

# Complaints Procedure

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## 1. Introduction

The Royal Academy of Engineering is committed to providing the highest quality service to all our beneficiaries and stakeholders in line with our values, safeguarding and anti-bullying and harassment policies and codes of conduct for staff and Fellows.

We recognise that we don't always get things right and when this happens it is important that we receive feedback so that we can learn from our mistakes and improve our organisation.

We take your complaints seriously and we make the following commitments:

- The procedure is as fair and as transparent as possible and is accessible to all regardless of age, disability, gender, ethnicity, belief or sexual orientation.
- Your complaint will be dealt with efficiently and will be investigated promptly.
- Making a complaint will not harm or prejudice you in your engagement with the Academy's activities.
- You will be treated with respect and courtesy and receive appropriate support throughout the handling of the complaint.
- Learning from complaints will be used to improve the Academy's work and drive forward our culture of continuous improvement. Our Audit and Risk Committee will review the complaints we receive and the actions we put in place.

This complaints procedure is the mechanism by which people external to the Academy can provide feedback to us on our work.

## 2. Scope

This procedure applies to all complaints received by the Academy whether they are made verbally, in writing, or through electronic communication channels. Complaints may relate to any aspect of our operations, services, or interactions with stakeholders, including but not limited to:

- Fundraising practices
- Programme delivery
- Research
- Conduct of staff or volunteers
- Treatment of beneficiaries, awardee, fellows
- Use of resources
- Compliance with laws, regulations, and organisational policies

There are separate procedures for specific complaints or incidents that should be followed:

- Safeguarding
- Whistleblowing
- Anti-Bullying & Harassment

### 3. Roles & Responsibilities

- **Board of Trustees:** The Board of Trustees holds ultimate responsibility for ensuring compliance with all relevant laws, regulations, and organisational policies. Very serious incidents are reported to the Trustee Board for oversight or advice when required.
- **Audit & Risk Committee:** In cases where complaints involve significant risks to the Academy, the audit and risk committee are made aware of the complaint and response to ensure the process and response are adequate.
- **Chief Operating Officer:** is responsible for overseeing the implementation of the Complaints Procedure.
- **Head of Governance Risk & Compliance;** Involved in the development and review of the Complaints Procedure. Also provides governance oversight of the complaint handling process. ensure that appropriate governance structures are in place to oversee complaint resolution, escalation, and reporting.
- **Governance Team:** the team is responsible for responding and provide timely response to complaints. They act as the first point of contact for complaints. Ensure all complaints are logged as well as the denylist where applicable.

### 4. How to make a complaint

If you wish to make a complaint, you can do this by email, telephone or post.

- Email: [complaints@raeng.org.uk](mailto:complaints@raeng.org.uk)
- Telephone: 020 7766 0752
- Post: **Head of Governance Risk and Compliance**, Royal Academy of Engineering, Prince Philip House, 3-4 Carlton House Terrace, London SW1Y 5DG

Please provide comprehensive details pertaining to the complaint, including names of involved individuals, incident date, specific incident details (time, date, witnesses), and any accompanying supporting documentation or evidence.

### 5. Who can make a complaint?

- **Employees:** HR policies and procedures should be used where appropriate (e.g., Grievance Policy). Any employee of the Academy who believes they have witnessed or experienced behaviour, actions, or practices that violate organisational policies, ethical standards, or legal requirements has the right to make a complaint.
- **Award Beneficiaries or Clients:** Individuals or groups benefiting from the Academy's services or programs who encounter instances of misconduct, mistreatment, or non-compliance with organisational standards are eligible to make complaints.



- **Fellows & Donors:** Donors, sponsors, or other stakeholders contributing to the Academy who have concerns regarding the use of funds, transparency, or ethical practices can submit complaints.
- **Contractors or Service Providers:** External parties contracted or engaged by the charity organisation who become aware of unethical behaviour, conflicts of interest, or violations of contractual agreements may file complaints.
- **Board Members:** Members of the board of trustees or directors who become aware of potential misconduct, breaches of fiduciary duty, or other governance-related issues can raise complaints.
- **Third-Party Observers:** Individuals or entities external to the Academy who observe or become aware of conduct or practices that may constitute misconduct, fraud, or non-compliance with legal or ethical standards may submit complaints.
- **Anonymous Sources:** While encouraged to provide identifying information, anonymous complaints are accepted to protect the confidentiality and safety of the complainant, especially in cases involving sensitive matters or potential retaliation.

## **6. Our Complaints process.**

- I. **Submission of Complaints:** Complaints can be lodged either in person, via telephone, email, or by post. It's imperative that complaints encompass pertinent particulars, including the complaint's nature, names of involved individuals, dates, incident details (timing, date), witnesses, and any accompanying supporting documentation or evidence.
- II. **Acknowledgements:** Upon receipt of a complaint, by the Governance team the following is carried out
  - a. Send acknowledgement within 2 days of receipt by email and 5 days by post.
  - b. Provide information about the complaint handling process and expected timelines for resolution where applicable.
  - c. When the complaint has been made verbally, it must be documented as closely as possible to the verbal complaint
  - d. Must include the name and title of the complaints handler who will be the point of contact for the complainant throughout the complaints process.
  - e. All complaints are recorded on an internal management system by the governance team. This enables us to monitor the progress of complaints and provide annual reports on complaints.
- III. **Investigation:** The Head of Governance, Risk and Compliance will assess the complaint and will assign it to the most appropriate person. The relevant person assigned the complaint will identify the issue to be investigated, gathering evidence and documenting the facts. If your complaint is regarding a member of the Academy's executive leadership team, the complaint will be handled by the Chair of the Audit & Risk Committee. If the complaint is about a member of the Trustee Board, the complaint will be handled by the Governance Trustee.



- IV. **Resolving the complaint:** You will be informed of the progress of investigation for resolving the complaint within 2 weeks of receipt. The complexity of the complaint will determine the time for investigating and completing the process.

Where possible, any action taken in light of the outcome of your complaint will be explained to you. This will be communicated to the complainant in writing, verbally, or through other agreed-upon means. The response should contain the following:

- Include an explanation of how the complaint has been considered.
- Provide information about who has been involved in the investigation.
- Include a meaningful apology where it is due.
- Refer to any records, documents or guidelines that have been considered.
- Conclude and evidence how a decision was reached.
- Tell the complainant what has been done to put things right where appropriate.

If you are satisfied with the outcome of the actions taken, the complaint will be recorded as resolved and closed.

- V. **Appealing the outcome:** If you are not satisfied with the outcome of the decisions regarding your complaint, you can ask for a further review of the decisions made.

In this instance, you will need to contact the Head of Governance Risk and Compliance to appeal the outcome stating why you remain dissatisfied and, without prejudice, what further action or remedy you wish to be taken.

The complaint will be escalated to The Chief Operating officer internally who will receive all the original investigation material and your appeal.

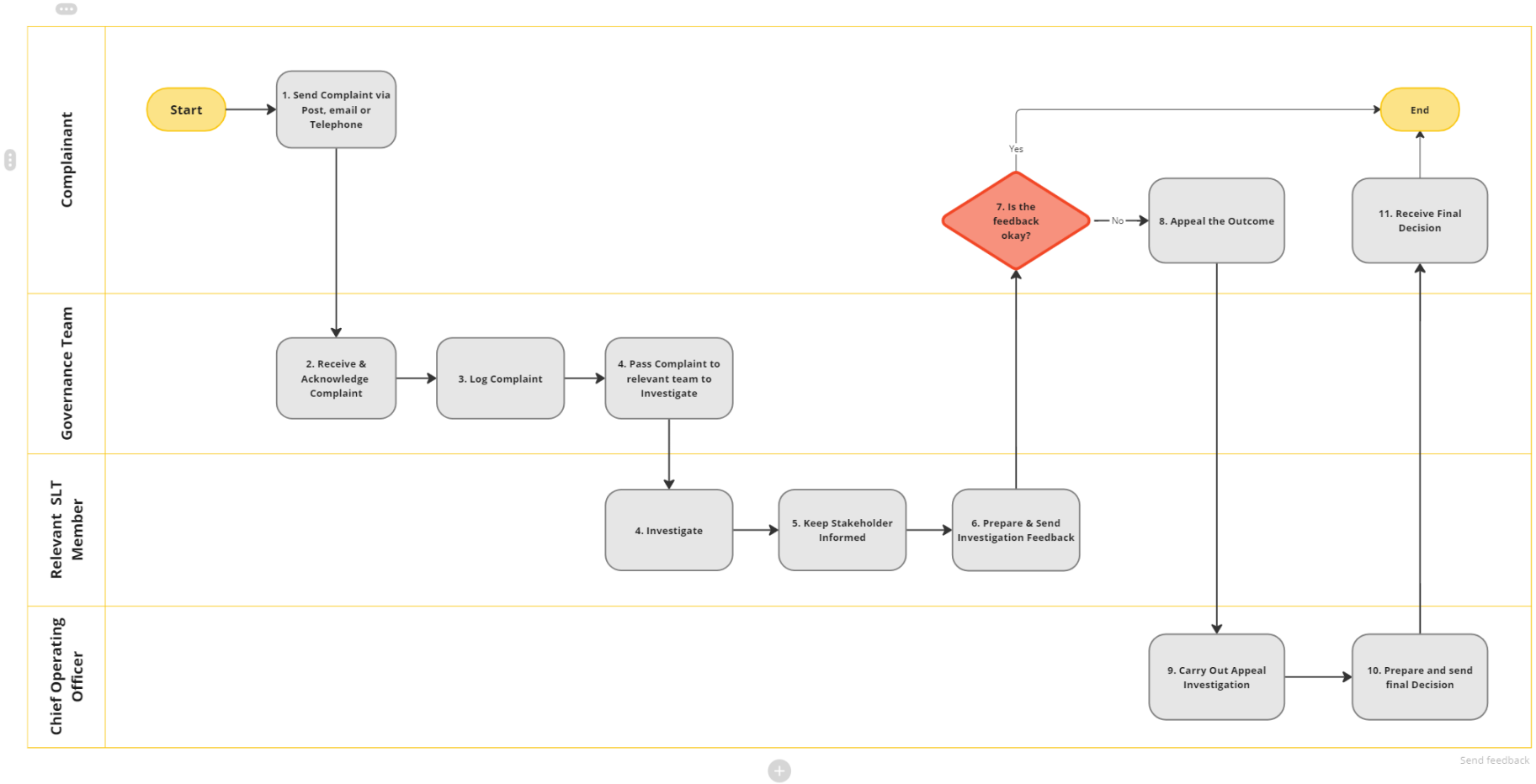
Once this appeal investigation has taken place, you will be informed of the final decision.

#### VI. **External complaint**

If you are still not satisfied with the outcome of your complaint, you can contact the Charity Commission and follow their process for making a complaint. You can do this by following the link below:

<https://forms.charitycommission.gov.uk/raising-concerns/>

### 7. Complaint Process Flowchart –







## **8. Confidentiality and Consent**

### **Confidentiality:**

- All complaints received by the Academy will be treated with the utmost confidentiality and discretion.
- Information provided by the complainant, witnesses, or any involved parties will only be disclosed to individuals directly involved in the investigation and resolution process on a need-to-know basis.
- Confidentiality will be fully maintained if possible, respecting the privacy and anonymity of the complainant and other parties involved, unless disclosure is required by law or necessary for the investigation and resolution of the complaint.

### **Consent:**

- By submitting a complaint, the complainant consents to the collection, use, and disclosure of their personal information for the purposes of investigating and resolving the complaint.
- The Academy may contact the complainant or other relevant parties for additional information, clarification, or updates related to the complaint, with their consent.
- Any disclosure of information beyond what is necessary for the investigation and resolution of the complaint will require the express consent of the complainant, unless mandated by law or regulatory requirements.

### **Limits of Confidentiality:**

- While every effort will be made to maintain confidentiality, it is important to note that complete confidentiality cannot be guaranteed, particularly if legal or regulatory obligations require disclosure of information.
- The Academy reserves the right to disclose information related to the complaint to appropriate authorities, regulatory bodies, legal counsel, or other third parties as necessary to comply with legal obligations or protect the rights, safety, and interests of individuals or the organisation.

### **Retention of Records:**

- Records related to complaints, including documentation of investigations, findings, and resolutions, will be retained by the charity organisation in accordance with the Academy's Data Retention policy.
- Access to complaint records will be restricted to authorized personnel involved in the investigation and resolution process, subject to confidentiality obligations.

By submitting a complaint, the complainant acknowledges their understanding of and consent to the confidentiality and consent clause outlined above.

## **9. Persistent and unreasonable contact**

### **Identifying persistent and unreasonable contact**

There is no one single feature of unreasonable behaviour. Examples of behaviour may include those who:



- Persist in pursuing an issue when the procedures have been fully and properly implemented and exhausted.
- Do not clearly identify the precise issues that they wish to be investigated, despite reasonable efforts by staff, and where appropriate, the relevant independent advocacy services could assist to help them specify their complaint.
- Continually make unreasonable or excessive demands in terms of process and fail to accept that these may be unreasonable e.g. insist on responses to complaints being provided more urgently than is reasonable or is recognised practice.
- Continue to focus on a 'trivial' matter to an extent that it is out of proportion to its significance. It is recognised that defining 'trivial' is subjective and careful judgment must be applied and recorded.
- Change the substance of a complaint/concern or seek to prolong contact by continually raising further issues in relation to the original contact. Care must be taken not to discard new issues that are significantly different from the original issue. Each issue of concern may need to be addressed separately.
- Consume a disproportionate amount of time and resources.
- Threaten or use actual physical violence towards staff.
- Have harassed or been personally abusive or verbally aggressive on more than one occasion (this may include written abuse e.g. emails).
- Repeatedly focus on conspiracy theories and/or will not accept documented evidence as being factual.
- Make excessive telephone calls or send excessive numbers of emails or letters to staff.

### **Responding to persistent and/or unreasonable Contact**

It is important to ensure that the details of a complaint/concern are not lost because of its presentation. There are several points to bear in mind when considering imposing restrictions upon a person.

These may include:

- Ensuring the person's case is being, or has been dealt with appropriately, and that reasonable actions will follow, or have followed, the final response.
- Confidence that the person has been kept up to date and that communication has been adequate with the complainant prior to them becoming unreasonable or persistent.
- Checking that new or significant concerns are not being raised, that requires consideration as a separate case.
- Applying criteria with care, fairness and due consideration for the person's circumstances – bearing in mind that physical or mental health conditions may explain difficult behaviour. This should include the impact of bereavement, loss or significant/sudden changes to the person's lifestyle, quality of life or life expectancy.
- Considering the proportionality and appropriateness of the proposed restriction in comparison with the behaviour, and the impact upon staff.
- Ensuring that the person has been advised of the existence of the policy and has been warned about and given a chance to amend their behaviour.
- Consideration should also be given as to whether any further action can be taken prior to escalating matter. This might include:



- The Head Governance Risk & Compliance consults members of the Senior Leadership Team with no previous involvement, to give an independent view.
- Where there are multiple contact points, consider a strategy to agree a cross- departmental approach.
- Consider whether the assistance of an advocate may be helpful.
- Consider how communication with the person could be managed, which may include:
  - Time limits on telephone conversations and contacts.
  - Restricting the number of calls that will be taken or agreeing a timetable for contacting the service.
  - Requiring contact to be made with a named member of staff and agreeing when this should be.
  - Requiring contact via a third party e.g. advocate.
  - Limiting the person to one mode of contact.
  - Informing the person of a reasonable timescale to respond to correspondence.
  - Informing the person that future correspondence will be read and placed on file, but not acknowledged.
  - Advising that the Academy does not deal with calls or correspondence that are abusive, threatening, offensive or discriminatory.
  - Asking the person to enter into an agreement about their conduct.

### **Escalating persistent and/or unreasonable behaviour.**

Where a person's contact has been identified as persistent and/or unreasonable, and the situation is not improving despite our best efforts, the matter should be escalated to the appropriate Director and the Head of Governance, Risk and Compliance.

A summary report of the incident should be produced so that all relevant information is available for a decision to be made. The Head of department or equivalent director should be consulted as part of the decision-making process.

Once a decision has been made, depending on where the focus of communication has taken place, the Head of Governance Risk & Compliance and in absence or other appropriate Leadership Team member will write to the person informing them that:

- Their complaint/concern is being investigated and a response will be prepared and issued as soon as possible within the timescales agreed or;
- Their complaint/concern has been responded to as fully as possible and there is nothing to be added.

Additionally:

- That repeated contact regarding the complaint/concern in question is not acceptable and that further calls will be terminated and;
- That any further correspondence will not be acknowledged.

All appropriate staff should be informed of the decision so that there is a consistent and co-ordinated approach across the Academy (ensuring that only information pertaining to the restriction is made available rather than information relating to the subject of the case).

If the person raises any new issues, then they should be dealt with in the usual way.

Open cases will be reviewed by the Operations leadership team monthly aim to review status and make recommendations.

There may be rare occasions when the nature of the contact requires immediate and urgent action such as involving emergency services in order to safeguard either the person or staff member (or both). In these circumstances follow usual safeguarding processes and retrospectively apply the persistent and/or unreasonable as necessary

### **Record keeping**

Ensure that adequate records are kept of all contact with persistent and/or unreasonable contacts.

Consideration should be given as to whether the Academy should take further action, such as reporting the matter to the police, taking legal action, or using the risk management or health and safety procedures to follow up such an event in respect of the impact upon staff.

### **10. Deny Contact List**

If decision is made to no longer communicate with the complainant.

- The Governance team will update Deny Contact List.
- A mail will be sent to reception notifying them of the update and further instructions.
- Where applicable an automatic block should be applied.

### **11. Procedure Monitoring and Review**

All procedure breaches shall be escalated to the Chief Operating Officer for further action. Any violations of the policy by employee may be subject to disciplinary action in accordance with the disciplinary process.