

<b>Title: Handling of Complaints and Concerns</b>			
<b>Document Type:</b>	Procedures	<b>Owner:</b>	Quality Team
<b>Status</b>	Effective	<b>Issue Date</b>	28-Jun-2016

## 1 Objective

To ensure that any complaint or concern relating to the service provided by FSNI, is fully investigated and reported promptly.

## 2 Definitions

**Complaint:** A written or verbal expression of dissatisfaction for which redress is sought, by an identified complainant about FSNI or its staff expressed explicitly in relation to the service provided by FSNI. This can include all forms of written complaint e.g. letter, fax, e-mail etc.

Examples of complaints include:

- Delays in delivery of contracted services
- Maladministration
- Difficulty in contacting the correct office, branch or person
- Incorrect information or guidance issued by FSNI
- Attitude and conduct of staff

**Concern:** An informal complaint which requires a response but for which no form of redress is sought. This can be a written or verbal expression of dissatisfaction about FSNI or its staff *not* explicitly expressed as a complaint. In some cases, it may not be possible to identify the person raising the concern. An example of a non-identified concern is a negative media report.

**Complaint/concern handler:** person nominated by relevant Director to investigate the complaint or concern and draft up the response to the complainant or stakeholder.

**Director:** In the context of this document, the term Director refers to FSNI Leadership Board Directors (NICS Grade 7 or Grade 6).

## 3 Responsibilities

Any member of the FSNI staff who is in receipt of a complaint or concern is responsible for passing all submitted documentation to the Quality Manager, within 2 working days of receipt. The Quality Team will initiate complaint/concern form, GF0120.

It is the responsibility of the Quality Manager to implement the Handling of complaints and concern procedure following receipt of any submitted complaint or concern and to inform the Chief Executive of the complaint or concern. The Quality Manager sets the initial deadline for response, in accordance with this procedure.

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The appropriate Director is responsible for investigation of the complaint or concern and adhering to the timescales, within their areas of responsibility. However, it may be appropriate for the Director to delegate part of this activity to a suitable member of staff i.e. the complaint/concern handler.

In the case of non-written complaints or concerns, the member of staff receiving the complaint or concern should record as much detail as possible and should endeavour to identify the identity of the person raising the issue and record detail of efforts made.

## 4 References

QM Section 9

GP0056 – Corrective Action Procedure

GP0004 – Audit Procedure

DOJ Whistle blowing Policy and procedures – available on DOJ intranet

Forensic Science Regulator Codes of Practice (February 2016)

## 5 Scope and Field of Application

This document is applicable to all complaints or concerns received by FSNI as defined above.

This document excludes any complaints or concerns received from the Minister's office. Complaints or concerns received via the Minister's office are handled as per Ministerial guidelines and timescales and will be coordinated by the FSNI Chief Executive's Office. This document also excludes complaints or concerns that are handled via other legal routes (e.g. Disclosure; Freedom of Information; litigation; claims etc.) and internal staffing issues for which Departmental policies and procedures are in place (e.g. Grievance; Dignity at Work; Discipline; Attendance Management; etc). These are handled by the relevant staff in these teams and as per relevant procedures and within the relevant legal context.

Adverse judicial comments that FSNI are aware of or adverse judicial comments about FSNI staff that may undermine an individual's credibility, which arise as part of court proceedings, are handled as per the complaints and concerns procedure in that they are assigned to the relevant Director, investigated and any corrective/preventive actions are identified and progressed within FSNI's management systems e.g. QMS/performance management system, or other, as appropriate etc. If deemed necessary, the Chief Executive, or the relevant Director, should seek advice from the DOJ as to whether a response is required to be sent to the Judge and how the response should be handled e.g. directly from FSNI to the judge, or communicated through other Departmental mechanisms. FSNI will take due consideration and respect of court proceedings in the handling and timeliness in responding to any adverse judicial comment.

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Any complaint or concern that could attract adverse public interest in forensic science, have wider implications beyond FSNI or which could potentially lead to a miscarriage of justice should be notified to the Forensic Science Regulator, at the earliest opportunity (see section 9), and to any other relevant third party organisations / service providers e.g. UKAS, PPS etc.

## **6 Consumables and Equipment**

GF0120 – Complaint/ Concern Form

## **7 Initial Conditions**

N/A

## **8 Procedure**

8.1 It is the policy of FSNI that all complaints must be responded to within 25 working days of receipt. Acknowledgement must be within 5 working days, with a fuller response within a further 20 days. There is no requirement to acknowledge receipt of a concern. There is a requirement however, to investigate and undertake appropriate action, in the case of a concern.

8.2 Any member of FSNI who receives a complaint or concern should, within 2 working days, pass all submitted information to the Quality Manager.

8.3 On receipt of a complaint or concern, the Quality Manager or delegated member of the quality team is required to:

8.3.1 Register the complaint or concern into the FSNI system, allocating it a unique reference number.

8.3.2 Formally acknowledge the complaint in writing within 5 working days of the complaint or concern having been received by FSNI. There is no requirement to acknowledge receipt of a concern.

8.3.3 Complete relevant sections of form GF0120 to record the nature of the complaint or concern and the complainant details and if known, the details of the person raising the concern.

8.3.4 Assign handling of the complaint or concern to the appropriate Director responsible for the service and copy the complaint or concern to the Quality Director, for information.

The Director may delegate an appropriate member of staff (the complaint /concern handler) to investigate the complaint or concern and in the case of a

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complaint, draft up the response to the complainant. The Director retains the responsibility to ensure that this is done to the required level within the required timescales.

- 8.4 The initial date given for completion of the investigation should be 20 working days from the date of acknowledgement of the complaint or receipt of the concern issuing from the Quality Team. In some instances, where the complainant cannot be identified, or direct communication is deemed inappropriate by the Quality Manager, an acknowledgement letter will not be issued. However, the complaints and concerns procedure will be followed i.e. validation of the issue, investigation and closure of the matter.
- 8.5 Responsibility for the investigation lies with the relevant Director or person delegated by the Director i.e. the complaint/concern handler. The Director remains accountable for the delegated work. This investigation should include:
- a) Investigating the nature of the complaint/concern;
  - b) Identifying any implications for casework;
  - c) Carrying out a root cause analysis;
  - d) Identifying corrective and/or preventive actions if appropriate – GP0056 should be followed;
  - e) Notifying PPS(NI) of the complaint/concern, if appropriate;
  - f) Drafting a formal written response to the complainant;
  - g) Assessing what wider lessons can be learnt for the Agency as a whole and making initial suggestions for a follow-up plan to the Quality Manager.
  - h) In the case of a concern, producing a report covering items a – e & g.
- 8.6 In the case of a concern, it is the responsibility of the Director to ensure any corrective/preventive actions identified are progressed and closed out in a timely manner. A copy of the report should be returned to the Quality Manager, along with the GF0120 form.
- 8.7 Two days prior to the investigation deadline being reached, an assessment should be made of the progress of the investigation:
- 8.7.1 Where it is judged that there **is sufficient** information available to produce a full response to the complainant within the deadline, the complaint/concern handler responsible for the investigation drafts the response for approval by their Director. They will also highlight any corrective and/or preventive actions arising from the investigation of the complaint. It is the responsibility of the relevant Director to issue the response to the complainant.
- 8.7.2 Where the Director judges that there **is not sufficient** information available at this point in time to fully address the complaint, the complaint/concern handler must draft a progress letter to the complainant which must be approved by the Director. The Director will set a revised date for completion and the progress letter must be issued on or before the original due date. It is the responsibility of the relevant Director to issue

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the progress letter to the complainant. Step 8.7.1 of this procedure is then repeated for the revised deadline.

## 8.8 Review of Draft Responses to Complaints

All draft responses to complaints must be reviewed and approved by the appropriate Director prior to issuing. All draft responses must also be copied to the Quality Director.

In some instances it may be appropriate for the Chief Executive to review and approve the draft responses to the complainant prior to issuing. The Quality Director should judge whether this is necessary, taking into consideration the nature and seriousness of the complaint and any implications for customer relations, public perceptions or the proper functioning of justice, the integrity of forensic science, etc.

## 8.9 Issuing of Responses to Complaints

The full written response should be signed and issued to the complainant by the appropriate Director within the specified timescale. The written response may also be issued to other organisations/ individuals as appropriate e.g. Public Prosecution Service (NI) or other prosecuting body/authority.

The written response will include the following statement:

“If you are not satisfied with this response, you should write directly to the Chief Executive Officer at the above address, providing the detail of your complaint”.

## 8.10 Corrective and Preventive Actions

Where the investigation reveals the need for corrective action the Quality Manager is responsible for ensuring that the corrective action procedure **GP056 – Corrective Action Procedure** is implemented in a timely manner.

Where the investigation reveals the need for preventive action or improvements, the Quality Manager, in conjunction with other relevant staff (e.g. Team Managers / Directors), is responsible for implementing preventive actions as given in **GP0004 – Audit Procedure**.

## 8.11 Where the Complainant is not satisfied with the response

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If the complainant is not satisfied with the response, the complaint will be forwarded to the Chief Executive of FSNI to review the matter and take appropriate action.

FSNI will acknowledge, within 5 working days, the complainant expression of dissatisfaction with the response to the initial complaint and aim to resolve it within a further 20 working days.

The full written response should be signed and issued to the complainant by the Chief Executive, within the specified timescale. The written response may also be issued to other organisations/ individuals as appropriate e.g. Public Prosecution Service (NI) or other prosecuting body/authority, or Regulatory authority e.g. Forensic Science Regulator.

The written response will include the following statement:

“If you are not satisfied with this response, you should write directly to, or contact, the Northern Ireland Ombudsman’s office at the following address / website, providing the detail of your complaint:

The Ombudsman  
 Freepost BEL 1478  
 Belfast  
 BT1 6BR

<http://www.ni-ombudsman.org.uk>.

It should be noted that MLA sponsorship is required for a complaint to be submitted to the Ombudsman.”

## 8.12 Appeals Procedure

Where the complainant is dissatisfied with the investigation or the decision reached by FSNI or the Chief Executive, the complainant may forward their complaint to the Northern Ireland Ombudsman. Details can be found on the website <http://www.ni-ombudsman.org.uk>.

It should be noted that MLA sponsorship is required for a complaint to be submitted to the Ombudsman.

Complaints that were made to the Parliamentary and Health Service Ombudsman before 12<sup>th</sup> April 2010 will continue to be considered on a case by case basis, but are likely to be signposted to the Northern Ireland Ombudsman’s office. Details of the Parliamentary and Health Service Ombudsman can be found on the website <http://www.ombudsman.org.uk>

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## 8 Forensic Science Regulator

The Forensic Science Regulator (FSR) must be informed at the earliest opportunity of any complaint or concern, if it has significantly disaffected the customer such that it could attract adverse public interest in forensic science, have wider implications beyond FSNI or potentially lead to a miscarriage of justice.

The FSR may initially be contacted by e-mail, or telephone, by the Chief Executive, or relevant Director, Quality/ICT Director, or Quality Manager, depending on the nature of the complaint or concern, availability of staff and/or, the urgency of the situation.

This will then be followed up by letter(s) with at least the following detail: the nature of the complaint or concern, preliminary investigations carried out by FSNI, identification of corrective/preventive actions, and assessment of the risk to current/previous casework, as necessary.

Depending on the nature of the complaint or concern, urgency etc., the information may be communicated to the FSR by the Chief Executive, relevant Director, Quality/ICT Director, or Quality Manager, depending on the availability of staff and/or, the urgency of the situation. Further communications to the FSR, as to the progress of the investigations, corrective/preventive actions etc. may be required. All documentation should be retained in the complaints/concerns file, retained by the Quality Team.

The DOJ, PPS, UKAS and/or the customer, as deemed appropriate, should also be notified of any complaint or concern that is referred to the Forensic Science Regulator.

## 10 Results

The procedure will result in all complaints and concerns being dealt with in a timely manner and corrective actions/preventive actions being implemented where investigations indicate the system or procedure requires amendment.

## 11 Documentation and Retention

Copies of all documents pertaining to the complaint/concern should be retained by the Quality Team for inclusion in the complaints/concerns file.

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