



## Document Control

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# Complaints Policy

## Policy statement:

The Institute strives for excellence in everything we do. Occasionally we will fall short of the high expectations members, customers and partners have for us. When that happens, we want to know. This allows us to consider what has happened and have a chance to rectify any mistakes we may have made. A thorough and transparent complaints procedure helps us do this.

The Institute complaints policy covers all types of complaint, to ensure that all complaints are treated with due consideration, fairness and equitability. It covers all services and products which we deliver directly, or are delivered by third parties on our behalf; and also the behaviour and conduct of Institute staff, and that of those contracted to work on behalf of the Institute.

This complaints policy cannot be used where the Institute has in place other policies or procedures that cover specific areas such as: an appeal against examination results; approval, suspension or withdrawal of a course accreditation or by Institute staff who should refer to the staff grievance policy/procedure.

## General Data Protection Regulations (GDPR) complaints

If you wish to complain to the Institute of Tourist Guiding about how your personal data has been processed/handled; your (GDPR) complaint has been handled, or appeal against any decision made following a complaint you can do so using the *GDPR complaint form* and send/address this directly to the ITG Data Protection Officer.

Further details and a copy of the GDPR complaint form can be found on the ITG website ([www.itg.org.uk](http://www.itg.org.uk) – under the ‘contact us’ section – from May 2018.)

## Procedure:

The Institute complaints procedure has four stages of handling and escalation:

- 1: Informal Complaints - with resolution by a staff member or Institute officer holder.
- 2: Formal Complaint - with resolution by the Chair of a Committee of the area concerned.
- 3: Review by independent member.
- 4: Escalation to President of the Institute.

All complaints should go through stages 1 or 2 before they proceed further. From this point the complaint may then be escalated.

### **1. Informal Complaint**

- Complainant makes a verbal complaint to the Institute employee.
- The Institute employee hears complaint, agrees resolution and implements solution.
- Complainant confirms that they are satisfied with the resolution.

**Timeframe:** immediate to within 2 working days

**Method:** verbal

### **2: Formal Complaint submission**

- Complaint is received either in writing or via by email or, phone, Complaint is, logged/recorded and passed to the relevant committee chair to action.
- Receipt of the complaint is acknowledged within 1 working day.
- Investigation of the complaint will then proceed.
- Complainant will receive a response from the Institute within 10 working days.
- Complainant has 10 working days, after the response has been issued, in which to respond; after which it will be assumed the complaint is resolved.

**Timeframe:** Between 1 working day and, at the latest, 21 working days after submission of complaint.

**Method:** email, verbal or written complaint submission; written response

### **3: Reviewed by an independent member**

*For this purpose, an 'independent member' is either a member of the Institute who has not been involved in the complaint in any way.*

- Complainant confirms in writing that they are not content with the proposed course of action, explanation or resolution.
- Case is then escalated to an independent member of the Institute.
- Complainant is informed within 5 working days of the escalation of the next steps which the Institute will take.
- The independent member will then proceed with review of the case, which will include convening a panel comprising the identified independent member and two-member colleagues not associated with the complaint, who will review the case, and agree a course of action, explanation and/or proposed resolution.
- Complainant will receive a response from the Institute within 10 working days of the review of the case.
- Complainant has 10 working days, after the response has been issued, in which to respond; after which it will be assumed the complaint is resolved.

**Timeframe:** Between 1 working day and, at the latest, 26 working days after submission of dissatisfaction notice.

**Method:** Written dissatisfaction notice, followed by internal panel, and written response

#### **4: Escalation to President**

- Complainant confirms that they are not content with the proposed course of action, explanation or resolution.
- Receipt of the escalated complaint is acknowledged within 1 working day.
- The President is advised by the Operations Manager of the complaint.
- Within 5 working days, the complainant is advised of when the President will be considering the complaint, which will be no more than 4 working weeks from the date of the acknowledgement of the escalated complaints, and is invited to make a verbal or written submission to the President.
- Should the President decide to seek advice from additional Board members, the Operations Manager will administer all arrangements and be the minute taker for any meeting/discussions.
- If attending the meeting in person, the complainant may be accompanied by an independent person for the purposes of support.
- The President will then proceed with review of the substance of the case and its handling.
- The complainant will receive a response from the Institute within 10 working days after the President's consideration.
- The President's decision is final.

**Timeframe:** Between 1 working day and, at the latest, 36 working days after submission of complaint.

**Method:** written response from the President.

### **Anonymous Complaints**

Complaints submitted anonymously will be considered if there is enough information in the complaint to enable the Institution to make further enquiries. If, however, an anonymous complaint does not provide enough information to enable us to take further action, we may decide not to pursue it further. However, the Institution may give consideration to the issues raised, and will record the complaint so that corrective action can be taken as appropriate.

Any decision not to pursue an anonymous complaint must be authorised by the Operations Manager in consultation with the relevant chair of the committee the remit of the complaint falls. If an anonymous complaint contains serious allegations, it should be referred to the President.

### **Abusive, persistent or vexatious correspondence and complaints**

It is important to note that for this complaints purpose, it is the complaint which must be vexatious and not the individual making the complaint.

It is important to distinguish between people who make a number of complaints because they really think things have gone wrong, and people who are simply being difficult. It must be recognised that complainants may sometimes act out of character at times of anxiety or distress and reasonable allowances should be made for this.

Features of the types of complaint and behaviour that this policy covers can include the following (the list is not exhaustive, nor does one single feature on its own necessarily imply that the person will be considered as being in this category):

- Persisting in a complaint after being advised that there are insufficient or no grounds for their complaint or that the Institute is not the appropriate authority.
- Refusing to co-operate with the complaints process, without good reason, whilst still wanting their complaint to be resolved, including a failure or refusal to specify the grounds of a complaint despite offers of assistance, changing the basis of the complaint as inquiries are made and introducing trivial or irrelevant new information and expecting this to be taken into account and commented on.
- Submitting repeat complaints, after the complaints procedure has been completed, essentially about the same issues, with additions/variations which the complainant then insists on being treated as new complaints and put through the full complaints procedure again.
- Refusing to accept the outcome of the complaint procedure after its conclusion, repeatedly arguing the point, complaining about the outcome, and/or denying that an adequate response has been given.
- Harassing or verbally abusing or otherwise seeking to intimidate staff dealing with their complaint or correspondence, by using foul or inappropriate language, by the use of offensive and racist language and/or making what would appear to be groundless complaints about those staff.
- Making an unreasonable number of contacts to the Institute, by any means, in relation to a specific complaint or correspondence including making persistent and unreasonable demands or expectations of staff and/or the procedure after the unreasonableness has been explained (such as insistence on immediate responses to numerous, frequent and/or complex letters, faxes, telephone calls or emails).
- Recording meetings and conversations without the prior knowledge and consent of the other person involved.
- Unreasonably pursuing multiple lines of enquiry regarding the same issue, for instance, persistently pursuing a complaint or complaints not only with the Institute but at the same time with other organisations of individuals.

### **Imposing restrictions**

The Institute will firstly ensure that correspondence and/or complaints are being, or have been, investigated properly according to the appropriate procedure. The Institute recognises that failing to deal with an issue promptly or properly can lead people to behave in ways we might otherwise characterise as vexatious.

If a decision has been taken to record the complaint formally, the Institute then has to decide on the next steps. This is the point at which the Institute may consider whether a complaint is vexatious, persistent, repetitive or otherwise an abuse of process.

Prior to any decision to treat a complaint or correspondent as vexatious etc. the relevant member of staff will issue a warning to the complainant. The complainant will be contacted either by phone, in writing or by email to explain why this behaviour is causing concern, and

ask them to change this behaviour. They will also be warned of the actions that may be taken if the behaviour does not change.

If the behaviour continues, the Operations Manager (in consultation with the President) will decide whether to limit contact from the individual and to what extent. Any restriction that is imposed on contact with Institute will be appropriate and proportionate and may be subject to review. The kinds of restriction which may be imposed are:

- Limiting contact to a specific mailbox or one named member of staff.
- Refusing to accept telephone calls.
- Only accepting telephone contact through a third party for example via a solicitor/friend acting on their behalf.
- Indicating that correspondence will not be responded to unless substantially new matters are raised (this implies that all incoming correspondence will be read).
- Blocking the individual's email address so that it is not received by Institute (this should only be done in extreme cases after all other avenues have been tried).

When the decision has been taken to apply this policy, the individual will be written to with reasons for the decision and what action the Institute is taking. That decision may be amended if the individual continues to behave in a way which is unacceptable.

Where the behaviour is so extreme or it threatens the immediate safety and welfare of staff, the Institute may consider other options, for example reporting the matter to the police or taking legal action.

### **Record keeping**

Adequate records will be retained by the appropriate Operations Manager of the details of the case and the action that has been taken and retain a record of:

- The name and address of each individual who is (or whose complaint has been) treated as abusive, vexatious or persistent.
- When the restriction came into force and ends.
- What the restrictions are.
- When the individual and members of staff were advised.

### ***Document Owner and Approval***

The Operations Manager is the owner of this document and is responsible for ensuring that this policy document is reviewed in line with the review requirements stated above.

A current version of this document is available to all members of staff and is published on the ITG website.

This policy was approved by the Executive Committee on 23 March 2017 and is issued on a version controlled basis under the signature of the Operations Manager.

Signature:

Date:

### Change History Record

<b>Issue</b>	<b>Description of Change</b>	<b>Approval</b>	<b>Date of Issue</b>
I	Initial issue	Executive Committee	23 March 2017
I	General Data Protection Regulations (GDPR) complaints process	Executive Committee	6 July 2017
I	General Data Protection Regulations (GDPR) complaints process - amended	Executive Committee	30 January 2018