

# THE GLASGOW SCHOOL OF ART

## The Glasgow School of Art Complaints Handling Procedure

POLICY DETAILS:

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## Index

### Part One – Introduction & Overview

1.1 Foreword.....	P3
1.2 Structure of the Complaints Handling Procedure.....	P4
1.3 Overview of the CHP.....	P4
1.4 Expected behaviours.....	P5
1.5. Maintaining confidentiality and data protection.....	P6

### Part Two – When to use this Procedure

2.1. What is a complaint?.....	P8
2.2. Who can make a complaint?.....	P9
2.3 How complaints may be made.....	P11
2.4. Time limit for making complaints.....	P11
2.5. Particular circumstances.....	P12
2.6. What to do if the CHP does not apply.....	P16

### Part Three – The Complaints Handling Process

3.1. The complaints handling process.....	P18
3.2. Resolving the complaint.....	P19
3.3. What to do when you receive a complaint.....	P19
3.4. Stage 1: Frontline Response.....	P20
3.5. Stage 2: Investigation.....	P22

### Part Four - Governance

4.1. Roles and responsibilities.....	P30
4.2. Recording, reporting, learning from and publicising complaints.....	P31

### Part Five – Appendices

5.1. Appendix 1 – Timelines.....	P35
5.2. Appendix 2 – The Complaint Handling Process (flowchart for staff).....	P37

## **Part One – Introduction & Overview**

### **1.1 Foreword**

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

The procedure was first developed by the Scottish Public Services Ombudsman (SPSO), in collaboration with representatives of the Higher Education sector.

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 GSA 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. Our Complaints Handling Procedure will enable us to address a complainant's dissatisfaction and may help us prevent the same problem from happening again. For our staff, complaints provide a first-hand account of the complainants' views and experience, and can highlight problems we may otherwise miss. Handled well, complaints can give our students and other members of the public a form of redress when things go wrong, and can also help us continuously improve our services.

Handling complaints early creates better relations with students and other members of the public. 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 and enhance public perception of the GSA. 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.

**Penny Macbeth**  
**Director of the Glasgow School of Art**

## 1.2 Structure of the Complaints Handling Procedure

1.2.1. This Complaints Handling Procedure (CHP) explains to staff how to handle complaints. The CHP consists of:

- **Part One – Overview & Structure**
- **Part Two – When to Use the Procedure**  
Guidance on identifying what is and what is not a complaint, handling complex or unusual complaint circumstances, the interaction of complaints and other processes, and what to do if the CHP does not apply.
- **Part Three – The Complaints Handling Process**  
Guidance on handling a complaint through stages 1 and 2, and dealing with post-closure contact.
- **Part 4 – Governance of the Procedure**  
Staff roles and responsibilities and guidance on recording, reporting, publicising and learning from complaints.
- **Part 5 – A Guide for Students**  
Information for students and members of the public on how we handle complaints

1.2.2. When using the CHP, please also refer to the 'SPSO Statement of Complaints Handling Principles' and good practice guidance on complaints handling from the [SPSO](#).

## 1.3 Overview of the CHP

1.3.1. Anyone can make a complaint, either verbally or in writing, including face-to-face, by phone, letter or email.

1.3.2. We will try to resolve complaints to the satisfaction of the complainant wherever this is possible. Where this isn't possible, we will give the complainant 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).

1.3.3. Our complaints procedure has two stages. We expect the majority of complaints will be handled at stage 1. If the complainant 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.

1.3.4. For detailed guidance on the process, see **Part 3 – The Complaints Handling Process**.

<b>Stage 1: Frontline response</b>	<b>Stage 2: Investigation</b>	<b>Independent external review (SPSO or other)</b>
<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)</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 complainant how to escalate their complaint to stage 2</p>	<p>Where the complainant 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 complainant 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 complainant 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>

## 1.4 Expected behaviours

1.4.1. As per the principles of our [Respect and Dignity at Work and Study](#) policy, we expect all staff to behave in a professional manner and treat complainants with courtesy, respect and dignity. We also ask those bringing a complaint to treat our staff with respect. We ask complainants 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.

1.4.2. We have a policy in place for when these standards are not met by students, which is our [Student Conduct Policy and Misconduct Procedure](#).

1.4.3. 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 complainant acting in an unacceptable way.

1.4.4. People 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 complainants 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 complainants.

1.4.5. We may also decide to restrict access to a complainant. Restrictions may include, but are not limited to, limiting contact with named staff members. Should we decide to restrict access to a complainant, we will notify the complainant of the decision and outline the restrictions in place. We will also notify the complainant of their right to appeal the decision, and the Academic Registrar will review the restrictions accordingly. Any decision to restrict access to a complainant will be made by the Academic Quality Office.

1.4.6. If we decide to restrict a complainant's contact, we will be careful to follow the process set out above and to minimise any restrictions on the complainant's access to the complaints process. We will normally continue investigating a complaint even where contact restrictions are in place. In some cases, it may be possible to continue investigating the complaint without contact from the complainant. In limited circumstances we may 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 by the Academic Quality Office. Where access to the complaint process is restricted, we must signpost the complainant to the SPSO (see **3.5.10. Signposting to the SPSO**).

1.4.7. The SPSO has [guidance on promoting positive behaviour and managing unacceptable actions](#).

## 1.5. Maintaining confidentiality and data protection

1.5.1. Confidentiality is important in complaints handling. This includes maintaining the complainant's confidentiality and confidentiality in relation to information about staff members, contractors or any third parties involved in the complaint.

1.5.2. 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.

1.5.3. We must always bear in mind legal requirements, for example data protection legislation, as well as our [Data Protection Policy](#).

1.5.4. For advice on matters relating to data processing, please contact the GSA's Data Protection Officer, Mr Tom McDonnell.

1.5.5. To ensure that we learn from complaints, the outcome of investigations will normally be shared with those members of staff responsible for taking forward any recommendations resulting from complaints (see **4.2.4. Learning from complaints**).

1.5.6. Where a complaint has been raised against a staff member and has been upheld – we will advise the complainant that their complaint is upheld, but would not share specific details affecting staff members, particularly where disciplinary action is taken.

## Part Two – When to use this Procedure

### 2.1. What is a complaint?

2.1.1. The Glasgow School of Art's definition of a complaint is: 'an expression of dissatisfaction by one or more students and/or members of the public about the GSA's action or lack of action, or about the standard of service provided by or on behalf of GSA.'

2.1.2. For clarity, where an employee also receives a service from the GSA as a member of the public, they may complain about that service.

2.1.3. A complaint may relate to the following, but is not restricted to this list:

- failure or refusal to provide a service
- inadequate quality or standard of service, or an unreasonable delay in providing a service
- the quality of facilities or learning resources
- dissatisfaction with one of our policies or its impact on the individual (although it is recognised that policy is set at the discretion of the GSA)
- 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 **2.5.6. 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).

2.1.4. A complaint **is not**:

- a request for information or an explanation of policy or practice
- a response to an invitation to provide feedback through a formal mechanism such as a questionnaire or committee membership
- a concern about student conduct (see **2.5.8.2. Complaints and student conduct procedures**)
- a routine first-time request for a service (see **2.5.8.3. Complaints and service requests**)
- a request for compensation only (see **2.5.8.5. Complaints and compensation claims**)
- an insurance claim
- issues that are in court or have already been heard by a court or a tribunal (see **2.5.8.6. 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 (such as an appeal about an academic decision on assessment or admission – see **2.5.8.1. Complaints and appeals**)

- a request for information under the Data Protection or Freedom of Information (Scotland) Acts, or the Environmental Information Regulations
- 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)
- concerns about services outwith the GSA's delegated responsibilities (e.g. conference and accommodation services to commercial clients)
- 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 institution or staff where such actions would be covered, where relevant, by our [Student Conduct Policy and Misconduct Procedure](#); 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: see **2.5.6. Complaints about contracted services**).

2.1.5. We will not treat these issues as complaints, and will instead direct people 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.

2.1.6. If a matter is not a complaint, or not suitable to be handled under the CHP, we will explain this to the complainant, and tell them what (if any) action we will take, and why. See **2.6. What to do if the CHP does not apply**.

## **2.2. Who can make a complaint?**

2.2.1. Anyone who receives, requests, or is affected by our services can make a complaint.

2.2.2. This includes, although is not limited to:

- a student's experience during their time at the GSA (all referred to as 'students' through the remainder of this document);
- members of the public, where they have a complaint about matters which are (or which were at the time the issue arose) the responsibility of the GSA; and
- members of the public who are applying for admission to the GSA
- and whose complaint does not relate to academic judgement.

2.2.3. The basic processes for investigating complaints are the same for students, members of the public and applicants to the GSA – however appeals/complaints regarding a decision not to admit an applicant will be dealt with through admissions procedures.

2.2.4. We also accept complaints from the representative of a person who is dissatisfied with our service. See **2.5.1. Complaints by (or about) a third party.**

### **2.2.5. Supporting the complainant**

2.2.5.1. Everyone has the right to equal access to our complaints procedure. It is important to recognise the barriers that some people may face complaining. These may be physical, sensory, communication or language barriers, but can also include their anxieties and concerns. Complainants may need support to overcome these barriers.

2.2.5.2. 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.

2.2.5.3. To meet our legal duties and responsibilities GSA will:

- proactively check whether complainants require interpretation and/or translation services for British Sign Language users;
- proactively check whether complainants require additional support to access our services (including independent advocacy);
- assist complainants in accessing independent advocacy; and
- provide a Student Complaints Guide summarising the CHP in easy-to-read English.

This list is not exhaustive, and we must always take into account our commitment and responsibilities to equality and accessibility. Should complainants require any disability-related reasonable adjustments, these may be raised with the complaints investigator or with the Academic Quality Office.

2.2.5.4. An Equality Impact Assessment has been undertaken on the CHP and will be regularly reviewed. GSA Equality Impact Assessment Summary Reports can be accessed [online](#).

### **2.2.6. No disadvantage**

2.2.6.1. No complainant will be disadvantaged as a result of making a complaint.

2.2.6.2. GSA will make complaint investigators aware during training that staff members who have behaved unacceptably may have expressly or impliedly represented, by words or

conduct, and directly or indirectly, that they have power to influence the academic career of students.

2.2.6.3. All possible steps will be taken to ensure that no such threats can be carried out.

## **2.3 How complaints may be made**

2.3.1. Complaints may be made verbally or in writing, including face-to-face, by phone, letter or email.

2.3.2. Where a complaint is made **verbally**, we will make a record of the key points of complaint raised. Where it is clear that a complex complaint will be immediately considered at stage 2 (investigation), it may be helpful to complete a complaint form with the complainant's input to ensure full details of the complaint are documented. However, there is no requirement for the person to complete a complaint form, and it is important that the completion of a complaint form does not present a barrier to people complaining.

2.3.3. Complaint issues may also be raised on **digital platforms** (including **social media**).

2.3.4. Where a complaint issue is raised via a digital channel managed and controlled by the GSA (for example an official Twitter 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.

2.3.5. We must always be mindful of our data protection obligations when responding to issues online or in a public forum. See **1.5. Maintaining confidentiality and data protection**.

## **2.4. Time limit for making complaints**

2.4.1. The complainant 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).

2.4.2. Where a complainant 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).

2.4.3. 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 complainant or useful learning for the GSA.

2.4.4. 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).

2.4.5. Complaints of, or concerning, sexual misconduct will not to be subject to any indicative time limit.

## **2.5. Particular circumstances**

### **2.5.1. Complaints by (or about) a third party**

2.5.1.1. Sometimes a complainant 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 complainant, we must ensure that the complainant has authorised the person to act on their behalf. It is good practice to ensure the complainant understands that 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.

2.5.1.2. The provision of a direct mandate from the complainant in writing will normally be sufficient for us to investigate a complaint. If we consider it is appropriate we can take verbal consent direct from the complainant to deal with a third party, and would normally follow up in writing to confirm this.

2.5.1.3. 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.

2.5.1.4. See also **1.5. Maintaining confidentiality and data protection.**

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

2.5.2.1. 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 **3.5. Stage 2: Investigation**).

2.5.2.2. We define potential high-risk or high-profile complaints as those that may:

- involve a death or terminal illness
- involve serious service failure, for example major delays in service provision or repeated failures to provide a service
- generate significant and on-going press interest
- pose a serious operational risk to the GSA; or
- present issues of a highly sensitive nature.

### **2.5.3. Anonymous complaints**

2.5.3.1. 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 is enough information in the complaint to enable us to make further enquiries. In situations where complainants remain anonymous, investigation may be limited. Any decision not to pursue an anonymous complaint must be authorised by the Academic Quality Office.

2.5.3.2. 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.

2.5.3.3. 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 may instead be covered by the [Child Protection Policy](#), [Adult Protection Policy](#), [Student Conduct Policy and Misconduct Procedure](#) or [Staff Disciplinary Policy and Procedure](#).

### **2.5.4. What if the person does not want to complain?**

2.5.4.1. If someone 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 them to submit their complaint and allow us to handle it through the CHP. This will ensure they are updated on the action taken and get a response to their complaint.

2.5.4.2. If the person 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).

### **2.5.5. Complaints involving more than one area or organisation**

2.5.5.1. If a complaint relates to the actions of two or more departments / schools, we will tell the complainant who will take the lead in dealing with the complaint, and explain that they will get only one response covering all issues raised. The nature of the complaint may also require parallel procedures to be initiated (such as academic appeal or disciplinary procedures). See **2.5.8.1. Complaints and appeals**.

2.5.5.2. If we receive a complaint about the service of another organisation or public service provider, but we have no involvement in the issue, the complainant should be advised to contact the appropriate organisation directly.

2.5.5.3. 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 GSA through the CHP. Where the complaint relates to a Joint Programme with the University of Glasgow, the complaint will follow the route as set out in the relevant Joint

Programme Framework Agreement. If we need to contact an outside body about the complaint, we will be mindful of data protection. See **1.5 Maintaining confidentiality and data protection**.

2.5.5.4. Such complaints may include, for example:

- a complaint made in relation to provision of third-party services, for example IT systems
- a complaint made about a service that is contracted out, such as catering services; or
- a complaint made to the GSA about a student loan where the dissatisfaction relates to the service we have provided and the service the Student Awards Agency for Scotland has provided.

### **2.5.6. Complaints about contracted services**

2.5.6.1. 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 GSA's standard (including in relation to complaints). We will either do so by:

- 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 complainant is signposted to the SPSO.

2.5.6.2. 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.

2.5.6.3. The GSA has discretion to investigate complaints about organisations contracted to deliver services on its behalf even where the procedure has normally been delegated.

### **2.5.7. Complaints about senior staff**

2.5.7.1. Complaints about senior 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 senior staff, it is particularly important that the investigation is conducted by an individual who is independent of the situation. We have strong governance arrangements in place that set out clear procedures for handling such complaints.

### **2.5.8. Complaints and other processes**

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.

#### **2.5.8.1. Complaints and appeals**

2.5.8.1.1. 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.

2.5.8.1.2. 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.

2.5.8.1.3. In determining which process applies, we may need to clarify our approach with the complainant (for example, where the complainant is focussed solely on the appeal outcome they may not wish to also pursue a complaint). However, we will not normally ask the complainant to resubmit issues they have already raised (for example, to reframe part of their appeal as a complaint).

2.5.8.1.4. 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.

2.5.8.1.5. 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.

### **2.5.8.2. Complaints and student conduct procedures**

2.5.8.2.1. A concern about the conduct of another student is not a complaint, and should be handled under the [Student Conduct Policy and Misconduct Procedure](#). However, the person may wish to complain about how the GSA 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.

### **2.5.8.3. Complaints and service requests**

2.5.8.3.1. If someone asks the GSA to do something (for example, provide a service or deal with a problem), and this is the first time they have contacted us, this would normally be a routine service request and not a complaint.

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

### **2.5.8.4. Complaints and staff disciplinary or whistleblowing processes**

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

2.5.8.4.2. 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 GSA failed to meet our service standards and what we have done to improve things, in general terms.

2.5.8.4.3. 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, to show how conclusions were reached. We will need to bear this in mind when planning any elements of the investigation that might overlap with other processes (for example, if staff are interviewed for the purposes of both the complaint and a disciplinary procedure, they should be informed that the content of the interview may be required to be made available to the SPSO).

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

#### **2.5.8.5. Complaints and compensation claims**

2.5.8.5.1. Where someone is seeking financial compensation only, this is not a complaint. However, in some cases the person 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.

#### **2.5.8.6. Complaints and legal action**

2.5.8.6.1. Where a complainant says that legal action is being actively pursued, this is not a complaint.

2.5.8.6.2. Where a complainant 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 investigator and/or the Academic Quality Office (at [complaints@gsa.ac.uk](mailto:complaints@gsa.ac.uk)) 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.

2.5.8.6.3. If an issue has been, or is being, considered by a court, we must not consider the same issue under the CHP.

## **2.6. What to do if the CHP does not apply**

2.6.1. 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 complainant 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.

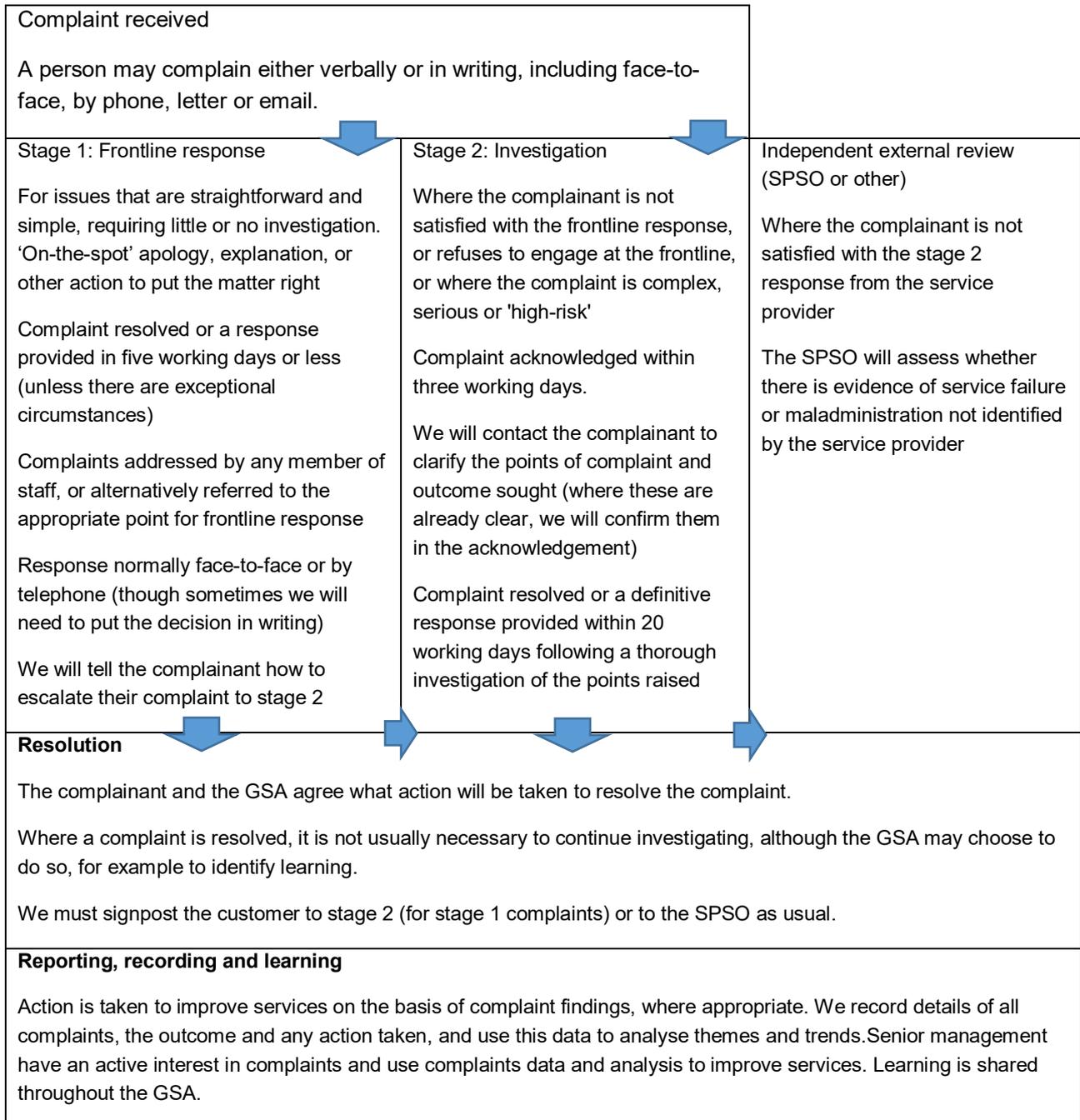
2.6.2. Where a complainant continues to contact us about the same issue, we will explain that we have already given them our final response on the matter and signpost them to the SPSO. We may also consider whether we need to take action.

2.6.3. The SPSO has issued a [template letter for explaining when the CHP does not apply](#).

## Part Three – The Complaints Handling Process

### 3.1. The complaints handling process

3.1.1. 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 complainant's satisfaction. Where this is not possible, we will give the complainant a clear and reasoned response to their complaint.



## 3.2. Resolving the complaint

3.2.1. A complaint is **resolved** when both the GSA and the complainant agree what action (if any) will be taken to provide full and final resolution for the complainant, without making a decision about whether the complaint is upheld or not upheld.

3.2.2. We will try to resolve complaints wherever possible, although we accept this will not be possible in all cases.

3.2.3. 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 complainant or where the complaint relates to an ongoing issue that may give rise to future complaints if the matter is not fully resolved.

3.2.4. It may be helpful to use alternative complaint resolution approaches when trying to resolve a complaint. See **3.5.8.5. Alternative complaint resolution approaches**.

3.2.5. 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 complainant'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.

3.2.6. In all cases, we must record the complaint outcome (resolved) and any action taken, and signpost the complainant to stage 2 (for stage 1 complaints) or to the SPSO as usual (see **3.5.10. Signposting to the SPSO**).

3.2.7. If the complainant and the GSA 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.

## 3.3. What to do when you receive a complaint

3.3.1. 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 complaint (or complaints)?**

It is important to be clear exactly what the complaint is about. We may need to ask the complainant for more information and probe further to get a full understanding.

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.

If the matter is not suitable for handling as a complaint, we will explain this to the complainant (and signpost them to SPSO). There is detailed guidance on this step in **Part Two – When to use this procedure**.

In most cases, this step will be straightforward. If it is not, the complaint may need to be handled immediately at stage 2 (see **3.5 Stage 2: Investigation**).

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

At the outset, we will clarify the outcome the complainant wants. Of course, the complainant 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?**

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.

The complainant may expect more than we can provide. If so, we will tell them as soon as possible.

Complaints which can be resolved or responded to quickly should be managed at stage 1 (see **3.4 Stage 1: Frontline response**).

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

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.

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 complainant refuses to engage at stage 1, insisting that they want their complaint investigated, it should be handled immediately at stage 2. See **3.5 Stage 2: Investigation**.

### **3.4. Stage 1: Frontline response**

3.4.1. Frontline response aims to respond quickly (within five working days) to straightforward complaints that require little or no investigation.

3.4.2. 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.

3.4.3. 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](#).

3.4.4. Complaints which are not suitable for frontline response should be identified early, and handled immediately at stage 2: investigation.

#### **3.4.5. Notifying staff members involved**

3.4.5.1. If the complaint is about the actions of a staff member, the complaint should be shared with them, where possible, before responding (although this should not prevent us responding to the complaint quickly).

#### **3.4.6. Timelines**

3.4.6.1. Frontline response must be completed 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 on a weekend or public holiday, or after 5PM). Academic holidays should be counted as normal working days (except for weekends or public holidays).

#### **3.4.7. Extension to the timeline**

3.4.7.1. 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 an appropriate manager. We will tell the complainant 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).

3.4.7.2. 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.

3.4.7.3. If a complaint has not been closed within ten working days, it should be escalated to stage 2 for a final response.

3.4.7.4. **Appendix 1** provides further information on timelines.

#### **3.4.8. Closing the complaint at the frontline response stage**

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

- tell the complainant 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 **3.2 Resolving the complaint**); and
- explain that the complainant 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 complainant has completed stage 2).

3.4.8.2. We will keep a full and accurate record of the decision given to the complainant. If we are not able to contact the complainant 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.

3.4.8.3. 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.

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

3.4.8.5. At the earliest opportunity after the closure of the complaint, the staff member handling the complaint should consider whether any learning has been identified. See **4.2.4. Learning from complaints**.

## **3.5. Stage 2: Investigation**

3.5.1. 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 complainant 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 complainant 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 (see **2.4. Time limit for making complaints**)
- the complaint is not simple and straightforward (for example, where the complainant 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 (see **2.5.2. Serious, high-risk or high-profile complaints**)

3.5.2. 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 complainant 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).

3.5.3. 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.

3.5.4. The beginning of stage 2 is a good time to consider whether complaint resolution approaches other than investigation may be helpful (see **3.5.8.5. Alternative complaint resolution approaches**).

### **3.5.5. Acknowledging the complaint**

3.5.5.1. Complaints must be acknowledged within three working days of receipt at stage 2.

3.5.5.2. We must issue the acknowledgement in a format which is accessible to the complainant, taking into account their preferred method of contact.

3.5.5.3. Where the points of complaint and expected outcomes are clear from the complaint, we must set these out in the acknowledgement and ask the complainant to get in touch with us immediately if they disagree. See **3.5.6 Agreeing the points of complaint and outcome sought**.

3.5.5.4. Where the points of complaint and expected outcomes are not clear, we must tell the complainant we will contact them to discuss this.

### **3.5.6. Agreeing the points of complaint and outcome sought**

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

3.5.6.2. Where the points of complaint and outcome sought are clear, we can confirm our understanding of these with the complainant when acknowledging the complaint (see **3.5.5. Acknowledging the complaint**).

3.5.6.3. Where the points of complaint and outcome sought are not clear, we must contact the complainant to confirm these. We will normally need to speak to the complainant (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 that both we and the complainant have a shared understanding of the complaint. When contacting the complainant we will be respectful of their stated preferred method of contact. We should keep a clear record of any discussion with the complainant.

3.5.6.4. 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 complainant (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 complainant insists on an unreasonably large number of complaints being separately investigated, or on framing their complaint in an abusive way). Where relevant, we will manage any such cases in accordance with our [Student Conduct Policy and Misconduct Procedure](#), 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 (see **2.6. What to do if the CHP does not apply**).

- **What outcome does the complainant want to achieve?**

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

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

It may be that the complainant 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 complainant as soon as possible.

### **3.5.7. Notifying staff members involved**

3.5.7.1. 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:

- 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
- discuss their willingness to engage with alternative complaint resolution approaches (where applicable); and
- signpost the staff member/s to a contact person in HR 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).

3.5.7.2. If it is likely that internal disciplinary processes may be involved, the requirements of that process should also be met. See also **2.5.8.4. Complaints and staff disciplinary or whistleblowing processes**.

### **3.5.8. Investigating the complaint**

3.5.8.1. 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 GSA responsible?

3.5.8.2 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).

3.5.8.3. If we need to share information within or outwith the GSA, we will be mindful of our obligations under data protection legislation. See **1.5 Maintaining confidentiality and data protection**.

3.5.8.4. The Academic Quality Office will provide staff members investigating complaints with templates to direct their investigation and response.

#### **3.5.8.5. Alternative complaint resolution approaches**

3.5.8.5.1. Some complex complaints, or complaints where complainants 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.

3.5.8.5.2. 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 complainant's desired outcome.

3.5.8.5.3. The SPSO has [guidance on alternative complaint resolution approaches](#).

3.5.8.5.4. If the GSA and the complainant (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

### **3.5.8.6 Meeting with the complainant during the investigation**

3.5.8.6.1. To effectively investigate the complaint, it may be necessary to arrange a meeting with the complainant. 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. Complainants may not wish to, or be able to attend, face-to-face meetings – in which case adjustments may be made (e.g. for telephone/zoom meetings).

3.5.8.6.2. As a matter of good practice, a written record of the meeting should be completed and provided to the complainant. 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.

### **3.5.8.7. Timelines**

3.5.8.7.1. 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 was received on a weekend or public holiday, or after 5PM). 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.

### **3.5.8.8. Extension to the timeline**

3.5.8.8.1. 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 complainant 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 complainant.

3.5.8.8.2. Any extension must be approved by an appropriate manager. We will keep the complainant 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 complainant and any member/s of staff complained about at least once every 20 working days to update them on the progress of the investigation.

3.5.8.8.3. **Appendix 1** provides further information on timelines.

### 3.5.9. Closing the complaint at the investigation stage

3.5.9.1. The response to the complaint should be in writing (or by the complainant's preferred method of contact) and must be signed off by a senior manager who is empowered to provide the final response on behalf of the GSA.

3.5.9.2. We will tell the complainant 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 (this is different to an expression of empathy: see [the SPSO's guidance on apology](#))
- 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 by the SPSO (see **3.5.10. Signposting to the SPSO**).

3.5.9.3. 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. See **3.2 Resolving the complaint**.

3.5.9.4. 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.

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

3.5.9.6. At the earliest opportunity after the closure of the complaint, the staff member handling the complaint should consider whether any learning has been identified. See **4.2.4. Learning from complaints**.

### 3.5.10. Signposting to the SPSO

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

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

- how to contact the SPSO.

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

3.5.10.3. The SPSO recommends that we use the wording below to inform complainants of their right to ask the SPSO to consider the complaint. This information should only be included on the GSA'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 GSA's. 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 GSA, 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 GSA'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 Scotland  
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.

Freepost: 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)

**3.5.11. Post-closure contact**

3.5.11.1. If a complainant contacts us for clarification when they have received our final response, we may have further discussion with the complainant to clarify our response and answer their questions. However, if the complainant 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.

## Part Four - Governance

### 4.1. Roles and responsibilities

4.1.1. All staff will be made 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 role in the resolution any complaints they may be called upon to assist with.

4.1.2. 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.

4.1.3. Senior management will ensure that:

- The GSA's final position on a complaint investigation is signed off by an appropriate manager or officer in order to provide assurance that this is the definitive response of the GSA 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 is 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 GSA; and
- complaints information is used to improve services, and this is evident from regular publications.

4.1.4. The roles and responsibilities of key staff are outlined below:

4.1.4.1. **The Director** 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 Director 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 Director of the quality of complaints performance.

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

- ensuring that performance monitoring for complaints is a feature of the service/management agreements between the GSA and contractors

- setting clear objectives in relation to this complaints procedure and putting appropriate monitoring systems in place to provide the GSA with an overview of how the contractor is meeting its objectives.

4.1.4.2. **Heads of School or Members of the Senior Leadership Group responsible for Support Departments** 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 complainants, so they should be satisfied that the investigation is complete and their response addresses all aspects of the complaint.

4.1.4.3. **Complaints investigators** are responsible and accountable for the management of the investigation. They may work in a particular School/Department or as part of a centralised team, and will be involved in the investigation and in coordinating all aspects of the response to the complainant. 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 GSA. Heads of Schools/Departments must nominate members of staff from their areas to be trained and serve as complaints investigators. Investigators will be allocated by the Academic Quality Office. Any instances of potential conflict should be raised with the Academic Quality Office.

4.1.4.4. **The Director of Human Resources** is responsible for ensuring training on the CHP is available for all new staff. **Senior Staff** are responsible for ensuring staff undertake this training.

4.1.4.5. **The GSA's 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.

4.1.4.6. **All staff** must be aware of the CHP and how to handle and record complaints at the frontline resolution stage. They should also be aware of who to refer a complaint to, in case they are not able to personally handle the matter. We encourage all staff to try to resolve complaints early, as close to the point of service delivery as possible, and quickly to prevent escalation.

## **4.2. Recording, reporting, learning from and publicising complaints**

4.2.1. Complaints provide valuable feedback. One of the aims of the CHP is to identify opportunities to improve services across the GSA. 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.

4.2.2. We also have arrangements in place to ensure complaints about contractors are recorded, reported on and publicised in line with this CHP.

### **4.2.3. Recording complaints**

4.2.3.1. 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 complainant'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).

4.2.3.2. If the complainant does not want to provide any of this information, we will reassure them that it will be managed appropriately, and record what we can.

4.2.3.3. Individual complaint files will be stored in line with our document retention policy.

### **4.2.4. Learning from complaints**

4.2.4.1. 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.

4.2.4.2. Learning may be identified from individual complaints (regardless of whether the complaint is upheld or not) and from analysis of complaints data.

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

- the action needed to improve services must be authorised by an appropriate manager

- an officer (or team) will 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.

4.2.4.4. SPSO has guidance on **Learning from complaints**.

4.2.4.5. 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.

#### 4.2.5. Reporting of complaints

4.2.5.1. 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.

4.2.5.2. We will report at least **quarterly** to senior management and at least annually to the Board 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).

#### 4.2.6. Publicising complaints information

4.2.6.1. We publish on a **quarterly** basis information on complaints outcomes and actions taken to improve services.

4.2.6.2. 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 that we value complaints.

4.2.6.3. 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.

4.2.6.4. These reports must be easily accessible to members of the public and available in alternative formats as requested.

## Part Five – Appendices

### 5.1. Appendix 1 – Timelines

#### 5.1.1. General

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.

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 require an extension to these timelines.

Complaints received after 5PM on working days will be dated as having been received on the following working day.

#### 5.1.2. Timelines at frontline response (stage 1)

We will aim to achieve frontline response within five working days. The date of receipt is **day one**, and the response should be provided (or the complaint escalated) on **day five**, at the latest.

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.

#### 5.1.3. Transferring cases from frontline response to investigation

If the complainant 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 complainant is told this will happen.

#### 5.1.4. Timelines at investigation (stage 2)

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 complainant asks for an investigation or expresses dissatisfaction after a decision at the frontline response stage; or
- the date we receive the complaint, if it is handled immediately at stage 2.

We must acknowledge the complaint within three working days of receipt at stage 2 i.e. by **day three**.

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.

Exceptionally, we may need longer than the 20 working day limit for a full response. If so, we will explain the reasons to the complainant, and update them (and any staff involved) at least once every 20 working days.

### 5.1.5. Frequently asked questions

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

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).

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

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.

If we cannot meet the extended timeframe at stage 2, a further extension may be approved by an appropriate manager 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 complainant and give them a revised timeframe for completion. We must update the complainant and any staff involved in the investigation at least once every 20 working days.

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

Unless exceptional circumstances exist, complainants 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). See **2.4. Time limit for making complaints.**

## 5.2. Appendix 2 – The Complaint Handling Process (flowchart for staff)

