

GUIDELINES ON THE COMPLAINTS PROCEDURE FORM

- **From where complaint was received-** This section needs to be filled in when the complaint is not coming directly to the Agency from the complainant. It is still important to fill in:
 - The id number of complainant;
 - the name and surname of complainant;
 - Locality of complainant if this information is available.
- **Who received the Original Complaint-** this section needs to be filled in specifying the role of the person who is taking the complaint. There are/may be situations where the complaint was is not submitted directly at the Agency concerned. An example of this could be when the complaint is submitted to the CEO's office, FSWS CEO Secretariat or/and FSWS Human Resources.
- **Nature of Complaint-** This section is to be kept brief using only key words but gives a clear idea of what the complaint is about eg: lack of contact with social worker.
- **Categories of Complaint-** The complaint is categorised as per below:
 - a worker or
 - on service received
 - lack of service provided

This section is only for statistical purposes and is filled in by the Quality Assurance Department.

- **Date of Complaint-**
 - Insert the date when the complaint was received in date format (dd/mm/yy)
- **Agency on which complaint is being done-**
 - State the name of the Agency (choose from drop down menu)
- **Service on which complaint is being done-**

State the name of the Service – use abbreviations.
- **Person tackling complaint-**
 - Choose from the drop down menu:
 - Manager of the Service;***
 - Manager of another Service;***

Manager of another Agency;
Senior Manager;
Director of the Agency;
Director of another Agency;
FSWS CEO Secretariat;
Board;
Other (write designation).

If the complaint was tackled by someone else apart from the ones in the drop down menu, please include the designation of the person in '***Other***'.

- **Work carried out-**

Only basic information required – keep in mind that there is a detailed report out on each complaint.

- **Outcome-**

- Specify the actual outcome eg:

- complaint was verified and action to remedy taken;
- complaint not verified;
- complaint verified and service user satisfied with outcome;
- complaint verified and service user not satisfied with the outcome.

- **Date of reply/ closure-**

- When the intervention was finalised. (Dd/mm/yy)

- **Status**

- Update from the drop down menu the status of the complaint.

- **Update of Form**

- Each Agency should have a designated person that compiles the information on this form from the Agency and sends it to the Service Audits and Quality Assurance Department. This data is collected three times a year:

- January- April;
- May- August;
- September- December.

- The Service Audits and Quality Assurance will then compile all the complaints in one report following every collection of data and subsequently on a yearly basis.