *In addition to our legal duties, we will seek to ensure that we support vulnerable groups in accessing our complaints procedure. Actions that we may take include:*
- *helping vulnerable customers identify when they might wish to make a complaint (for example, by training frontline staff who provide services to vulnerable groups)*
  - *helping customers access independent support or advocacy to help them understand their rights and communicate their complaints (for example, through the Scottish Independent Advocacy Alliance or Citizen's Advice Scotland); and*
  - *providing a neutral point of contact for complaints (where the relationship between customers and frontline staff is significant and ongoing).]*
28. *These lists are not exhaustive, and we must always take into account our commitment and responsibilities to equality and accessibility.*

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## How complaints may be made

29. Complaints may be made verbally or in writing, including face-to-face, by phone, letter or email.
30. Where a complaint is made **verbally**, we will make a record of the key points of complaint raised, confirm these with the complainant, investigate and reach resolution where possible.
31. *Complaint issues may also be raised on **digital platforms** (including **social media**).*
32. *Where a complaint issue is raised via a digital channel managed and controlled by the College (for example an official Twitter address or Facebook page), we will explain that **we do not take complaints on social media**, but we will tell the person how they can complain.*
33. *Where a complaint issue is raised via a digital channel managed and controlled by the College (for example an official Twitter address or Facebook page):*
  - *we will normally respond by explaining that we do not normally take complaints on social media and telling the person how they can complain;*
  - *in exceptional circumstances, we may respond to very simple complaints on social media. This will normally only be appropriate where an issue is likely to affect a large number of people, and we can provide a very simple response (for example, an apology for a cancelled bus service or late cancellation of a class).*
34. *We may also become aware that an issue has been raised via a digital channel not controlled or managed by us (for example a youtube video or post on a private facebook group). In such cases we **may** respond, where we consider it appropriate, by telling the person how they can complain.*
35. *We must always be mindful of our data protection obligations when responding to issues online or in a public forum.*

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## Time limit for making complaints

36. The customer must raise their complaint within six months of when they first knew of the problem, unless there are special circumstances for considering complaints beyond this time (for example, where a person was not able to complain due to serious illness or recent bereavement).
37. *Where a customer has received a stage 1 response, and wishes to escalate to stage 2, unless there are special circumstances they must request this either:*
- *within six months of when they first knew of the problem; or*
  - *within two months of receiving their stage 1 response (if this is later).*
38. We will apply these time limits with discretion, taking into account the seriousness of the issue, the availability of relevant records and staff involved, how long ago the events occurred, and the likelihood that an investigation will lead to a practical benefit for the customer or useful learning for the organisation.
39. We will also take account of the time limit within which a member of the public can ask the SPSO to consider complaints (normally one year). The SPSO have discretion to waive this time limit in special circumstances (and may consider doing so in cases where we have waived our own time limit).

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## Particular circumstances

### Complaints by (or about) a third party

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40. Sometimes a customer may be unable or reluctant to make a complaint on their own. We will accept complaints from third parties, which may include relatives, friends, advocates and advisers. Where a complaint is made on behalf of a customer, we must ensure that the customer has authorised the person to act on their behalf. It is good practice to ensure the customer understands their personal information will be shared as part of the complaints handling process (particularly where this includes sensitive personal information). This can include complaints brought by parents on behalf of their child, if the child is considered to have capacity to make decisions for themselves.
41. Verbal consent direct from the customer to deal with a third party will normally be sufficient for us to investigate a complaint. The Complaints Team would normally follow up in writing to confirm this.
42. In certain circumstances, a person may raise a complaint involving another person's personal data, without receiving consent. The complaint should still be investigated where possible, but the investigation and response may be limited by considerations of confidentiality. The person who submitted the complaint should be made aware of these limitations and the effect this will have on the scope of the response.

### *Serious, high-risk or high-profile complaints*

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43. *We will take particular care to identify complaints that might be considered serious, high-risk or high-profile, as these may require particular action or raise critical issues that need senior management's direct input. Serious, high-risk or high-profile complaints should normally be handled immediately at stage 2 (see **Stage 2: Investigation**).*
44. *We define potential high-risk or high-profile complaints as those that may involve:*
- *an allegation of corruption against a college employee*
  - *a claim of dereliction of duty by a college employee*
  - *a claim of personal injury that has incapacitated the customer*
  - *a potentially significant risk to the college's operations*
  - *a claim of discrimination, with due regard to protected characteristics as set out in section 149(7) of the Equality Act 2010*
  - *an allegation of significant harm or abuse or where there is a suspicion that someone may suffer significant harm*
  - *serious service failure, for example major delays in providing, or repeated failures to provide, a service; or*
  - *significant and ongoing press interest.*

### Anonymous complaints

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45. We value all complaints, including anonymous complaints, and will take action to consider them further wherever this is appropriate. Generally, we will consider anonymous complaints if there

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is enough information in the complaint to enable us to make further enquiries. Any decision not to pursue an anonymous complaint must be authorised by the Interim Assistant Principal.

46. If we pursue an anonymous complaint further, we will record it as an anonymous complaint together with any learning from the complaint and action taken.
47. If an anonymous complainant makes serious allegations, these should be dealt with in a timely manner under relevant procedures. This may not be the complaints procedure and could instead be relevant child protection, adult protection or disciplinary procedures.

## What if the customer does not want to complain?

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48. If a customer has expressed dissatisfaction in line with our definition of a complaint but does not want to complain, we will explain that complaints offer us the opportunity to improve services where things have gone wrong. We will encourage the customer to submit their complaint and allow us to handle it through the CHP. This will ensure that the customer is updated on the action taken and gets a response to their complaint.
49. If the customer insists they do not wish to complain, we are not required to progress the complaint under this procedure. However, we should record the complaint as an anonymous complaint (including minimal information about the complaint, without any identifying information) to enable us to track trends and themes in complaints. Where the complaint is serious, or there is evidence of a problem with our services, we should also look into the matter to remedy this (and record any outcome).

## Complaints involving more than one area or organisation

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50. If a complaint relates to the actions of two or more areas within our organisation, we will tell the customer who will take the lead in dealing with the complaint, and explain that they will get only one response covering all issues raised.
51. If a customer complains to us about the service of another organisation or public service provider, but we have no involvement in the issue, the customer should be advised to contact the appropriate organisation directly.
52. If a complaint relates to our service and the service of another organisation or public service provider, and we have a direct interest in the issue, we will handle the complaint about the College through the CHP. If we need to contact an outside body about the complaint, we will be mindful of data protection.
53. These 'joint-service' complaints may be about such things as:
- property maintenance, where the customer's dissatisfaction relates to our service and that of an external facilities body
  - third-party services, for example IT systems; or
  - a student loan, where the customer is dissatisfied with our service and that of the Student Awards Agency for Scotland.

## Complaints about contracted services

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54. Where we use a contractor to deliver a service on our behalf we recognise that we remain responsible and accountable for ensuring that the services provided meet the College's standard (including in relation to complaints). We will either do so by:

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- ensuring the contractor complies with this procedure; or
  - ensuring the contractor has their own procedure in place, which fully meets the standards in this procedure. At the end of the investigation stage of any such complaints the contractor must ensure that the customer is signposted to the SPSO.
55. We will confirm that service users are clearly informed of the process and understand how to complain. We will also ensure that there is appropriate provision for information sharing and governance oversight where required.
56. The College has discretion to investigate complaints about organisations contracted to deliver services on its behalf even where the procedure has normally been delegated.

## Complaints about academic staff *and senior management*

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57. Complaints about academic staff can be difficult to handle, as there may be a conflict of interest for the staff investigating the complaint. When serious complaints are raised against academic or senior staff, it is particularly important that the investigation is conducted by an individual who is independent of the situation. We must ensure we have strong governance arrangements in place that set out clear procedures for handling such complaints. The investigating officer as part of the complaint investigation will be required to liaise with the staff member.
58. Complaints raised against senior staff, including the Principal, should be submitted to Douglas Wilson, Clerk to the Board of Management at [douglaswilson@glasgowkelvin.ac.uk](mailto:douglaswilson@glasgowkelvin.ac.uk). He will investigate the matter, aiming to respond as per the timescales outlined in this CHP.

## Complaints and other processes

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59. Complaints can sometimes be confused (or overlap) with other processes, such as disciplinary or whistleblowing processes. Specific examples and guidance on how to handle these are below.

### Complaints and appeals

60. In some cases, an issue may be raised as a complaint which should be considered under alternative arrangements (for example, an academic appeal or fitness to practise appeal), or vice versa. Complaints and appeals are handled under separate processes. It is not appropriate for the same issue to be considered under both procedures.
61. Where the complaint and appeal issues can be clearly distinguished, we will identify the points to be investigated as a complaint and progress those in line with this procedure. This will include confirming the points of complaint and outcomes sought. We will also identify and set out the issues of appeal.
62. In determining which process applies, we may need to clarify our approach with the customer (for example, where the customer is focussed solely on the appeal outcome they may not wish to also pursue a complaint). However, we will not normally ask the customer to resubmit issues they have already raised (for example, to reframe part of their appeal as a complaint).
63. We may also decide to complete consideration under one procedure before considering residual issues under another procedure (for example, we may delay consideration of any complaint until the academic appeal has been concluded, or vice versa). This would normally only be appropriate where it is difficult to distinguish which issues should be dealt with under which procedure.

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64. In all cases, we will explain to the student which issues have been considered under which process, and signpost them to the appropriate independent review.

#### Complaints and student conduct procedures

65. *A concern about the conduct of another student is not a complaint, and should be handled under the Student Disciplinary Procedure and Code of Learner Behaviour. However, the customer may wish to complain about how the College handled the situation (for example, where a teacher allowed a student's behaviour to disrupt a class or exam). Where the complaint is about our service, we will consider it under the CHP.*

#### Complaints and service requests

66. If a customer asks the College to do something (for example, provide a service or deal with a problem), and this is the first time the customer has contacted us, this would normally be a routine service request and not a complaint.

67. Service requests can lead to complaints, if the request is not handled promptly or the customer is then dissatisfied with how we provide the service.

#### Complaints and disciplinary or whistleblowing processes

68. If the issues raised in a complaint overlap with issues raised under a disciplinary or whistleblowing process, we still need to respond to the complaint.

69. Our response must be careful not to share confidential information (such as anything about the whistleblowing or disciplinary procedures, or outcomes for individual staff members). It should focus on whether the College failed to meet our service standards, where relevant, or expected standards and what we have done to improve things, in general terms.

70. *Staff investigating such complaints will need to take extra care to ensure that:*

- we comply with all requirements of the CHP in relation to the complaint (as well as meeting the requirements of the other processes)*
- all complaint issues are addressed (sometimes issues can get missed if they are not also relevant to the overlapping process); and*
- we keep records of the investigation that can be made available to the SPSO if required. This can be problematic when the other process is confidential, because SPSO will normally require documentation of any correspondence and interviews to show how conclusions were reached. We will need to bear this in mind when planning any elements of the investigation that might overlap (for example, if staff are interviewed for the purposes of both the complaint and a disciplinary procedure, they should not be assured that any evidence given will be confidential, as it may be made available to the SPSO).*

71. The SPSO's report [Making complaints work for everyone](#) has more information on supporting staff who are the subject of complaints.

#### Contact from MPs, MSPs or Councillors

*If the College receives correspondence from MPs, MSPs or Councillors relating to a complaint on behalf of a constituent, we will handle the correspondence in line with the CHP.*



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## Complaints and compensation claims

72. *Where a customer is seeking financial compensation only, this is not a complaint. However, in some cases the customer may want to complain about the matter leading to their financial claim, and they may seek additional outcomes, such as an apology or an explanation. Where appropriate, we may consider that matter as a complaint, but deal with the financial claim separately. It may be appropriate to extend the timeframes for responding to the complaint, to consider the financial claim first.*

## Complaints and legal action

73. *Where a customer says that legal action is being actively pursued, this is not a complaint.*
74. *Where a customer indicates that they are thinking about legal action, but have not yet commenced this, they should be informed that if they take such action, they should notify the Complaints Team or the Interim Assistant Principal and that the complaints process, in relation to the matters that will be considered through the legal process, will be closed. Any outstanding complaints must still be addressed through the CHP.*
75. *If an issue has been, or is being, considered by a court, we must not consider the same issue under the CHP.*

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## What to do if the CHP does not apply

76. If the issue does not meet the definition of a complaint or if it is not appropriate to handle it under this procedure (for example, due to time limits), we will explain to the customer why we have made this decision. We will also tell them what action (if any) we will take (for example, if another procedure applies), and advise them of their right to contact the SPSO if they disagree with our decision not to respond to the issue as a complaint.
77. Where a customer continues to contact us about the same issue, we will explain that we have already given them our final response on the matter and signpost them to the SPSO. We may also consider whether we need to take action under any of our [policies/procedures](#).

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## Appendix 1 – Complaints that may be handled at the frontline stage

The following table gives examples of complaints that may be considered at the frontline stage, and suggests possible actions.

Complaint	Possible actions
Two related lectures have been cancelled due to bad weather. A student complains to the course leader that this will disadvantage her and her classmates in the forthcoming exam.	The course leader contacts all affected students and apologises for the cancellation. The course leader tells the students that two extra lectures have been scheduled and gives details of times and locations. This action and the complaint's outcome are logged on the college complaints database.
A woman complains to college reception that students threw food out of a window as she was passing. She said this had been very unpleasant and it had damaged her clothes.	The receptionist apologises on the college's behalf and takes a note of her contact details. The receptionist passes them to a member of the Complaints Team, who writes the following day offering an apology and saying that the college expects its students to be positive members of the community. The residence manager offers to pay the cost of any dry-cleaning, and explains that the college will seek to identify the students to ensure that their behaviour does not recur. This action and the complaint's outcome are logged on the college complaints database.
A student complains that his profile, which he had provided for use in the college prospectus, had been incorrectly reproduced, attributing information to him that belonged to someone else.	The college writes to the student with an apology, an explanation of how the mistake happened, and details of how it will resolve the issue. This would include replacing the version on the college website, amending printed copies of the prospectus and making sure the correct text was included in future printed versions. These actions and the complaint's outcome are logged on the college complaints database.
A student complains that she has received a fine for the late return of library books when she had, in fact, returned the books on time.	A member of the library staff checks and confirms that the books had been returned on time, but the librarian had failed to update the computer system to reflect this. The student receives an explanation and an apology from the member of staff. This action and the complaint's outcome are logged on the college complaints database.

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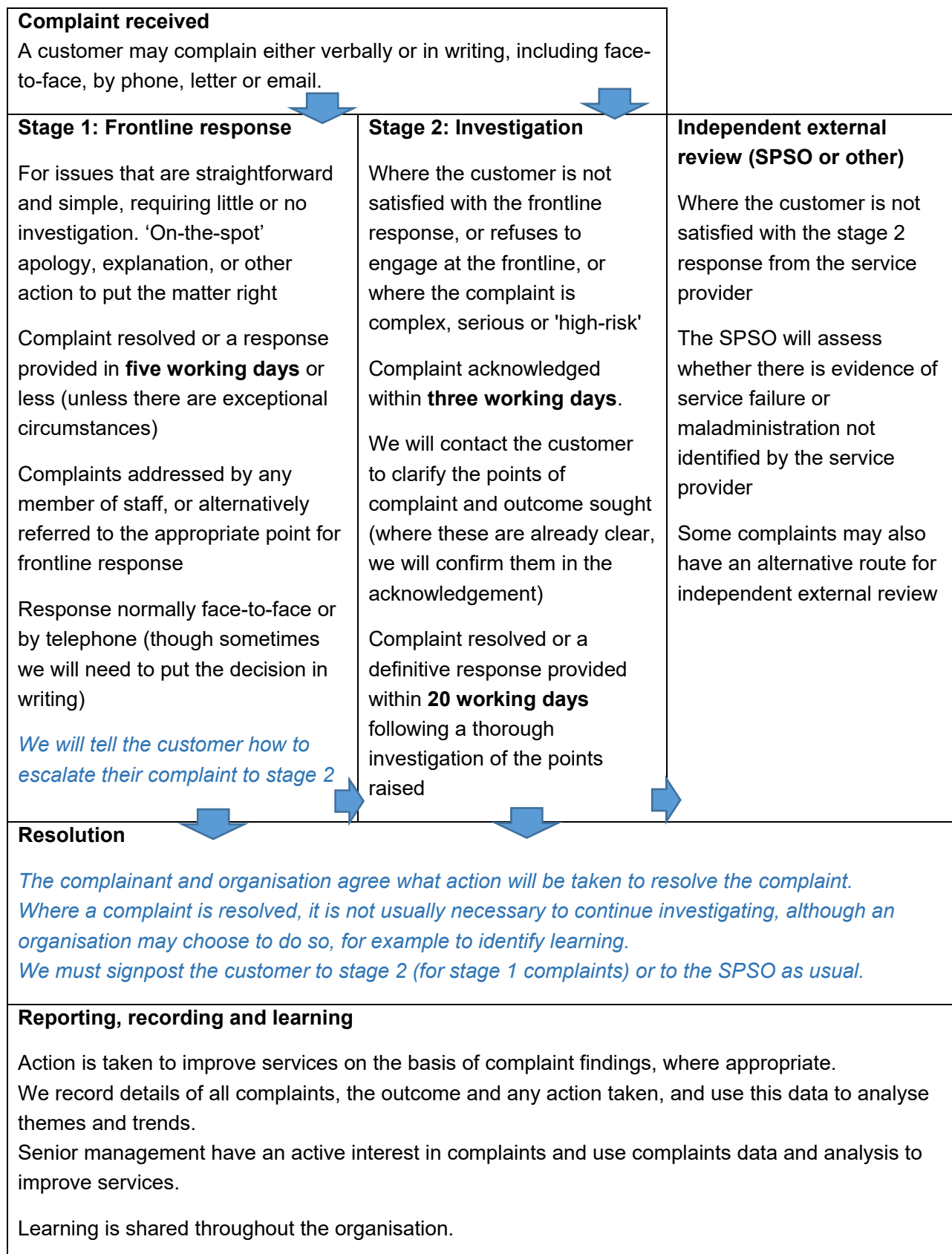
## Appendix 2 – What is not a complaint?

1. A concern may not necessarily be a complaint. For example, a customer might make a routine first-time request for a service. This is not a complaint, but the issue may escalate into a complaint if it is not handled effectively and the customer has to keep on asking for the service.
2. A customer may also be concerned about college decisions, which may have their own specific review or appeal procedures. So, where appropriate, the college must direct customers to the relevant procedure. The following examples give details of the type of issues or concerns for which you should not use the CHP. This is not a full list, and you should decide the best route for each individual case.
3. Remember that although the customer may have another form of redress as detailed above, you must consider carefully whether or not you should manage a customer's comments within the CHP. Dissatisfaction with certain college decisions may simply require an explanation and direction to the correct route. If, however, a customer says they are dissatisfied with the administrative process we have followed in reaching a decision, you may consider that dissatisfaction through the CHP. An example may be a complaint from a customer who is dissatisfied with a decision and alleges that we failed to follow or apply the appropriate guidance in making it.

<b><u>Example 1:</u></b>  <b>Appeal against an academic decision</b> (separate appeals procedure)  <a href="#">Learner Academic Appeals Policy</a>	<b><u>Example 2:</u></b>  <b>Appeal against a student funding award/non-award</b>  <a href="#">Student Funding Appeals Procedure</a>
<b><u>Example 3:</u></b>  <b>Claim for compensation against the college</b>  <b>Contact:</b> Derek Smeall, Principal <b>Email:</b> <a href="mailto:secretariatgkc@glasgowkelvin.ac.uk">secretariatgkc@glasgowkelvin.ac.uk</a> <b>Telephone:</b> 0141 630 5000	
<b><u>Example 4:</u></b>  <b>Request under the Data Protection or Freedom of Information Acts</b>  <b>Contact:</b> Lisa Clark, Interim Assistant Principal <b>Data Protection:</b> <a href="mailto:gdp@glasgowkelvin.ac.uk">gdp@glasgowkelvin.ac.uk</a> <b>Freedom of Information:</b> <a href="mailto:foi@glasgowkelvin.ac.uk">foi@glasgowkelvin.ac.uk</a> <b>Telephone:</b> 0141 630 5000	
<b><u>Example 5:</u></b>  <b>National qualification results</b>  Refer to Independent External Review, Point 153	<b><u>Example 6:</u></b>  <b>College exam results</b>  <b>Contact:</b> Mae Smillie, MIS Manager <b>Email:</b> <a href="mailto:MISstaff@glasgowkelvin.ac.uk">MISstaff@glasgowkelvin.ac.uk</a> <b>Telephone:</b> 0141 630 5000

## The complaints handling process

78. Our Complaints Handling Procedure (CHP) aims to provide a quick, simple and streamlined process for responding to complaints early and locally by capable, well-trained staff. Where possible, we will **resolve** the complaint to the customer's satisfaction. Where this is not possible, we will give the customer a clear and reasoned response to their complaint.



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## Resolving the complaint

79. *A complaint is **resolved** when both the College and the customer agree what action (if any) will be taken to provide full and final resolution for the customer, without making a decision about whether the complaint is upheld or not upheld.*
80. We will try to resolve complaints wherever possible, although we accept this will not be possible in all cases.
81. A complaint may be resolved at any point in the complaint handling process, including during the investigation stage. It is particularly important to try to resolve complaints where there is an ongoing relationship with the customer or where the complaint relates to an ongoing issue that may give rise to future complaints if the matter is not fully resolved.
82. *It may be helpful to use alternative complaint resolution approaches when trying to resolve a complaint.*
83. Where a complaint is resolved, we do not normally need to continue looking into it or provide a response on all points of complaint. There must be a clear record of how the complaint was resolved, what action was agreed, and the customer's agreement to this as a final outcome. In some cases it may still be appropriate to continue looking into the issue, for example where there is evidence of a wider problem or potential for useful learning. We will use our professional judgment in deciding whether it is appropriate to continue looking into a complaint that is resolved.
84. In all cases, we must record the complaint outcome (resolved) and any action taken, and signpost the customer to stage 2 (for stage 1 complaints) or to independent external review as usual.
85. If the customer and the College are not able to agree a resolution, we must follow this CHP to provide a clear and reasoned response to each of the issues raised.

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## What to do when you receive a complaint

86. Members of staff receiving a complaint should consider four key questions. This will help them to either respond to the complaint quickly (at stage 1) or determine whether the complaint is more suitable for stage 2:

### **What exactly is the customer's complaint (or complaints)?**

87. It is important to be clear about exactly what the customer is complaining about. We may need to ask the customer for more information and probe further to get a full understanding.
88. We will need to decide whether the issue can be defined as a complaint and whether there are circumstances that may limit our ability to respond to the complaint (such as the time limit for making complaints, confidentiality, anonymity or the need for consent). We should also consider whether the complaint is serious, high-risk or high-profile.
89. If the matter is not suitable for handling as a complaint, we will explain this to the customer (and signpost them to SPSO).
90. In most cases, this step will be straightforward. If it is not, the complaint may need to be handled immediately at stage 2.

### **What does the customer want to achieve by complaining?**

91. At the outset, we will clarify the outcome the customer wants. Of course, the customer may not be clear about this, and we may need to probe further to find out what they expect, and whether they can be satisfied.

### **Can I achieve this, or explain why not?**

92. If a staff member handling a complaint can achieve the expected outcome, for example by providing an on-the-spot apology or explain why they cannot achieve it, they should do so.
93. The customer may expect more than we can provide. If so, we will tell them as soon as possible.
94. Complaints which can be resolved or responded to quickly should be managed at stage 1.

### **If I cannot respond, who can help?**

95. If the complaint is simple and straightforward, but the staff member receiving the complaint cannot deal with it because, for example, they are unfamiliar with the issues or area of service involved, they should pass the complaint to someone who can respond quickly.
96. If it is not a simple and straightforward complaint that can realistically be closed within five working days (or ten, if an extension is appropriate), it should be handled immediately at stage 2. If the customer refuses to engage at stage 1, insisting that they want their complaint investigated, it should be handled immediately at stage 2.

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## Stage 1: Frontline response

97. Frontline response – the College aims to respond quickly to straightforward complaints that require little or no investigation, usually within five working days. However at peak times throughout the year this may be extended to ten working days.
98. Any member of staff may deal with complaints at this stage (including the staff member complained about, for example with an explanation or apology). The main principle is to respond to complaints at the earliest opportunity and as close to the point of service delivery as possible.
99. We may respond to the complaint by providing an on-the-spot apology where appropriate, or explaining why the issue occurred and, where possible, what will be done to stop this happening again. We may also explain that, as an organisation that values complaints, we may use the information given when we review service standards in the future. If we consider an apology is appropriate, we may wish to follow the [SPSO guidance on apology](#).
100. Complaints which are not suitable for frontline response should be identified early, and handled immediately at stage 2: investigation.
101. Appendix 1 gives examples of the types of complaint we may consider at this stage, with suggestions on how to handle them.

## Notifying staff members involved

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102. If the complaint is about the actions of another staff member, the complaint should be shared with them, where possible, before responding (although this should not prevent us responding to the complaint quickly, for example where it is clear that an apology is warranted).

## Timelines

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103. The College will aim to provide a response to frontline complaints within **five working days** although in practice we would often expect to respond to the complaint much sooner. 'Day one' is always the date of receipt of the complaint (or the next working day if the complaint is received after 4pm of a working day or on a weekend or public holiday). Academic holidays should be counted as normal working days (except for weekends or public holidays).

## Extension to the timeline

104. In exceptional circumstances, a short extension of time may be necessary due to unforeseen circumstances (such as the availability of a key staff member). Extensions must be agreed with the Complaints Team or Interim Assistant Principal. We will tell the customer about the reasons for the extension, and when they can expect a response. The maximum extension that can be granted is five working days (that is, no more than **ten working days** in total from the date of receipt).
105. If a complaint will take more than five working days to look into, it should be handled at stage 2 immediately. The only exception to this is where the complaint is simple and could normally be handled within five working days, but it is not possible to begin immediately (for example, due to the absence of a key staff member). In such cases, the complaint may still be handled at stage 1 if it is clear that it can be handled within the extended timeframe of up to ten working days.
106. *If a complaint has not been closed within ten working days, it should be escalated to stage 2*



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*for a final response.*

107. **Appendix 3** provides further information on timelines.

## Closing the complaint at the frontline response stage

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108. *If we convey the decision face-to-face or on the telephone, we are not required to write to the customer as well (although we may choose to). We must:*

- *tell the customer the outcome of the complaint (whether it is resolved, upheld, partially upheld or not upheld)*
- *explain the reasons for our decision (or the agreed action taken to resolve the complaint; see Resolving the complaint); and*
- *explain that the customer can escalate the complaint to stage 2 if they remain dissatisfied and how to do so (we should not signpost to the SPSO until the customer has completed stage 2).*

109. We will keep a full and accurate record of the decision given to the customer. If we are not able to contact the customer by phone, or speak to them in person, we will provide a written response to the complaint where an email or postal address is provided, covering the points above.

110. *If the complaint is about the actions of a particular staff member/s, we will share with them any part of the complaint response which relates to them, (unless there are compelling reasons not to).*

111. The complaint should then be closed and the complaints system updated accordingly.

112. At the earliest opportunity after the closure of the complaint, the staff member handling the complaint should consider whether any learning has been identified.

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## Stage 2: Investigation

113. Not all complaints are suitable for frontline response and not all complaints will be satisfactorily addressed at that stage. Stage 2 is appropriate where:
- the customer is dissatisfied with the frontline response or refuses to engage at the frontline stage, insisting they wish their complaint to be investigated. Unless exceptional circumstances apply, the customer must escalate the complaint within six months of when they first knew of the problem or within two months of the stage 1 response, whichever is later.
  - the complaint is not simple and straightforward (for example where the customer has raised a number of issues, or where information from several sources is needed before we can establish what happened and/or what should have happened); or
  - the complaint relates to serious, high-risk or high-profile issues.
114. An investigation aims to explore the complaint in more depth and establish all the relevant facts. The aim is to resolve the complaint where possible, or to give the customer a full, objective and proportionate response that represents our final position. Wherever possible, complaints should be investigated by someone not involved in the complaint (for example, a line manager or a manager from a different area).
115. Details of the complaint must be recorded on the complaints system. Where appropriate, this will be done as a continuation of frontline response. If the investigation stage follows a frontline response, the officer responsible for the investigation should have access to all case notes and associated information.
116. The beginning of stage 2 is a good time to consider whether complaint resolution approaches other than investigation may be helpful.

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## Acknowledging the complaint

117. Complaints must be acknowledged within three working days of receipt at stage 2.
118. *We must issue the acknowledgement in a format which is accessible to the customer, taking into account their preferred method of contact.*
119. *Where the points of complaint and expected outcomes are clear from the complaint, we must set these out in the acknowledgement and ask the customer to get in touch with us immediately if they disagree.*
120. *Where the points of complaint and expected outcomes are not clear, we must tell the customer we will contact them to discuss this.*

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## Agreeing the points of complaint and outcome sought

121. *It is important to be clear from the start of stage 2 about the points of complaint to be investigated and what outcome the customer is seeking. We may also need to manage the customer's expectations about the scope of our investigation.*

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122. *Where the points of complaint and outcome sought are clear, we can confirm our understanding of these with the customer when acknowledging the complaint.*
123. *Where the points of complaint and outcome sought are not clear, we must contact the customer to confirm these. We will normally need to speak to the customer (by phone or face-to-face) to do this effectively. In some cases it may be possible to clarify complaints in writing. The key point is that we need to be sure we and the customer have a shared understanding of the complaint. When contacting the customer we will be respectful of their stated preferred method of contact. We should keep a clear record of any discussion with the customer.*
124. *In all cases, we must have a clear shared understanding of:*

- ***What are the points of complaint to be investigated?***

*While the complaint may appear to be clear, agreeing the points of complaint at the outset ensures there is a shared understanding and avoids the complaint changing or confusion arising at a later stage. The points of complaint should be specific enough to direct the investigation, but broad enough to include any multiple and specific points of concern about the same issue.*

*We will make every effort to agree the points of complaint with the customer (alternative complaint resolution approaches may be helpful at this stage). In very rare cases, it may not be possible to agree the points of complaint (for example, if the customer insists on an unreasonably large number of complaints being separately investigated, or on framing their complaint in an abusive way). We will manage any such cases in accordance with College policies and procedures, bearing in mind that we should continue to investigate the complaint (as we understand it) wherever possible.*

- ***Is there anything we can't consider under the CHP?***

*We must explain if there are any points that are not suitable for handling under the CHP.*

- ***What outcome does the customer want to achieve by complaining?***

*Asking what outcome the customer is seeking helps direct the investigation and enables us to focus on resolving the complaint where possible.*

- ***Are the customer's expectations realistic and achievable?***

*It may be that the customer expects more than we can provide, or has unrealistic expectations about the scope of the investigation. If so, we should make this clear to the customer as soon as possible.*

## **Notifying staff members involved**

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125. If the complaint is about the actions of a particular staff member/s, we will notify the staff member/s involved (including where the staff member is not named, but can be identified from the complaint). We will: via the Line Manager
- share the complaint information with the staff member/s (unless there are compelling reasons not to)
  - *advise them how the complaint will be handled, how they will be kept updated and how we will share the complaint response with them*

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- *discuss their willingness to engage with alternative complaint resolution approaches (where applicable); and*
  - *signpost the staff member/s to a contact person who can provide support and information on what to expect from the complaint process (this must not be the person investigating or signing off the complaint response).*

126. *If it is likely that internal disciplinary processes may be involved, the requirements of that process should also be met.*

## Investigating the complaint

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127. It is important to plan the investigation before beginning. The staff member investigating the complaint should consider what information they have and what they need about:

- what happened? (this could include, for example, records of phone calls or meetings, work requests, recollections of staff members or internal emails)
- what should have happened? (this should include any relevant policies or procedures that apply); and
- is there a difference between what happened and what should have happened, and is the College responsible?

128. In some cases, information may not be readily available. We will balance the need for the information against the resources required to obtain it, taking into account the seriousness of the issue (for example, it may be appropriate to contact a former employee, if possible, where they hold key information about a serious complaint).

129. *If we need to share information within or outwith the organisation, we will be mindful of our obligations under data protection legislation.*

130. The SPSO has resources for conducting investigations, including:

- [Investigation plan template](#)
- [Decision-making tool for complaint investigators](#)

## Alternative complaint resolution approaches

131. *Some complex complaints, or complaints where customers and other interested parties have become entrenched in their position, may require a different approach to resolving the matter. Where we think it is appropriate, we may use alternative complaint resolution approaches such as complaint resolution discussions, mediation or conciliation to try to resolve the matter and to reduce the risk of the complaint escalating further. If mediation is attempted, a suitably trained and qualified mediator should be used. Alternative complaint resolution approaches may help both parties to understand what has caused the complaint, and so are more likely to lead to mutually satisfactory solutions.*

132. *Alternative complaint resolution approaches may be used to resolve the complaint entirely, or to support one part of the process, such as understanding the complaint, or exploring the customer's desired outcome.*

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133. The SPSO has guidance on [alternative complaint resolution approaches](#).
134. *If the College and the customer (and any staff members involved) agree to using alternative complaint resolution approaches, it is likely that an extension to the timeline will need to be agreed. This should not discourage the use of these approaches.*

### Meeting with the customer during the investigation

135. To effectively investigate the complaint, it may be necessary to arrange a meeting with the customer. Where a meeting takes place, we will always be mindful of the requirement to investigate complaints (including holding any meetings) within 20 working days wherever possible. Where there are difficulties arranging a meeting, this may provide grounds for extending the timeframe.
136. *As a matter of good practice, a written record of the meeting should be completed and provided to the customer. Alternatively, and by agreement with the person making the complaint, we may provide a record of the meeting in another format. We will notify the person making the complaint of the timescale within which we expect to provide the record of the meeting.*

### Timelines

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137. The following deadlines are appropriate to cases at the investigation stage (counting day one as the day of receipt, or the next working day if the complaint is received after 4pm on a working day or received on a weekend or public holiday). Academic holidays should be counted as normal working days (except for weekends or public holidays).
- Complaints must be acknowledged within **three working days**
  - a full response to the complaint should be provided as soon as possible but not later than **20 working days** from the time the complaint was received for investigation.

### Extension to the timeline

138. Not all investigations will be able to meet this deadline. For example, some complaints are so complex that they require careful consideration and detailed investigation beyond the 20 working day timeline. It is important to be realistic and clear with the customer about timeframes, and to advise them early if we think it will not be possible to meet the 20 day timeframe, and why. We should bear in mind that extended delays may have a detrimental effect on the customer.

Any extension must be approved by the Complaints Team or Interim Assistant Principal. We will keep the customer and any member/s of staff complained about updated on the reason for the delay and give them a revised timescale for completion. We will contact the customer and any member/s of staff complained about at least once every 20 working days to update them on the progress of the investigation.

139. The reasons for an extension might include the following:
- essential accounts or statements, crucial to establishing the circumstances of the case, are needed from staff, customers or others but the person is not available because of long-term sickness or leave
  - we cannot obtain further essential information within normal timescales; or

- 
- the customer has agreed to alternative complaint resolution approaches as a potential route for resolution.

These are only a few examples, and we will judge the matter in relation to each complaint. However, an extension would be the exception.

140. **Appendix 3** provides further information on timelines.

## Closing the complaint at the investigation stage

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141. The response to the complaint should be in writing (*or by the customer's preferred method of contact*) and must be signed off by the Interim Assistant Principal or a member of the Complaints Team who is empowered to provide the final response on behalf of the College.

142. *We will tell the customer the outcome of the complaint (whether it is resolved, upheld, partially upheld or not upheld). The quality of the complaint response is very important and in terms of good practice should:*

- be clear and easy to understand, written in a way that is person-centred and non-confrontational
- *avoid technical terms, but where these must be used, an explanation of the term should be provided*
- address all the issues raised and demonstrate that each element has been fully and fairly investigated
- include an apology where things have gone wrong
- *highlight any area of disagreement and explain why no further action can be taken*
- *indicate that a named member of staff is available to clarify any aspect of the letter; and*
- indicate that if they are not satisfied with the outcome of the local process, they may seek a review.

143. *Where a complaint has been **resolved**, the response does not need to provide a decision on all points of complaint, but should instead confirm the resolution agreed.*

144. *If the complaint is about the actions of a particular staff member/s, we will share with them any part of the complaint response which relates to them, (unless there are compelling reasons not to).*

145. We will record the decision, and details of how it was communicated to the customer, on the complaints system.

146. At the earliest opportunity after the closure of the complaint, the staff member handling the complaint should consider whether any learning has been identified.

## Independent external review

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147. Once the investigation stage has been completed, if the customer is still dissatisfied with the decision or the way we dealt with the complaint, they can ask the SPSO and/or, the Scottish Qualifications Authority (SQA) (or other awarding body) to look at it. For qualifications that are regulated, if the customer remains dissatisfied with the way the awarding body has handled a complaint they may complain to the qualifications regulator, SQA Accreditation.

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148. It is important for students to be given full and clear information about the types of independent external review available, to ensure that they can progress their complaint to the organisation best-placed to achieve the outcome they are seeking:

- The SPSO considers complaints about the quality of service and maladministration, which may include issues surrounding course delivery (for example, poor quality of photocopying on course materials, or failure to properly communicate changes to class times and locations). The SPSO may also look at the way we have handled complaints raised by a student (for example, concerns about plagiarism or abusive communication from other students), or the way we have handled a complaint.

There are some subject areas that are outwith the SPSO's jurisdiction. Importantly, the SPSO are not able to look at academic judgment, and they do not have the power to revise course awards.

It is the SPSO's role to determine whether an individual complaint is one that they can consider (and to what extent), and all investigation responses must signpost to the SPSO, as well as to the SQA (or other awarding body) where relevant.

- *SQA (or other awarding body) is responsible for safeguarding quality in assessment and certification of the qualifications that it awards through colleges and other approved centres. SQA (or other awarding body) stipulates how further education centres must operate and fulfil their functions in terms of qualifications assessment and certification, via a set of standard terms. Examples of complaints that the SQA (or other awarding body) may consider include situations where a candidate believes that there has been perceived unfairness in assessment arrangements, assessment feedback or re-assessment opportunities.*

*Students seeking a change to academic judgement can only do this through an academic appeals process.*

*If a customer is dissatisfied with the response from the awarding body, they may ask SQA Accreditation to consider their complaint further.*

- *SQA Accreditation accredits a wide range of qualifications other than degrees and regulates those awarding bodies that submit qualifications for accreditation. SQA Accreditation may investigate complaints about the accredited qualification or the awarding body. SQA Accreditation may also investigate complaints of malpractice and/or maladministration in relation to the qualification delivery, assessment and certification (once these have been considered by the awarding body).*

149. **In all cases, the complaint must first have been considered by the college.**

## Signposting to the SPSO

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150. Once the investigation stage has been completed, the customer has the right to approach the SPSO if they remain dissatisfied. We must make clear to the customer:

- their right to ask the SPSO to consider the complaint
- the time limit for doing so; and
- how to contact the SPSO.

151. The SPSO considers complaints from people who remain dissatisfied at the conclusion of our



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complaints procedure. The SPSO looks at issues such as service failure and maladministration (administrative fault), and the way we have handled the complaint. There are some subject areas that are outwith the SPSO's jurisdiction, but it is the SPSO's role to determine whether an individual complaint is one that they can consider (and to what extent). All investigation responses must signpost to the SPSO.

152. The SPSO recommends that we use the wording below to inform customers of their right to ask the SPSO to consider the complaint. This information should only be included on the College's final response to the complaint.

### **Information about the SPSO**

The Scottish Public Services Ombudsman (SPSO) is the final stage for complaints about public services in Scotland. This includes complaints about the Further Education sector. The SPSO is an independent organisation that investigates complaints. It is not an advocacy or support service (but there are other organisations who can help you with advocacy or support).

If you remain dissatisfied when you have had a final response from the College, you can ask the SPSO to look at your complaint. You can ask the SPSO to look at your complaint if:

- you have gone all the way through the College's Complaints Handling Procedure
- it is less than 12 months after you became aware of the matter you want to complain about, and
- the matter has not been (and is not being) considered in court.

The SPSO will ask you to complete a complaint form and provide a copy of this letter (our final response to your complaint). You can do this online at [www.spsso.org.uk/complain](http://www.spsso.org.uk/complain) or call them on Freephone 0800 377 7330.

You may wish to get independent support or advocacy to help you progress your complaint. Organisations who may be able to assist you are:

- Citizens Advice Bureau
- Scottish Independent Advocacy Alliance

The SPSO's contact details are:

SPSO

Bridgeside House

99 McDonald Road

Edinburgh

EH7 4NS

(if you would like to visit in person, you must make an appointment first)

Their freepost address is: FREEPOST SPSO

Freephone: 0800 377 7330

Online contact [www.spsso.org.uk/contact-us](http://www.spsso.org.uk/contact-us)

Website: [www.spsso.org.uk](http://www.spsso.org.uk)



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## Post-closure contact

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153. If a customer contacts us for clarification when they have received our final response, we may have further discussion with the customer to clarify our response and answer their questions. However, if the customer is dissatisfied with our response or does not accept our findings, we will explain that we have already given them our final response on the matter and signpost them to the SPSO.

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## Appendix 3 - Timelines

### General

1. References to timelines throughout the CHP relate to working days. We do not count non-working days, for example weekends, public holidays and *days of industrial action where our service has been interrupted*.
2. *We do not count academic holidays as non-working days. Complaints received during academic holidays should follow the same timelines as set out for frontline response and investigation, unless there are special circumstances which would extend these timelines.*

### Timelines at frontline response (stage 1)

3. We will aim to achieve frontline response within five working days. The date of receipt is **day one**, (or next working day if received after 4pm) and the response should be provided (or the complaint escalated) on **day five**, at the latest.
4. If we have extended the timeline at the frontline response stage in line with the CHP, the response should be provided (or the complaint escalated) on **day ten**, at the latest.

### Transferring cases from frontline response to investigation

5. *If the customer wants to escalate the complaint to the investigation stage, the case must be passed for investigation without delay. In practice this will mean on the same day that the customer is told this will happen.*

### Timelines at investigation (stage 2)

6. For complaints at the investigation stage, **day one** is:
  - the day the case is transferred from the frontline stage to the investigation stage
  - the day the customer asks for an investigation or expresses dissatisfaction after a decision at the frontline response stage; or
  - the date we receive the *complaint (or next working day if received after 4pm)*, if it is handled immediately at stage 2.
7. We must acknowledge the complaint within three working days of receipt at stage 2 i.e. by **day three**.
8. We should respond in full to the complaint by **day 20**, at the latest. We have 20 working days to investigate the complaint, regardless of any time taken to consider it at the frontline response stage.
9. Exceptionally, we may need longer than the 20 working day limit for a full response. If so, we will explain the reasons to the customer, and update them (and any staff involved) at least once every 20 working days.

### Frequently asked questions

*What happens if an extension is granted at stage 1, but then the complaint is escalated?*

10. *The extension at stage 1 does not affect the timeframes at stage 2. The stage 2 timeframes apply from the day the complaint was escalated (we have 20 working days from this date, unless an extension is granted).*

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*What happens if we cannot meet an extended timeframe?*

- 11. If we cannot meet the extended timeframe at stage 1, the complaint should be escalated to stage 2. The maximum timeframe allowed for a stage 1 response is ten working days.*
- 12. If we cannot meet the extended timeframe at stage 2, a further extension may be approved by the Interim Assistant Principal or a member of the Complaints Team if there are clear reasons for this. This should only occur in exceptional circumstances (the original extension should allow sufficient time to realistically investigate and respond to the complaint). Where a further extension is agreed, we should explain the situation to the customer and give them a revised timeframe for completion. We must update the customer and any staff involved in the investigation at least once every 20 working days.*

*What happens when a customer asks for stage 2 consideration a long time after receiving a frontline response?*

- 13. Unless exceptional circumstances exist, customers should bring a stage 2 complaint within six months of learning about the problem, or within two months of receiving the stage 1 response (whichever is latest).*

## Appendix 4 – The complaint handling process (flowchart for staff)

<p>A customer may complain verbally or in writing, including face-to-face, by phone, letter or email.</p> <p>Your first consideration is whether the complaint should be dealt with at stage 1 (frontline response) or stage 2 (investigation).</p>		
<div style="display: flex; justify-content: space-around;"> <div>↓</div> <div>↓</div> </div>		
<p><b>Stage 1: Frontline response</b></p> <p>Always try to respond quickly, wherever we can</p>		<p><b>Stage 2: Investigation</b></p> <p>Investigate where:</p> <ul style="list-style-type: none"> <li>The customer is dissatisfied with the frontline response or refuses to engage with attempts to handle the complaint at stage 1</li> <li>It is clear that the complaint requires investigation from the outset</li> </ul>
↓		↓
<p>Record the complaint and notify any staff complained about</p>		<p>Record the complaint and notify any staff complained about</p> <p>Acknowledge the complaint within <b>three working days</b></p>
↓		↓
		<p>Contact the complainant to agree:</p> <ul style="list-style-type: none"> <li>Points of complaint</li> <li>Outcome sought</li> <li>Manage expectations (where required)</li> </ul> <p><i>(these can be confirmed in the acknowledgement where the complaint is straightforward)</i></p>
↓		↓
<p>Respond to the complaint within <b>five working days</b> unless there are exceptional circumstances</p>		<p>Respond to the complaint as soon as possible, but within <b>20 working days</b> unless there is a clear reason for extending the timescale</p>
↓		↓
<p>Is the customer satisfied?</p> <p>You must always tell the customer how to escalate to stage 2</p>		<p>Communicate the decision, normally in writing</p> <p>Signpost the customer to SPSO and advise of time limits</p>
↓		↓
<p>(Yes) Record outcome and learning, and close complaint.</p>	<p>(No) -&gt; to stage 2</p>	<p>Record outcome and learning, and close complaint</p>
↓		↓
<p>Follow up on agreed actions flowing from the complaint</p> <p>Share any learning points</p>		

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## Roles and responsibilities

154. All staff will be aware of:

- the Complaints Handling Procedure (CHP)
- how to handle and record complaints at the frontline response stage
- who they can refer a complaint to, in case they are not able to handle the matter
- the need to try and resolve complaints early and as close to the point of service delivery as possible; and
- their clear authority to attempt to resolve any complaints they may be called upon to deal with.

155. *Training on this procedure will be part of the induction process for all new staff. Refresher training will be provided for current staff on a regular basis.*

156. *Senior management will ensure that:*

- *the College's final position on a complaint investigation is signed off by the Interim Assistant Principal, a member of the Complaints Team or the Principal in order to provide assurance that this is the definitive response of the College and that the complainant's concerns have been taken seriously*
- *it maintains overall responsibility and accountability for the management and governance of complaints handling (including complaints about contracted services)*
- *it has an active role in, and understanding of, the CHP (although not necessarily involved in the decision-making process of complaint handling)*
- *mechanisms are in place to ensure a consistent approach to the way complaints handling information is managed, monitored, reviewed and reported at all levels in the College; and*
- *complaints information is used to improve services, and this is evident from regular publications.*

157. **Principal and Chief Executive:**

The Principal provides leadership and direction in ways that guide and enable us to perform effectively across all services. This includes ensuring that there is an effective Complaints Handling Procedure, with a robust investigation process that demonstrates how we learn from the complaints we receive. The Principal may take a personal interest in all or some complaints, or may delegate responsibility for the CHP to senior staff. Regular management reports assure the Principal of the quality of complaints performance.

158. *The Principal is also responsible for ensuring that there are governance and accountability arrangements in place in relation to complaints about contractors. This includes:*

- *ensuring performance monitoring for complaints is a feature of the service/management agreements between the College and contractors*
- *setting clear objectives in relation to this complaints procedure and putting appropriate monitoring systems in place to provide the College with an overview of how the contractor is meeting its objectives*

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159. **Vice Principals:**

*On the Principal's behalf, Vice Principals may be responsible for:*

- *managing complaints and the way we learn from them*
- *overseeing the implementation of actions required as a result of a complaint*
- *investigating complaints; and*
- *deputising for the Principal on occasion.*

160. *They may also be responsible for preparing and signing off decisions for customers, so they should be satisfied that the investigation is complete and their response addresses all aspects of the complaint. However, Vice Principals may decide to delegate some elements of complaints handling (such as investigations and the drafting of response letters) to other senior staff. Where this happens, Vice Principals should retain ownership and accountability for the management and reporting of complaints.*

161. **Directors/Heads of Department:**

May be involved in the operational investigation and management of complaints handling. As senior officers they may be responsible for preparing and signing decision letters to customers, so they should be satisfied that the investigation is complete and their response addresses all aspects of the complaint.

162. **Complaints investigator:**

*The complaints investigator is responsible and accountable for the management of the investigation. They may work in a service delivery team or as part of a centralised customer service team, and will be involved in the investigation and in coordinating all aspects of the response to the customer. This may include preparing a comprehensive written report, including details of any procedural changes in service delivery and identifying wider opportunities for learning across the organisation.*

163. **The Human Resources Business Partner:**

*The HR Business Partner is responsible for ensuring all new staff receive training on the CHP as part of the induction process, and that refresher training is provided for current staff on a regular basis.*

164. **The organisation's SPSO Liaison Officer (Interim Assistant Principal):**

Our SPSO Liaison Officer's role may include providing complaints information in an orderly, structured way within requested timescales, providing comments on factual accuracy on our behalf in response to SPSO reports, and confirming and verifying that recommendations have been implemented.

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## Recording, reporting, learning from and publicising complaints

165. Complaints provide valuable customer feedback. One of the aims of the CHP is to identify opportunities to improve services across the College. By recording and analysing complaints data, we can identify and address the causes of complaints and, where appropriate, identify training opportunities and introduce service improvements.
166. We also have arrangements in place to ensure complaints about contractors are recorded, reported on and publicised in line with this CHP.

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### Recording complaints

167. It is important to record suitable data to enable us to fully investigate and respond to the complaint, as well as using our complaint information to track themes and trends. As a minimum, we should record:
- the customer's name and contact details
  - the date the complaint was received
  - the nature of the complaint
  - the service the complaint refers to
  - *staff member responsible for handling the complaint*
  - action taken and outcome at frontline response stage
  - date the complaint was closed at the frontline response stage
  - date the investigation stage was initiated (if applicable)
  - action taken and outcome at investigation stage (if applicable)
  - date the complaint was closed at the investigation stage (if applicable); and
  - the underlying cause of the complaint and any remedial action taken.
  - *the outcome of the SPSO's investigation (where applicable).*
168. If the customer does not want to provide any of this information, we will reassure them that it will be managed appropriately, and record what we can.
169. *Individual complaint files will be stored in line with our document retention policy.*

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### Learning from complaints

170. We must have clear systems in place to act on issues identified in complaints. As a minimum, we must:
- seek to identify the root cause of complaints
  - take action to reduce the risk of recurrence; and
  - systematically review complaints performance reports to improve service delivery.
171. *Learning may be identified from individual complaints (regardless of whether the complaint is upheld or not) and from analysis of complaints data.*

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172. Where we have identified the need for service improvement in response to an individual complaint, we will take appropriate action:

- the action needed to improve services must be authorised by an appropriate manager
- an appropriate manager (or team) should be designated the 'owner' of the issue, with responsibility for ensuring the action is taken
- a target date must be set for the action to be taken
- the designated individual must follow up to ensure that the action is taken within the agreed timescale
- where appropriate, performance in the service area should be monitored to ensure that the issue has been resolved; and
- any learning points should be shared with relevant staff.

173. Senior management will review the information reported on complaints regularly to ensure that any trends or wider issues which may not be obvious from individual complaints are quickly identified and addressed. Where we identify the need for service improvement, we will take appropriate action (as set out above). Where appropriate, performance in the service area should be monitored to ensure that the issue has been resolved.

## Reporting of complaints

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174. We have a process for the internal reporting of complaints information, including analysis of complaints trends. Regularly reporting the analysis of complaints information helps to inform management of where services need to improve.

175. We will report at least **quarterly** to senior management and the Quality Enhancement Committee on:

- performance statistics, in line with the complaints performance indicators published by SPSO
- analysis of the trends and outcomes of complaints (this should include highlighting where there are areas where few or no complaints are received, which may indicate either good practice or that there are barriers to complaining in that area).

## Publicising complaints information

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176. *We publish on a **quarterly** basis information on complaints outcomes and actions taken to improve services. [Organisations may add more detail on what will be published. Please note that this does not require publication of complaints performance data or trends analysis on a quarterly basis, although some may choose to do so. The focus is on improving positive communication with customers on the value of complaining. This could take the form of case studies, examples of how complaints have helped improve services, or 'you said, we did' leaflets. Publication may be through newsletters, websites or other forums used to communicate with customers.]*

177. *This demonstrates the improvements resulting from complaints and shows that complaints can help to improve our services. It also helps ensure transparency in our complaints handling service and will help to show our customers that we value their complaints.*



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178. We will publish an **annual** complaints performance report on our website in line with SPSO requirements, and provide this to the SPSO on request. This summarises and builds on the quarterly reports we have produced about our services. It includes:
- performance statistics, in line with the complaints performance indicators published by the SPSO; and
  - complaint trends and the actions that have been or will be taken to improve services as a result.
179. These reports must be easily accessible to members of the public and available in alternative formats as requested.