

FEEDBACK, COMPLAINTS AND APPEALS POLICY

Version history

Note: This policy was originally created in 2009. However, detailed version history prior to the 2023 review is not available. For clarity and consistency, the December 2023 review has been recorded as Version 1.0, and version tracking will be maintained from this point onward.

Version	Date	Changes Made	Next review date
1.0	December 2023	<p>Minor changes to roles referred to in the policy to align with current organisation structure.</p> <p>Updated links and external organisation names</p> <p>Included references to key policies</p> <p>updated guidance for alternative complaint routes for immigration service (2.8)</p> <p>Provided clarity on different escalation routes required for different services (10.2, 10.6)</p>	December 2025
2.0	November 2025	<p>Updated clause 2.3 to include definitions of key terms</p> <p>Update to clause 3.2 to better align recording instructions.</p> <p>Update to clause 3.5 to explicitly reference that managers are responsible of ensuring that a client is not subject to reprisal for making a complaint.</p> <p>Update to clause 3.6 to store complaints from clients on InForm unless relating to a member of staff.</p> <p>Additions of clauses 9.2 and 10.2 to set time limits for raising second and third stage complaints.</p> <p>Updated references to OISC to IAA</p> <p>Updated references of the Service Development Committee to the Operations and Oversight Committee. Added clarity to clause 12.2 that this committee will receive a report every 6 months on complaints.</p>	December 2027

1 Introduction

The centre embraces all feedback as an opportunity to learn and improve our practice. This policy explains how the Cardinal Hume Centre (“the Centre”) receives and processes feedback from clients and the public, including suggestions, compliments, concerns and complaints. In the case of complaints, it also details the complainant’s right to appeal and how appeals are handled.

The policy is regularly monitored – see section 12. We actively invite everyone who is affected by the policy to tell us their views and help improve how it works in practice. We welcome all feedback to improve outcomes for clients.

2 Scope of this policy

2.1 Giving and receiving informal feedback should be a regular part of maintaining good relationships within the Centre. This policy offers routes to obtain a formal response to feedback from current and potential clients, ex-clients, volunteers, partners of the centre, visitors/guests and other members of the public (eg. neighbours).

2.2 The policy covers:

- Feedback about a service received, refused or unreasonably withheld.
- Feedback about how the Centre operates, eg. safety; buildings and equipment; policies and management; information we have recorded about a client.
- Feedback about how the centre raises funds.
- Feedback about staff and other users of the Centre.

2.3 The term Feedback includes suggestions, complaints or concerns, and compliments. A ‘complaint’ is any expression of dissatisfaction with our services, whether justified or not.

A ‘concern’ is any expression of worry, doubt or an unresolved issue considered to be important for which reassurance is sought.

A ‘suggestion’ is any idea for improving or changing how the Centre operates.

A ‘compliment’ is any expression of positive sentiment about the Centre including its staff or volunteers.

2.4 Feedback relating to abuse and neglect should be dealt with using [the Centre’s Safeguarding Children/Vulnerable Adult policies](#).

2.5 The centre also has further policies that relate to how to make complaints in specific circumstances. In particular, people should be aware of:

- [whistleblowing policy](#) that outlines how staff can raise concerns about practices within the organisation.
- [Discrimination, bullying, harassment and victimisation policy](#)

2.6 The Centre may stop investigation of a complaint if it becomes apparent that it relates to criminal activity and should be referred onto the police.

2.7 If a complaint relates to the safety of resident/s of the hostel, The Centre must report it immediately to the Authorised Officer at Westminster Council.

- 2.8 Clients using the Centre's Immigration service can raise a concern or complaint directly to the [Immigration Advice Authority](#) (IAA) at any time. Where the client is being supported by a solicitor at the centre, they can raise a complaint with the [Legal Ombudsman](#) (Address: the Legal Ombudsman PO Box 6167, Slough, SL1 0EH)
- 2.9 Where a third-party service is offered at the Centre the Service Level Agreement between the provider and the Centre should specify if the provider requires their own Complaints policy to be used. In all other cases the Centre's Feedback and Complaints policy will apply.

3. The Policy

- 3.1 The Cardinal Hume Centre values all feedback. We will therefore promote a culture in which everyone can give feedback openly and from which we learn as an organisation.
- 3.2 We will make it easy for clients to give feedback to the Centre, both positive and negative. This includes publicising the policy in ways that are easily accessible to clients.
- 3.3 Everyone working in the Centre, whether employee, volunteer, contractor or trustee, is empowered to hear feedback and complaints from clients, supporters of the charity and the general public and should be familiar with the policy. Training will be given where appropriate to support this approach.
- 3.4 We will investigate complaints where the events described in the complaint took place within the previous 3 months, unless there is a statutory or safeguarding reason that compels The Centre to consider historic complaints.
- 3.5 We will follow up on all feedback, including complaints, promptly and fairly. Feedback and complaints will not affect the quality of support that we give to a client. All managers are responsible to ensure that no client is subject to any reprisal for making a complaint or representation.
- 3.6 All feedback from clients will be recorded on InForm under the CCIA section, together with all related correspondence, for monitoring purposes. The only exception is when a complaint relates to a member of staff and it is decided that confidentiality is required. In these circumstances, This will be stored in line with our data retention policies.

Procedures for implementing the policy

4 Hearing and acknowledging feedback

- 4.1 The Centre welcomes all feedback and offers clients and others a range of means by which to provide this. This can be orally or in writing and can be to any staff member or via mail/email/website/suggestion box.
- 4.2 All staff are trained in how to capture and deal with feedback procedure. A guidance note for staff is attached as annex 1, and a process flow chart is attached as annex 3. The Centre will identify a named person responsible for maintaining each of the other feedback channels.

- 4.3 Where feedback is given orally to a staff member, that staff member should ask the giver whether they want it to be recorded. If so, the recipient should note the feedback and ask the giver to confirm their notes are an accurate reflection, either through signing a copy of the notes, or replying to an email with words to that effect. A [template feedback form is available on SharePoint](#). If the giver does not want the feedback recorded the recipient should note that the feedback will be passed on to the appropriate Service Manager, but there is no guarantee that any further action will be taken.
- 4.4 The person giving feedback can choose to remain anonymous when feedback is recorded. If anonymity is requested in a situation where an investigation is required, the investigating manager should consider whether this is possible. If there is a high likelihood that an investigation would result in anonymity being compromised, we may be limited in how we can progress. The investigating manager must explain this to the person giving the feedback and discuss options moving forward.
- 4.5 All feedback should be forwarded to the relevant Manager on the day it is received. If the Manager is absent from the office e.g. on leave, or if the feedback appears to be a complaint against the Manager then it should be forwarded to the relevant member of the Senior Management Team.
- 4.6 The Manager will decide what type of feedback (complaint, compliment, suggestion, etc). and how to deal with it, taking into account the guidance in sections 6 to 12 below and the Centre's wider policies.
- 4.7 The Manager will acknowledge the feedback to the client within 2 working days, advising them how this will be taken forward. This will usually be in writing (letter or email), although if the client has e.g. literacy/language difficulties then this may require a further meeting or call. A template for the acknowledgement letter is available on SharePoint:
- [Complaint acknowledgement template](#)
 - [Complaint response template](#)
 - [Feedback response template](#).
- 4.8 The Manager will log the feedback and date of acknowledgment on the relevant platform depending on the service.

5 Compliments

- 5.1 Where the feedback is a compliment the Manager should congratulate all the staff members/volunteers who are linked to the compliment.
- 5.2 Where the compliment relates to service provision, the manager should also consider whether there are any implications for how that service is delivered in future, or whether there are possible implications for other services i.e. shared good practice.
- 5.3 Where appropriate, ask the client whether they would be happy for us to share with external stakeholders, such as to funders or via our marketing output.

6 Suggestions and concerns

- 6.1 The Service Manager should take whatever steps are timely and appropriate in the context of what is suggested. Opportunities to involve the person who made the suggestion in finding a solution should be considered. Where the issue is a concern, taking steps to reassure the person might be more appropriate.

7 Complaints - Principles

- 7.1 Complaints are the most complex form of feedback and need to be handled carefully.

The Centre operates a three-stage process for resolving complaints internally:

- **Stage 1: Investigation by Service Manager**
Aims to resolve most complaints at the point of service delivery.
- **Stage 2: Adjudication**
Enables designated managers to review the outcome of stage 1 if the client is not satisfied and makes an appeal.
- **Stage 3: Appeal**
Enables a Director to review the process followed at stages 1 and 2 if the client is still dissatisfied and appeals further.

A complainant who is not satisfied with the outcome of the internal procedure may also appeal to an external organisation (see section 2.6 and 2.7 above). If this happens, the Chief Executive will lead the Centre's response or nominate another senior manager to fulfil that role.

- 7.2 No person who is the subject of a complaint or representation takes any part in its consideration or investigation. The only exception to this is if the complainant wants to resolve this informally. For complaints involving hostel residents, this must be approved by the registered person for Ofsted, and if the complaint is regarding the conduct of the Registered Manager, the Nominated Individual would investigate this complaint.
- 7.3 We will keep the complainant informed about the progress of our investigation of the complaint. If translation or interpretation is required, we may extend the time limit at each stage by 7 days. If the complaint is complex, we may extend the time limit subject to the consent of the complainant, and we will always confirm the new deadline.
- 7.4 We may, at any stage of our complaints procedure, review a complaint and give a decision, without a formal investigation, where a Director or the Chief Executive considers it to be deliberately repetitious or vexatious.
- 7.5 If the complainant decides not to pursue or withdraws a complaint at any point, the case will be closed and the manager will communicate the decision to everyone involved.

7.6 Anonymous complaints will be handled at stage 1 of the procedure, i.e. the relevant Service Manager will determine whether and what form of response is required and, where practical and appropriate, publish any response in an accessible place, e.g. at the place where the complaint was made.

8 Complaints: Stage 1 Investigation

This stage may take **up to 15 working days**, including the 2 working days in which the acknowledgment letter was prepared

8.1 Service Managers should resolve most complaints at stage 1. The manager will need to investigate, for example:

- a) Was the complainant given help to follow Centre policies? If not, they should be invited to do so now with any special assistance required.
- b) If this does not resolve the issue or is not relevant, the investigating manager should look to make contact with the complainant to discuss the complaint. Should the complainant decline, the investigating manager should:
 - Gather relevant facts from staff and/or other agencies involved.
 - Review documentary evidence such as case notes.
 - Examine the scene of any relevant incident(s).
- c) What would be a reasonable and impartial perspective on the complaint?

8.2 All staff are required to cooperate with the investigating manager to gather evidence to respond to the complaint.

8.3 When replying to a complaint, we will confirm the final outcome in writing, stating whether the complaint was upheld, partially upheld or not upheld, any remedies we are offering (see Section 11), and how we intend to prevent a re-occurrence of the situation that led to the complaint. We will also inform the complainant of any right of further redress, e.g. progression to the next stage, or appeal to an external organisation. The letter will outline timelines provided in 9.2 and 10.2.

8.4 One copy of the response should be placed in the SMT SharePoint site, and a second copy should be sent to the member of the Senior Management Team (SMT) responsible for the team.

8.5 If a client is unhappy with the outcome of the investigation at stage 1, they may appeal this. When appealing against a previous decision, we will ask the complainant to state their dissatisfaction with how we handled the matter. We will also ask them to tell us what they consider to be the nature of service failure.

9 Complaints: Stage 2 Adjudication

This stage may take **up to 10 working days**

- 9.1 Where the complainant has complained about the **outcome** of stage 1, and wants to progress to Stage 2, or our Complaints Procedure is being entered directly at stage 2, the feedback should be received in the same way as described in Section 4 above and then logged on SharePoint.
- 9.2 Ordinarily, the complainant will have 30 days from the date of the stage 1 outcome letter to request a stage 2 adjudication. If a client makes a late request, they should be asked to provide a reason for why this was late and a member of the SMT will decide whether this should be allowed to proceed or not.
- 9.3 The person receiving the feedback should also refer it to the member of SMT responsible for the team. The member of the SMT will appoint a Manager, who was not involved in the Stage 1 investigation, to undertake the stage 2 review.

The purpose of stage 2 is to ensure, as far as is practical, that the outcome of stage 1 was appropriate.

- 9.4 The adjudicating Manager will review only the evidence gathered in stage 1 and then determine whether they agree on the fairness and reasonableness of the outcome. The investigation conducted at stage 1 is **not** to be re-opened. If someone presents additional evidence while the adjudicating manager is reviewing the record of stage 1, the member of SMT responsible for the team should be consulted on whether stage 1 should start again for all or part of the complaint. In making a decision, the Director will consider the interests of all involved in the case, and the circumstances in which the additional evidence became available.
- 9.5 The written response should be consistent with the process at 8.3. One copy of the response should be placed on the appropriate system, and a second copy should be sent to the member of SMT responsible for the team.

10 Complaints: Stage 3 Appeal

This stage may take **up to 20 working days**.

- 10.1 Where the complainant has complained about the **process** through which the complaint was handled at stages 1 or 2, and wants to progress to stage 3, the feedback should be received in the same way as described at 4.1 above and then logged on the appropriate system.
- 10.2 A complainant has 20 days from the outcome date of the to request a stage 3 appeal. The same process in 9.2 should be followed for late requests.

- 10.3 Where the complainant has the option of making a complaint to an external organisation (e.g. a governing body), the complainant will be advised of how to make a complaint to the appropriate organisation instead of an internal stage 3 Appeal.
- 10.4 The person receiving the feedback should refer it to the Chief Executive (or another non-operational Director in the Chief Executive's absence). The Chief Executive will appoint a Director, who was not involved in the Stage 2 review, to respond to the stage 3 Appeal.
- 10.5 The purpose of stage 3 is to ensure, as far as is practical, that the process followed in stage 1 and/or stage 2 was in accordance with our policy. The case itself is not re-opened.
- 10.6 The Director may invite to a meeting the complainant and his/her representative(s), and/or the managers involved in earlier stages of the procedure, to review the process followed.
- 10.7 The written response should be consistent with the process at 9.3. Where relevant, the complainant should be advised of their right to contact the Ombudsman and/or seek legal remedies if they are still dissatisfied. We should also provide details of how to raise a complaint to the [Charity Commission](#). Immigration clients can escalate [complaints to the IAA](#), or to the [Legal Ombudsman](#) if they have received advice from a solicitor. If the complaint relates to our fundraising practice, the response should also advise the complainant that they can escalate this to the [Fundraising Regulator](#). For complaints relating to our data practices, clients can raise these with the [Information Commissioner's Office \(ICO\)](#).
- 10.8 One copy of the response should be placed on the appropriate system, a second copy should be sent to the member of SMT that is responsible for the team, and a third copy should be sent to the Chief Executive.

11 Remedies

- 11.1 When responding to a complaint, we will explain how we intend to remedy the situation. Remedies include:
- An apology.
 - A review of practice, either in general or by the worker concerned.
 - Making amendments or corrections to any records we hold.
 - A letter of correction, clarification or explanation to anyone affected by the issues that gave rise to the complaint.
 - Repairing damage.
 - Considering any practical action suggested by the complainant.
 - Compensating a client in kind, for example if clients' goods are damaged through no fault of their own – such as loss of refrigerated food if a fridge/freezer is faulty, or clothes damaged by flooding. The Senior Management Team would evaluate the appropriateness of compensation on a case-by-case basis.

12 Appeals

This section relates to residents in the Centre's Supported Accommodation Services.

12.1 If you feel that the Centre, or a member of the Centre's staff has made a decision unfairly that affects you then you can appeal that decision.

NB The original decision will remain in place until an outcome of the appeal is confirmed.

12.2 You need to put your appeal in writing stating the decision you are appealing and the reason that you are appealing it. A form is available for this, but you do not have to use the form. A member of staff can also help you to write your appeal. Your appeal must be received within seven days of the date on the notice advising you of the decision that you are appealing. Appeals should be addressed to the Team Leader in the hostel.

12.3 You will receive written acknowledgement that your appeal has been received from the Team Leader within two days. This will also tell you how soon you can expect a decision on your appeal. We will do this as quickly as possible, and usually within three days, but if an investigation is required it may take longer.

12.4 You will receive written notice of the outcome of your appeal within the timescale given. The reasons for the decision will also be given. You will also be offered the opportunity to meet the person who dealt with the appeal so that s/he can explain their reasons.

12.5 If you are unhappy with the outcome of the original appeal you can make a second appeal to the Supported Accommodation Registered Manager. This should be made in writing within seven days of the date of the original decision. This should state the reasons that you are unhappy with the original appeal decision including any additional information that you feel should be considered.

12.6 The Supported Accommodation Registered Manager will write to you acknowledging your appeal within two days of receiving it. This will also tell you how soon you can expect a decision on your appeal. We will always try and do this as quickly as possible.

12.7 The second appeal will focus on whether an appropriate process was followed to deal with the initial appeal, and whether the outcome arrived at as a result of that process was appropriate. A second appeal will only involve a new investigation if either a) the initial investigation was felt to be inappropriate, or b) additional information is brought to light that was not available at the time of the initial appeal.

13 Monitoring the Policy

- 13.1 The SMT will carry out a quarterly audit of Feedback received to ensure that issues are being dealt with appropriately and to identify any emerging trends.
- 13.2 A brief report summarising the findings of this audit will be written and circulated to the SMT. The SMT will discuss any significant issues arising and decide on changes required to existing policy or practice as a consequence. Any actions agreed will be appended to the report which will then be placed in the SMT SharePoint drive. This report will be shared and discussed with the Operations and Oversight Committee every six months.

Date Policy Adopted: June 2009

Date Policy Last Reviewed: November 2025

Dates of Next Review: November 2027

Annex 1

Summary of the policy and related procedures

The term Feedback includes complaints or concerns, compliments, and suggestions. A 'complaint' is any expression of dissatisfaction with the Centre's work, whether justified or not.

Please note that this is a summary of the policy and related procedures, and you should refer to the full policy before implementing any action under the policy.

- 1.1. Feedback from clients or members of the public can be received in a variety of forms - orally or in writing, and can be to any staff member or via mail/email/website/suggestion box. The person giving feedback can choose to remain anonymous but if this is the case then step 2.5 below will not apply.
- 1.2. Where feedback is given orally to a staff member, that staff member should ask the giver whether they want it to be recorded. If so, the recipient should note the feedback and seek confirmation from giver that their notes are accurate. If the giver does not want the feedback recorded the recipient should note that the feedback will be passed on to the appropriate Manager, but there is no guarantee that any further action will be taken.
- 1.3. All feedback should be forwarded to the relevant Manager on the day it is received. If the Manager is absent from the office e.g. on leave, or if the feedback appears to be a complaint against the Manager then it should be forwarded to the relevant member of the Senior Management Team (SMT).
- 1.4. The Manager will decide what type of feedback (complaint, compliment, suggestion, etc).
- 1.5. The Manager acknowledges the feedback to the giver within 2 working days, advising them how this will be taken forward. This will usually be in writing (letter or email), although if the giver has e.g. literacy/language difficulties then this may require a further meeting, telecom or use of an interpreter.
- 1.6. The Manager logs the feedback in the Feedback and Complaints section of the appropriate system (InForm/SharePoint for services, Donorfy for fundraising).
- 1.7. The Manager takes overall responsibility for dealing with the issue in line with the Centre's wider policies. In the case of a complaint this will involve a full investigation.
- 1.8. The Manager should arrange for appropriate feedback to be given to the client who gave the feedback, and to other clients that may be affected.
- 1.9. The Manager should update the Feedback log once the issue is completed
- 1.10. In the case of a complaint the complainant may appeal if they are dissatisfied with the outcome of the investigation, or the process followed.
- 1.11. The SMT will carry out a quarterly review of the Feedback log to identify any emerging trends, and to ensure that issues are being dealt with appropriately. A brief report will be written and circulated to the SMT. Once agreed by the SMT the report will be placed in the SharePoint file.

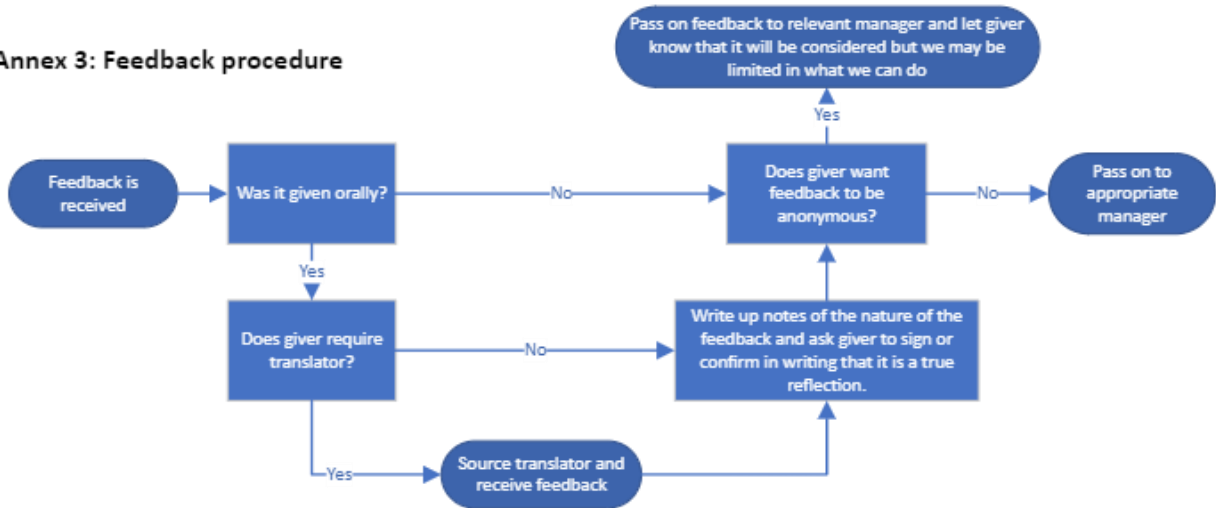
Annex 2

Communication plan - Feedback and Complaints Policy

To be reviewed annually

Audience	Interest	Approach
Clients	Rights	FAQ section on website outlining how to make a complaint Notices as appropriate to client group in key locations including Gateway, IT room, ESOL, Family Centre, Hostel Suggestion boxes/complaints leaflets in selected locations Hostel residents given briefing on move-in, and additional information in Welcome Pack Clients given written advice on the complaint handling process in the client care letter. Notices in other languages in Gateway and ESOL – consider what languages are required in response to changing client groups
Employees	Resp.	Copy of policy sent to all employees as part of their induction. Regular communication to all staff about how we handle complaints.
Volunteers	Resp.	Copy of Summary and briefing as part of initial service induction. Option to attend training where line manager feels this is appropriate.
Contractors	Rights Resp.	Service providers working on site – given overview of CHC policy as part of their induction. Where organisations have their own Complaints policy the SLA should detail the approach to be used in the event of a complaint against the service provider. Other contractors should be made aware of the Centre’s policy if an issue arises.
Trustees	Info.	Copy of policy on request. Copy of Quarterly report to SDC – for information unless it raises issues of particular concern.
Donors	Info	Copy of policy on request.
Public	Rights	FAQ section on website outlining how to make a complaint Copy of policy on request or if an issue arises e.g. neighbours complain about noise nuisance.
Work experience	Resp.	Briefing and copy of Summary as part of initial service induction. Option to attend training where line manager feels this is appropriate.

Annex 3: Feedback procedure



This gives you an overview of the key steps, but please look to the policy for detailed guidance

