CONCERNS AND COMPLAINTS MANAGEMENT

POLICY & PROCEDURE

1. OVERVIEW

1.1 POLICY STATEMENT

The Cause Collective (TCC) treats all concerns and complaints with dignity and respect. The organisation prioritises the safety and wellbeing of clients, stakeholders, communities, and staff by ensuring a work environment that is respectful, safe, and fair.

This policy is based on the principles of natural justice: **good faith, good reason, and fair process**. It ensures that concerns and complaints are handled impartially and with confidentiality. The organisation will follow current employment legislation and best practice for employers, in addition to the requirements of the employment agreements in place for staff.

1.2 PURPOSE

- Provide clear guidelines for managing concerns and complaints.
- Ensure fair and transparent processes for resolving issues.
- Maintain consistency with the **Staff Code of Conduct and Discipline Policy** and **Delegated Authority Policy**.

1.3 SCOPE

This policy applies to all TCC Board members, employees, contractors and volunteers.

For more serious complaints involving staff that have the potential to develop into a competency or disciplinary situation, it is advisable to ensure that the process entered in to allows for this scenario at the beginning. This process is by the organisation's Staff Code of Conduct and Disciplinary Procedures Policy.

Policy Name:	Concerns & Complaints Management Policy	**Date Issued:**	Dec 2021
Policy Number:	HRPLO6	**Date Updated:**	March 2025
Version:	2025/01	**Date Approved:**	April 2025
Approved By:	The Cause Collective Board of Trustees	**Next Review Date:**	April 2028

2. DEFINITIONS

- **Concern:** A low-level query or dissatisfaction related to an employee, management practice, decision, or other aspect of TCC's operations. Generally resolved informally – not disciplinary action.
- **Complaint:** A more serious expression of dissatisfaction requiring investigation and corrective action or disciplinary action.
- **Investigations Officer:** Typically the Privacy Officer but may also be the Chief Operations Officer or another Manager, depending on the nature of the concern or complaint received. They must act impartially, handle matters sensitively. They have the authority to act to resolve a concern or complaint directly, or refer it to an appropriate decision-maker.

Reference: **Staff Code of Conduct and Discipline Policy, Section 3.1** – Defines concerns, complaints, and the resolution process.

3. PROCESS FOR HANDLING CONCERNS AND COMPLAINTS

3.1 Informal Resolution

- Where possible, staff need to find ways to constructively resolve concerns and be able to work together.
- Staff are encouraged to address concerns **as soon as practicably possible**, directly with the involved party where possible.
- A support person may assist if needed.
- Where appropriate, a **cultural resolution process** may be applied, ensuring that culturally appropriate approaches are taken to support reconciliation and restoration of relationships.

A **concern** is determined to be a **complaint** once an initial assessment and fact finding exercise has been completed by the Investigations Officer and it is found that a **formal investigation** is required.

3.2 Formal Complaints Process

If a concern cannot be resolved informally, it should be escalated through:

1. **Reporting to a Line Manager:** If unresolved, escalates further.
2. **Consultation with a Senior Manager or Chief Executive:** Ensures a structured resolution process.

3. **Formal Investigation:** If necessary, an independent investigator, mediator or arbitrator may be assigned.

Reference: **Staff Code of Conduct and Discipline Policy, Section 5.1** – Outlines investigation procedures.

Application of Cultural Process: In cases where cultural considerations are central to the concern, the resolution process may include cultural advisory support, mediation, or other culturally appropriate mechanisms. It is the organisational policy that we do not include a 'koha' or cultural gift as part of the resolution of a concern or complaint. Any matters pertaining to a financial compensation are dealt with as part of a formal process.

3.3 Assessment Criteria

The **Investigations Officer** will assess complaints based on:

- Severity and urgency.
- Potential systemic impact.
- Risks to the organisation.
- Desired resolution outcome.
- Appropriateness of integrating a cultural resolution process.

3.4 Staff Identified in a Concern/Complaint

Staff named in or associated with a concern/complaint are advised **as soon as possible prior to any investigation commencing** and will be supported with dignity and respect throughout the investigation process.

Staff named in a concern/complaint can expect to receive a copy of the written concern/complaint, or at a minimum, a written record detailing the concern/complaint.

Staff may be asked to meet with the person who lodged the concern to assist in resolution.

The staff member should be provided with a copy of this policy and reminded that they can have a support person present during any discussion, provided the other party receives reasonable notification that a support person will be present.

At the completion of an investigation process, Management will meet with the staff member to advise of the findings of the Closure Report and any remedial actions that are required.

Staff named in a formal complaint are not able to participate in an investigation team. In some instances, it may be decided that the formal investigation process will be conducted by an independent external party.

4. FORMAL INVESTIGATION PROCESS

4.1 Investigation Procedure

1. **Complaint Register:** Logged complaints into the register by the **end of the day received**.
2. **Acknowledgment:** Complaint acknowledged within **72 hours**. If there is an **immediate risk** to clients, stakeholders, visitors or staff the assessment should take place as soon as possible, **within 24 hours** and a treatment pathway identified.
3. **Investigation Team Assignment:** Includes internal/external representatives as needed.
4. **Information Collection:** Review of documents, interviews, and evidence gathering.
5. **Findings Report: Complaint Closure Report** is drafted and shared with relevant parties.
6. **Resolution and Remedial Actions:** Implemented as soon as practicable.
7. **Cultural Support Consideration:** If applicable, culturally appropriate practices will be integrated throughout the resolution process.

4.2 Timelines

- **Complaints** should be lodged **as soon as possible** after an incident occurs, and no later than **90 days** from the date of the incident. Timely reporting supports a fair and effective resolution process, and delays beyond this period may limit the ability to properly investigate and address the matter**.** Complaints submitted after this period may not be accepted unless exceptional circumstances can be demonstrated.
- **Initial assessment:** Within **72 hours**.

- **Investigation completion:** Within **1 month** (if extended, complainant must be informed).
- **Closure report finalisation:** Presented to management or Board if necessary.

Reference: **Staff Code of Conduct and Discipline Policy, Section 5.1** – Describes structured investigation steps.

5. MANAGEMENT OF SERIOUS COMPLAINTS

5.1 Disciplinary Escalation

If a complaint indicates misconduct, it will be handled under the **Staff Code of Conduct and Discipline Policy**. The process follows:

1. **Determination of Misconduct Type:**
    - **Misconduct:** Corrective measures applied.
    - **Serious Misconduct:** Disciplinary action, possibly including termination.
2. **Decision-making Authority:** Refer to **Delegated Authority Policy, Section 6.4**.

Reference: **Staff Code of Conduct and Discipline Policy, Section 4** – Defines misconduct and disciplinary actions.

6. PROTECTED DISCLOSURE (WHISTLEBLOWING)

6.1 Definition

A **protected disclosure** refers to reporting serious wrongdoing within TCC, as per the **Protected Disclosures Act 2000**.

6.2 Submission Process

- Reports must be made in writing to a **Line Manager, Chief Executive, or Board Chair**.
- If all internal channels are compromised, disclosures can be made to an **external authority (e.g., NZ Police, Ombudsman, or funding body)**.

6.3 Investigation and Protection

- The complaint recipient must **acknowledge receipt of a protected disclosure within 48 hours**.

- The investigation follows structured steps outlined in **Section 4.1**.
- Whistleblowers are protected from retaliation in compliance with the **Protected Disclosures Act 2000**.

Reference: **Staff Code of Conduct and Discipline Policy, Section 6** – Details protected disclosure processes.

7. REPORTING AND GOVERNANCE

7.1 Complaints Register

- Maintained by the Investigations Officer.
- Documents complaints, treatment pathway and resolution.
- All formal complaints are logged for governance oversight.
- Reports submitted biannually to the **Finance, Audit, and Risk Committee**.

7.2 Board Involvement

- **High-risk complaints** (e.g., legal implications, major reputational risk) are escalated to the Board.
- The Board may seek **external advice** for final resolution.

Reference: **Staff Code of Conduct and Discipline Policy, Section 8** – Describes governance responsibilities.

8. APPROVAL AND REVIEW

This policy was approved by the Board of Trustees on 16 April, 2025 and is subject to periodic review and amendments as required.

This policy ensures that the Trust manages its Concerns and Complaints.

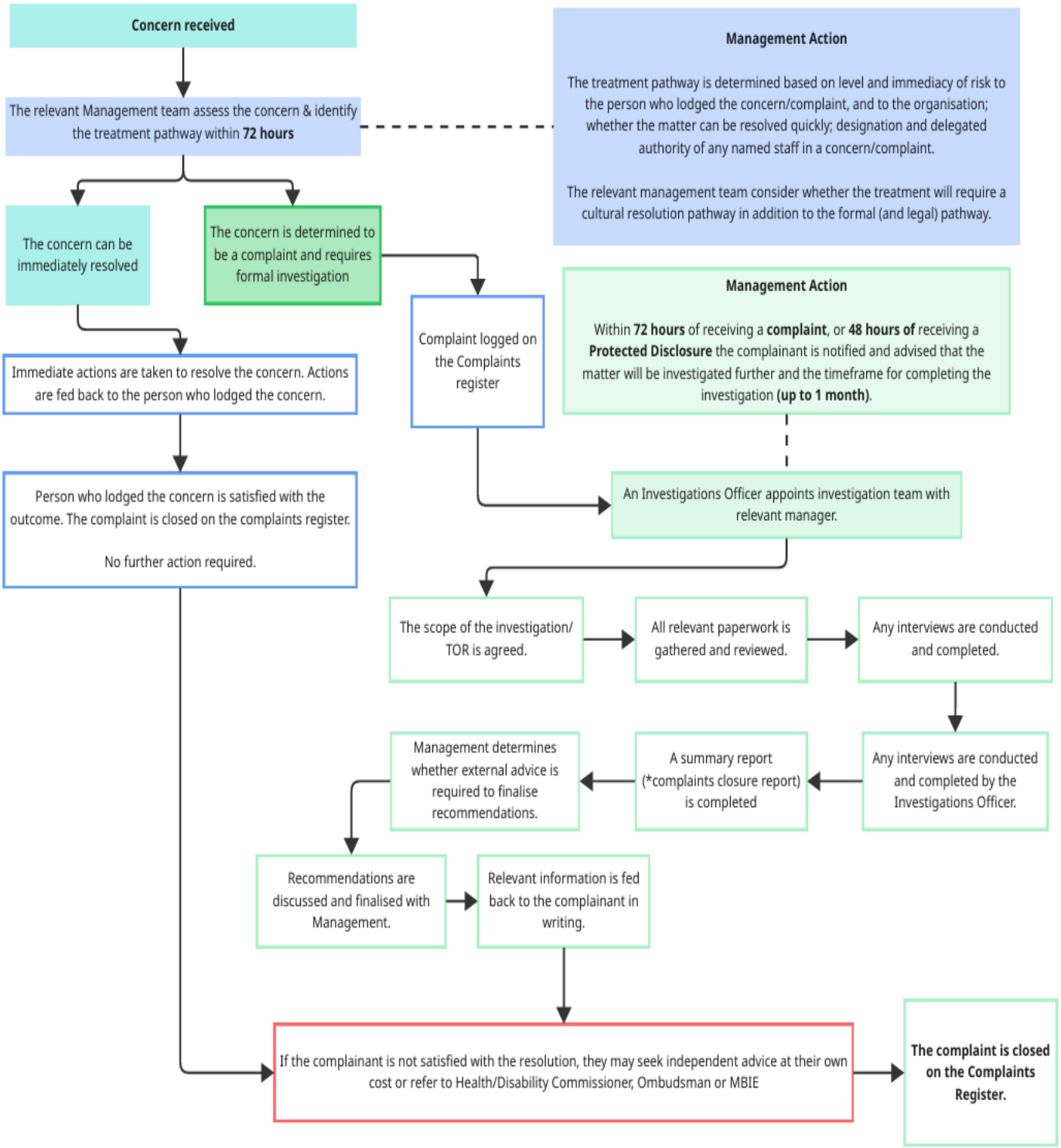
9. ASSOCIATED DOCUMENTS

- Staff Code of Conduct and Disciplinary Policy
- Delegated Authority Policy
- Privacy Policy
- Child Protection Policy
- TCC Insurance Policies
- Complaints Register – FAR Committee

- Employment Relations Act 2000
- Privacy Act 2020
- Protected Disclosures Act 2000

10. CONCERNS/COMPLAINTS MANAGEMENT PROCESS

The following procedure is the process to be followed in the handling of a concern/complaint.



**Complaints and closure report details are confidential to senior staff and complainants.*

APPENDIX A – COMPLAINTS REGISTER

This register records concerns and formal complaints and remedial actions taken for the periodic Management Review. The register is reported on a six-monthly basis to the Finance and Risk Committee (FAR).

#	Meeting Date	Complaint	Action Lead	Review Date	Action Taken	Archive Action
1						
2						
3						
4						
5						
6						
7						
8						

APPENDIX B – CONCERN/COMPLAINTS MANAGEMENT FORM

Concern/Complaint Management Form To be documented by the Investigations Officer.

Person lodging matter		Date:
Contact Email Address		
Contact Phone number		
Date incident occurred		
Date matter received		
Staff identified (Advise asap)	Name:	Date Advised:
Acknowledgement letter sent to person lodging matter (Within 72 hours of receipt)	Due Date:	Actual Date:
Brief description of matter		
Management team (meet within 24 hours)		
Treatment Pathway (Flowchart)		
Actions		
Resolved and closed	Date:	
If Formal Investigation Is Required Complete the Following		
Investigations Officer		Date Received:
Investigation Team		
Acknowledgement letter sent to complainant		Date:
Is complaint justified or unsubstantiated? (Explain)		
Actions taken		
What prevention measures have been put in place to ensure this does not happen again?		
Complainant advised in writing of outcomes and actions taken		Date:
Any further action required? (Explain)		
Complaints Closure Report received by complainant		Date:
Complaints Closure Report filed		Date:
File closed and register updated Signed by:	Name:	Date:

APPENDIX C - Primary Health Care Specific "Complaints Reporting and Management" requirements aligned to the DHC Code of Rights (Right 10)

- A consumer complaint is any expression of dissatisfaction received from a patient, Patient whanau, member/s of the community, associated providers for example, NGO health providers secondary care, Te Whatu Ora departments.

- A consumer may instead, or in addition, involve the Health Advocacy services which is a service provided by The Health and Disability Commissioners Office

- Any health related complaints must be managed using the following time frame:
    - All written complaints where the complainant wishes to identify themselves are to be acknowledged within 5 working days of receipt.
    - The complainant should be provided with a copy of this policy and reminded that they can have a support person present during any discussion, provided the other party receives reasonable notification that a support person will be present.
    - If the complaint is able to be resolved within 5 days, only a letter of response is required.
    - Where appropriate, meetings with relevant staff or providers should be arranged immediately or as soon as practicable post receipt of the complaint.
    - All complaints must investigated within 10 working days of acknowledgement to decide whether the complaint is justified/ substantiated.
    - If the additional time required to investigate the complaint is more than 20 working days, the complainant is to be informed and advised of the reasons for the delay and provided with an updated timeframe.
    - The complainant must be updated on the progress of their complaint at intervals of not more than one month.
- General practice and the PHO must maintain a register of all complaints received or they have been involved with supporting the management of, including the date of acknowledgement, the date of closure and any learnings.
- All documents related to complaints must be held in a confidential file only accessible to authorised Senior staff.

Reference link - https://www.hdc.org.nz/

APPENDIX D - Complaint Management Table of Actions

RE: [INSERT REF. NO]

ITEM	DATE	TIME	ACTION