


Complaints Policy and Procedure

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Declaration Page (to be signed by Staff Member)

1.0 Policy Statement

The Nightingale Placement Agency (TNPA) sees the value in hearing and documenting experiences of its service users, and everyone else who is affected by the services we provide. Therefore, we treat all types of feedback, information on complaints, compliments and comments as opportunities to learn, adapt, and improve on our performance as an effective service provider. The complaints policy enables TNPA to facilitate accordingly matters of concern, initiate an investigation of these concerns with the aim of finding a satisfactory resolution and overall improvement of our services.

2.0 Purpose

The policy provides guidance and outlines for all staff the procedures to be utilised for receiving, handling, investigating, recording and reporting of all complaints both verbal and written received within the Service from service users / family members. This policy is intended to ensure that complaints are dealt with properly, that all complaints or comments are taken seriously and addressed in a professional manner and that improvements are made as a result of complaints. The emphasis of the policy is on resolution not blame and act on these views, as appropriate.

TNPA developed this policy to ensure that as a service provider,

- we are in line with the best practices of HSE.
- we adhere to Part 9 of Health Act 2004 which puts complaints management on a statutory footing.
- we meet the requirements as agreed under section 38 of the Health Act, that the service provider will:
 - adhere to the HSE policy and procedures on complaints entitled 'Your Service, Your Say'.
 - establish procedures in line with the HSE complaints procedure.
 - co-operate with the review of a recommendation made by the complaints officer following investigation of a complaint against the service provider.

3.0 Principles

The Nightingale Placement Agency (TNPA) abide by the following principles in the organisation's approach to receiving complaints:

- TNPA accepts that all verbal complaints, no matter how seemingly unimportant, must be taken seriously.
- All complaints must be given equal consideration and be investigated; however, staff are not expected to tolerate abusive or threatening behaviour.
- All complaints should be responded to and then resolved promptly, and within the timescale outlined.
- Staff who receives a verbal complaint are expected to seek to solve the problem.

- Staff are expected to remain polite, courteous, sympathetic and professional to the complainant. They are taught that there is nothing to be gained by adopting a defensive or aggressive attitude.
- At all times in responding to the complaint, staff are encouraged to remain calm and respectful.
- Staff should not accept blame, make excuses or blame other staff.
- All individuals who provide feedback/complaints will be treated with dignity and respect.
- TNPA supports the concept that most complaints, if dealt with early, openly and honestly, can be sorted out at a local level between just the complainant and the organisation.
- All persons involved should be supported and given appropriate assistance throughout the process.
- Investigation and communication will follow principles of natural justice and will respect all parties.

The complaints process will be well publicised. Service users and their representatives will be aware of how to complain, where TNPA provides easy to use opportunities for them to register their complaints. All complaints must be properly recorded in a consistent manner. Complaints will be kept at the TNPA Head Office and monitored for quality purposes. Additionally, all staff are supported throughout the complaints management process and informed of their rights.

4.0 Scope

This policy covers all actions to be taken in respect to a complaint by a concerned individual. Concerned individuals can include: service users, members of the local community and concerned stakeholders (funders, external agencies, etc.). Difficulties in relation to harassment or equality should be dealt with through the relevant policies in the Employee Handbook. The scope of this policy includes management of informal feedback and expressions of dissatisfaction which involves an action plan from management.

Copy of this procedure is available in the company website to assist service users who may wish to make a complaint and to assist staff to ensure that Service Users as far as possible understand the process.

This policy does not cover certain complaints such as allegations of physical or sexual abuse. Please refer to TNPA Child Protection and Welfare Policy, Children's First National Guidance for the Protection and Welfare of Children and the National Policy on Safeguarding Vulnerable Persons at Risk of Abuse in relation to these types of concerns.

5.0 Glossary of Terms and Definition

5.1 Complaint

Definition as per the Health Act 2004, “complaint” means a complaint made under this Part about any action of The Nightingale Placement Agency (TNPA) that—

- a) it is claimed, does not accord with fair or sound administrative practice, and
- b) adversely affects the person by whom or on whose behalf the complaint is made

Who can Make a Complaint?

- Anyone who is a client of The Nightingale Placement Agency.
- An advocate may complain on the service user’s behalf provided they have the service user’s written consent.
- A parent / guardian may complain on behalf of a child who is a client.
- Any external stakeholder (funders, external agencies, etc.).
- A concerned individual can complain about any aspect of the service that has impacted on them or the organisation they represent in a way that they perceive to be negative.

If a person is entitled to make a complaint but is unable to do so because of age, illness or disability, the complaint may be made on that person’s behalf by;

- a close relative or carer of the person
- any person who, by law or by appointment of a court, has the care of the affairs of that person
- any legal representative of the person
- any other person with the consent of the person, or
- any other person who is appointed as prescribed in the regulations.

If a person who would otherwise have been entitled to make a complaint is deceased, a complaint may be made by a person who, at the time of the action in relation to which the complaint is made, was a close relative, or carer of that person.

How can Complaints be Made?

Any staff member can receive a complaint and they should deal with it in line with this policy. Complaints can be made either verbally, written, or email. Staff members must be sensitive to complainants who may have poor literacy and/or language skills and must provide assistance and support where required to enable the effective recording of the complaint.

Ultimately, all complaints will be forwarded and handled by Complaints Officer, **Pam Gaba-Santos at psantos@tnpa.ie**.

Complaints which cannot be investigated

Part 9 of the Health Act 2004 stipulates complaints which cannot be investigated, as follows:

- The complaint is made after 12 months timeframe
- The Complaints Officer is of the opinion that the:
 - complaint is inappropriate;
 - subject-matter of the complaint is excluded by the Health Act;
 - subject-matter of the complaint is trivial; or
 - complaint is vexatious or malicious.
- The complaint has been resolved.

A Complaints Officer will inform the Complainant in writing if the complaint cannot be investigated and the reasons for it and will record the complaint and the decision appropriately. The Complaints Officer must also inform the Complainants of their right of review.

5.2 Advocate

An advocate is somebody who can act on the patient's or the patient's family's behalf when dealing with a healthcare service. An advocate can represent the views of those seeking information or making complaints when required.

5.3 Close Relative

Section 45 of the Health Act 2004 defines "Close Relative" as a person who;

- is a parent, guardian, son, daughter or spouse of the other person, or
- is cohabiting with the other person.

5.4 Compliment

An expression of praise, commendation or admiration.

5.5 Comment

A verbal or written remark expressing an opinion or reaction.

5.6 Enquiries

An enquiry is a request for information, clarification, etc. that can be resolved /responded to straight away or by the end of the next working day. These are not reported as complaints and fall outside complaints management arrangements.

5.7 Feedback

Feedback consists of the views and opinions of patients and service users on the care that they have experienced. This may include a comment, compliment or a complaint.

6.0 Roles and Responsibilities

6.1 Complaints Officer

- Ensure service user friendly information on how to offer feedback and, in particular, on how to make a complaint is widely available [leaflets] and accessible [company website].
- Ensure that the complaints management process is implemented and being adhered to and that the rights and legitimate interests of service users and staff are protected.
- Support both staff and service users in the implementation of TNPA Complaints Management Process.
- Inform relevant parties of decision to extend or not extend time frames.
- Find resolution of the complaint using approaches identified in the Policy and Guidance Manual and through implementation of the complaints management process.
- **Investigate and conclude within 30 working days or inform Complainant of delay and update every 20 days.**
- Provide Complainant and Managing Director and with a report on the complaint investigation.
- Advise the service user that they may seek a review of the complaint by requesting a TNPA Internal Complaint Review (Stage 3) or by contacting the Office of the Ombudsman for Children (Stage 4).
- Where a complaint is withdrawn, the Complaints Officer may bring this to the attention of the Managing Director to determine if the investigation should continue.
- Submit reports as appropriate to the Office of Consumer Affairs for their respective areas.

6.2 Review Officer

Review Officer will review the recommendations made by Complaints Officers after the investigation of a complaint. It is the role of the Review Officer to:

- Engage with the Complainant as appropriate throughout the review process.
- Determine the appropriateness of the recommendations by reviewing the processes used to investigate the complaint and having regard to all aspects of the complaint and its investigation.
- Uphold, vary or make a new recommendation.
- **Complete the review within 20 working days.** A Review Officer may request in writing an extension and indicate the additional time considered necessary for completion.

- Prepare a report on the review and circulate same as appropriate under the '*Your Service Your Say*', the Management of Service User Feedback for Comments, Compliments and Complaints Policy and Guidance [Manual](#).
- Advise the service user that they may seek a further review of the complaint by contacting the Office of the Ombudsman.

6.3 Line Manager

Line managers are responsible to support staff during this process as requested and required.

- Ensure that the staff member is afforded their right to fair and just procedures and processes and that their right to confidentiality is maintained.
- Advise the staff member of their rights to seek support and advice from their trade union representative/professional body/insurer/HR department.
- Provide support and advice on other processes.
- All managers and staff should be familiar with the relevant policies and procedures e.g. Sick Leave Policy, Your Service Your Say, The HSE Service User Feedback Policy 2017, Open Disclosure Policy, Safety Incident Management Framework, Trust in Care Policy, etc. Provide copies or information to staff on how to access the relevant documents.
- Provide the necessary initial emotional, practical/social/behavioural support(s) as per the individual needs and preferences of the staff member.
- The Line Manager may need to refer the staff member to Human Resources / Employee Assistance Programme (EAP), as appropriate.
- Provide details of a contact support person.
- Provide a copy of the staff support booklet e.g. Supporting staff following an adverse event: The [ASSIST ME Model](#). The importance of support for staff from line managers, colleagues and peers in the event of a complaint should not be underestimated. Being available for staff and knowing his/her story surrounding the complaint is crucial.

Staff may require a safe and confidential space in which to discuss the events giving rise to the complaint and can find this therapeutic. The "ASSIST ME" model of staff support has been developed to assist managers and staff during this process.

- Assess workload and adjust/reassign to other duties, as appropriate.
- Support and work with staff to identify any additional training or information they may need
- Arrange a date and time for a follow up meeting.

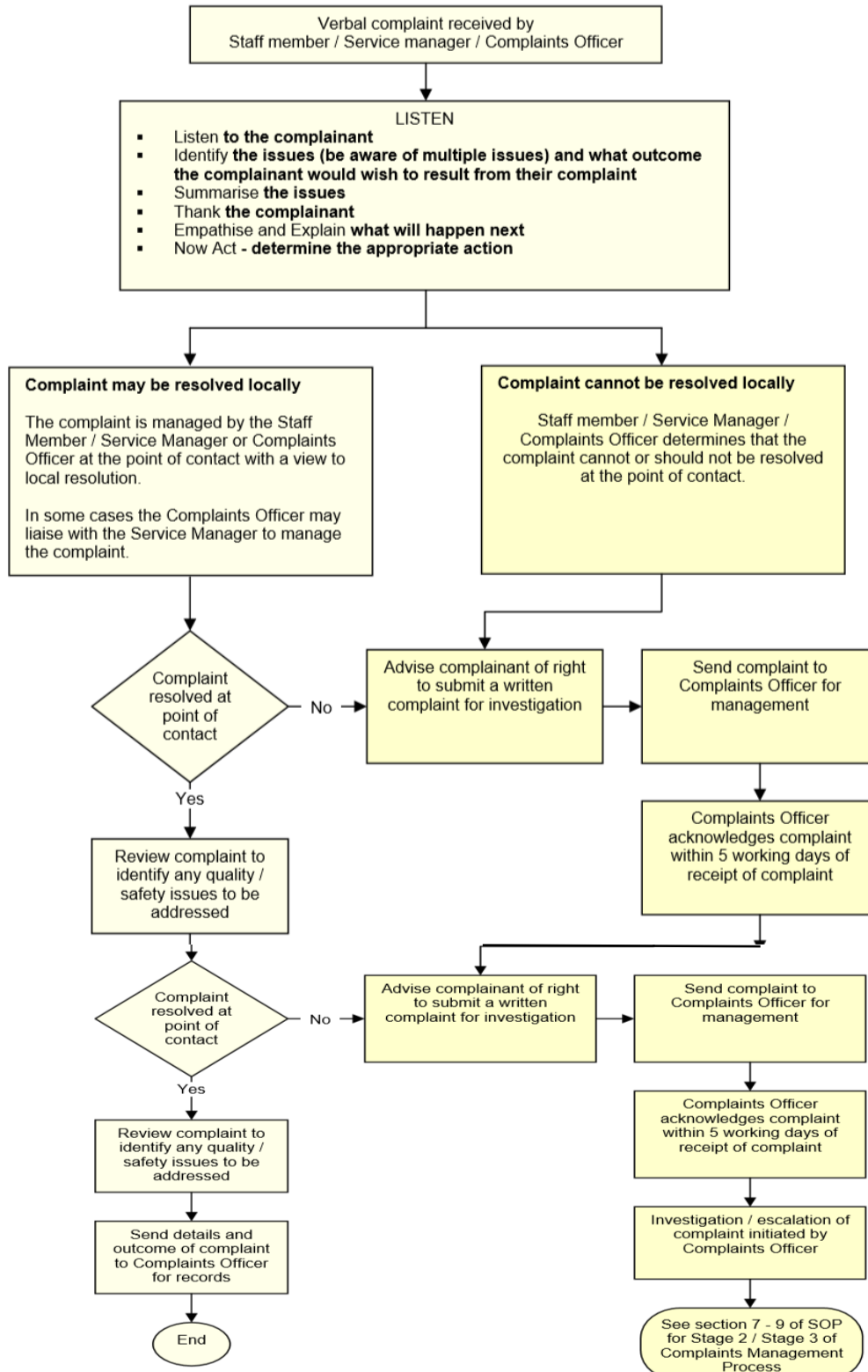


6.4 Staff

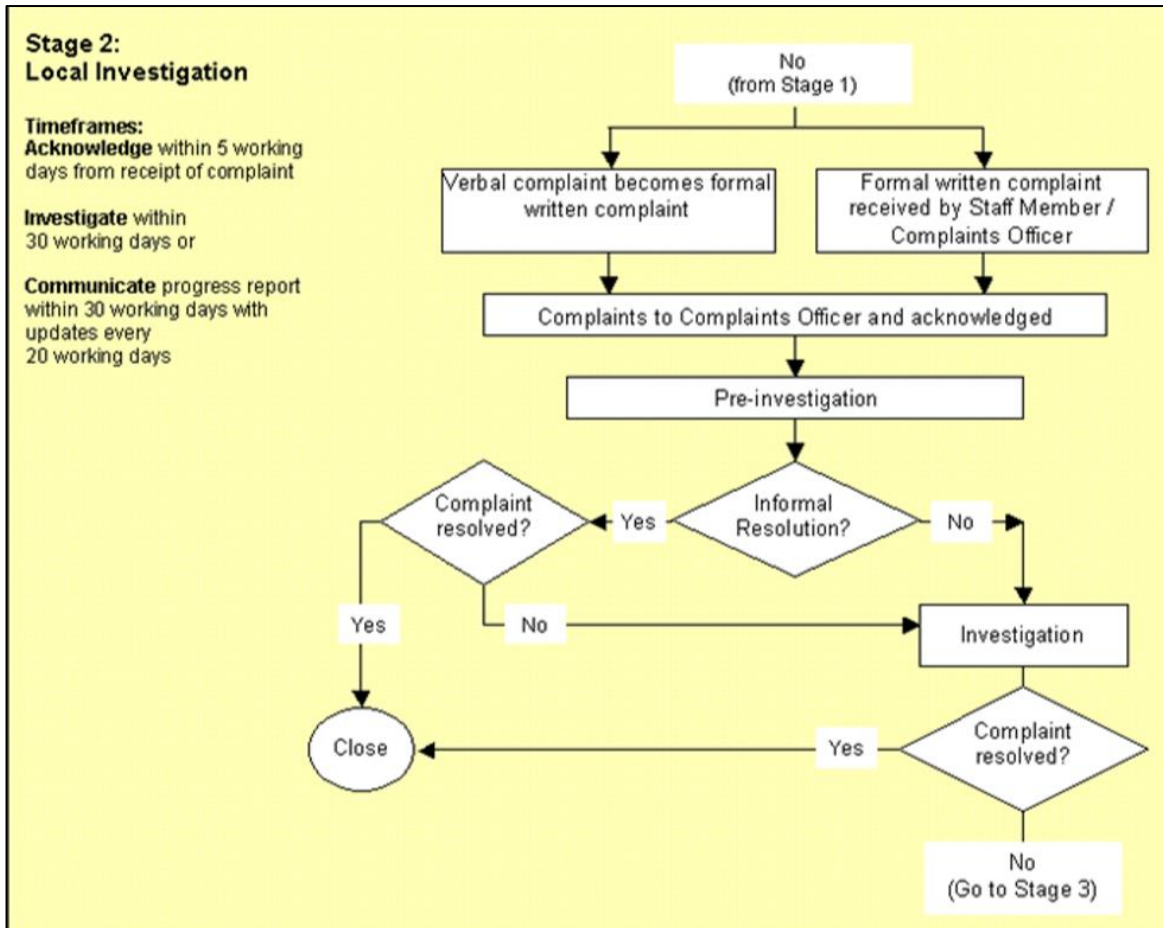
- All staff have an obligation to deal effectively with all feedback and, in particular, with complaints made to them.
- Participate in Complaints Management Training.
- Manage a complaint in a timely manner either by dealing with it at the point of contact in line with the Policy or forwarding same to the Complaints Officer for management.
- Participate in the investigative process of a complaint on the request of a Complaints Officer/Review Officer.
- Support and facilitate improvement initiatives within their service.
- Provide data relevant to complaints to service managers and national divisions.

7.0 Complaints Management Process

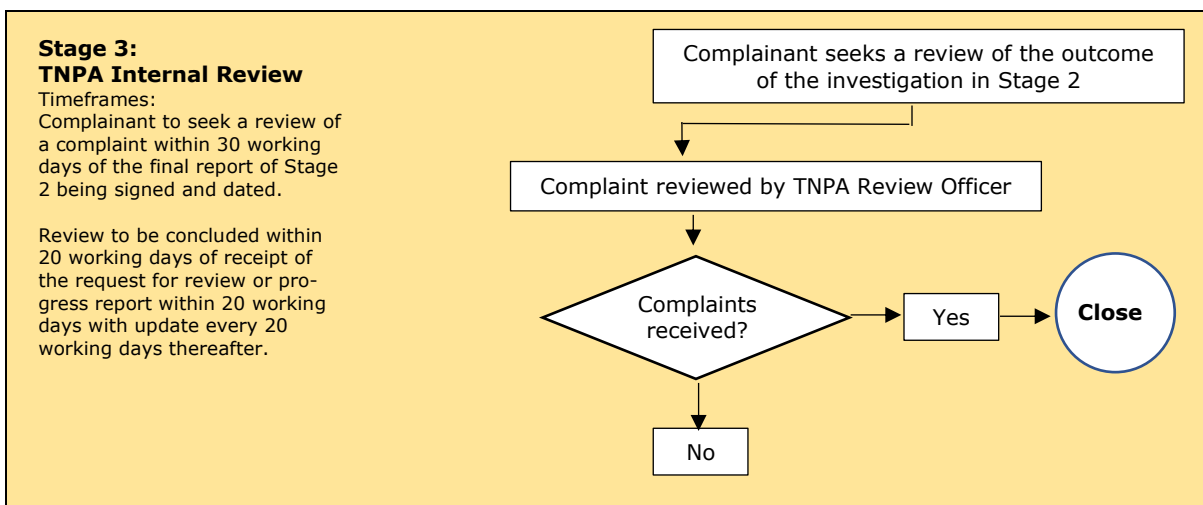
Stage One. Local Resolution at the Point of Contact



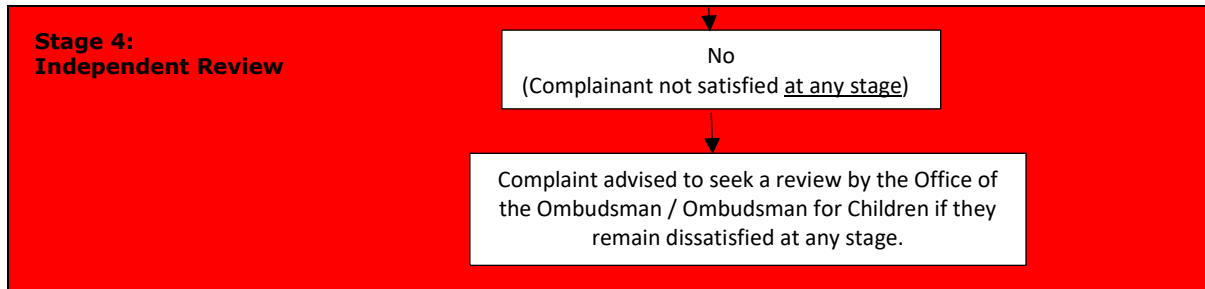
Stage Two. Local Investigation



Stage Three. Review Process



Stage Four. Independent Review



8.0 Stages of the Complaints Process

There are four stages to the complaints process:

Stage 1 - Point of Contact Resolution

These are straightforward complaints which may be suitable for prompt management and to the service users' satisfaction at the point of contact.

Stage 2 - Formal Investigation Process

Unresolved complaints at Stage 2 may need to be referred to a Complaints Officer. More serious or complex matters may need to be addressed immediately under Stage 2. There may be a need for investigation and action(s) as appropriate.

Stage 3 - Internal Review Process

These are complaints where the Complainant is dissatisfied with the outcome of the complaint investigation at Stage 2.

Stage 4 - Independent Review

A complaint may be resolved at any of the above stages. When a complainant is dissatisfied with the resolution being offered, it is the choice of the complainant whether he/she wishes to have their complaint progressed to the next stage of the complaints process.

A Complainant may choose to refer their complaint for independent review (e.g. Office of the Ombudsman/Ombudsman for Children's Officer) at any stage of the complaints process.

Office of the Ombudsman,
18, Lower Leeson Street,
Dublin 2.

Tel: 353-1-6395600

Lo Call: 1890223030

Email: ombudsman@ombudsman.gov.ie

Ombudsman for Children's Office,
Millennium House,
52-56 Great Strand Street,
Dublin 1.

Tel: 353-1-8656800

8.1 Stage 1 Point of Contact Resolution

TNPA exhibits a 'no wrong door' approach where all of its clients are allowed the flexibility to lodge a complaint with any staff, who is their first point of contact. At this stage, a local resolution of complaints is encouraged with little formality as possible as it saves time and resources than formal approach. Complaints are dealt with directly and quickly where the issues arise. It also prevents issues escalating due to delays or unwillingness to address issues and demonstrates proactive response from the organisation.

Further to this, TNPA empowers its staff to deal with complaints as staff across all levels of the organisation are trained in complaints handling and able to deal with complaints at the first point of contact. Staff are expected to ensure that Service Users' immediate healthcare needs are being met, as appropriate, before dealing with the issue.

- a) Feedback may be given to any member of staff.
- b) All staff must aim to resolve complaints they receive at first point of contact, if possible.

Note: Staff should only attempt to manage complaints received at the point of contact if due care has been taken to establish that all issues can be addressed appropriately at the point of contact.

- c) If staff is unable to deal with a complaint personally, they should at this point in stage provide reassurance that it has been listened to, understood and then outline how this complaint will be handled beyond this point.
- d) Where staff have resolved all issues of a complaint at Point of Contact then a [Point of Contact Complaint Resolution Form \(See Appendix 1\)](#) should be completed and forwarded to their Line Manager.

Complaints that cannot be resolved at Stage 1

There are a variety of reasons why a complaint should not be managed at Stage 1 of the process. The key reasons include:

- The complaint involves too many issues to resolve at the point of contact.
- The complaint was a result of harm/incident or a near miss and requires further investigation to identify and eliminate the root causes.
- The complaint was as a result of deviations from quality standards that require further investigating to identify the reasons for the deviation and if there are any system improvements required.



- The complaint involves multi-disciplines and multi-locations and involvement of all parties is required to effectively and fairly investigate the complaint.

If it is not possible to resolve the complaint to the satisfaction of the Complainant at the first point of contact, the staff receiving the complaint must advise the Complainant:

- The reasons why the complaint cannot be resolved at the point of contact;
- That they may escalate the verbal complaint to their line manager, who must resolve within (< 48 hours) two working days;
- If the line manager cannot resolve the verbal complaint, they should complete a [Point of Contact Complaint Escalation Form \(See Appendix 2\)](#) with the Complainant and escalate the matter to the relevant Complaints Officer.

If requested by the Complainant, the staff member or Line Manager may provide assistance to the Complainant to make a written complaint. Details of all verbal and written complaints must be recorded in the [Complaints Book](#) and the Service User's file.

Timeframes for the Management of a Stage One: Point of Contact complaint (verbal or written informal)

Every effort should be made to resolve a Point of Contact complaint immediately. Where these Point of Contact complaints cannot or should not be resolved at the first point of contact, they should be referred to the Line Manager. The Line Manager will endeavour to resolve the Point of Contact complaint **within < 48 hours (two working days)**. If this is not possible the complaint (Point of Contact) must be escalated to the relevant Complaints Officer.

At any stage, the Complainant has the right to request that their complaint be escalated to Stage 2 of the process.

8.2 Stage 2 Formal Investigation Process

The Complaints Officer must consider whether it would be practicable, having regard to the nature and the circumstance of the complaint if the complaint can be resolved informally by making contact with the complainant and any other person to whom the complaint relates to finding an informal resolution of the complaint by the parties concerned. Mediation may be used to attempt resolution of the complaint at Stage 2 if both parties agree.

If a meeting is arranged:

- a) The complainant will be advised that they may if they wish bring a friend, relative or a representative such as an advocate.

- b) At the meeting, a detailed explanation of the results of the investigation will be given and also an apology if it is deemed appropriate (apologising for what has happened need not be an admission of liability).

Such a meeting gives the agency management the opportunity to show the complainant that the matter has been taken seriously and has been thoroughly investigated. The minutes of the meeting are recorded in the Complaint Book and Service User's File.

If the complaint cannot be resolved informally at this stage, then they will progress to the formal investigative process. The staff will ask the complainant to put their complaint in writing to the Complaints Manager. The named complaints manager with responsibility for following through complaints is:

Complaints Officer, Pam Gaba-Santos

The Nightingale Placement Agency

Tel: 01 525 3213

Email: psantos@tnpa.ie

This includes details of how to approach the Internal Reviewer (Stage 3) or Office of the Ombudsman (Stage 4), if the complainant is not satisfied with the outcome.

The Complaints Officer will then:

- **Acknowledge of receiving the complaint, notify within 5 working days, the complainant, in writing**, that the complaint has been so received or assigned and outline the steps that he or she proposes to take in investigating the complaint and the time limits for the completion of the investigation.
- Carry out a formal investigation
 - may request such documents and communicate with any persons he/she reasonably believes can assist with the investigation of the complaint.
- Complete a report and make findings and recommendations Where an independent/external investigation of the complaint is required, the Complaints Officer will consult with the Managing Director, who will assign an investigation team. Staff have an obligation to participate and support the investigation of any complaint where requested.

The Complaints Officer must endeavour to investigate and conclude the investigation of a complaint **within 30 working days** of it being acknowledged. If it takes longer to investigate all the issues raised in the complaint, the Complaints Officer must update the complainant and the relevant staff within the 30 working days and must update the complainant **every 20 working days** after that, as required.



As part of the assessment phase, the Complaints Officer must determine that:

- the subject matter of the complaint is not trivial,
- the complaint is not vexatious,
- the complaint is made in good faith, and
- the complaint has not already been resolved.

After assessment phase, if the Complaints Officer determines that the complaint does not meet the criteria (See [Appendix 4 List of Complaints that cannot be managed using Part 9 of the Health Act 2004](#)), the Complaint Officer will inform the Complainant in writing, **within 5 working days** of making the decision / determination, that the complaint will not be investigated and the reasons for it.

Obtaining further information from the Complainant

Where required the Complaints Officer may request further information from the Complainant to:

- satisfy himself or herself of the identity of the person concerned and where the person making the complaint is not the Complainant, satisfy himself or herself that that person is entitled to do so.
- determine if an investigation is required under Stage 2
- clarify key issues with the patient/service user
- determine if another pathway is more appropriate (i.e. Trust in Care, Grievance and Disciplinary Procedures, Responding to Allegations of Elder Abuse, etc.)

Complaints Officer writes to Complainant requesting the information and asks that a response is provided **within 10 working days**. Where required, the Complaints Officer may extend the time limit for receipt of the information by a further 10 working days. **No information may lead to invalid complaint.**

Post investigation of the complaint, the Complaints Officer will prepare a signed and dated report which will include:

- His/her findings,
- Any recommendations which he or she considers appropriate,
- The reasons for such findings and recommendations.

All complaint reports must include a Recommendation(s). These recommendations to include:

- action to be taken to remove the causes of the complaint or its likelihood for re-occurrence as far as is reasonably possible where deemed necessary by the investigation.
- redress for the Complainant where deemed appropriate by the investigation.

Redress relates to setting a situation right when things go wrong. It should be consistent and fair for both the Complainant and the service against which the complaint was made.

Where appropriate, TNPA will offer forms of redress or responses that are reasonable where it has been established that a measurable loss, detriment or disadvantage was suffered or sustained by the Complainant personally.

This redress may include:

- A (written) apology
- An explanation
- A report on the action which has or will be taken to prevent similar concerns arising
- Admission of fault
- Change of decision o Replacement o Repair/rework
- Correction of misleading or incorrect records
- The offer of remedial treatment
- Technical or financial assistance
- Recommendation to make a change to a relevant policy or law
- A waiver of debt

In detail, the contents of the report should include:

- A description of the complaint.
- Reason(s) for actions resulting in the complaint.
- A description of the investigation process to assure the Complainant that their complaint has been fully and fairly investigated.
- The Complaints Officer's findings and recommendations.
- An apology when the investigation showed that the organisation was at fault, if appropriate.

If the complaint was not substantiated, the report will outline the reasons why this decision was reached.

The report forwarded to the Complainant will also advise that he/she may request a review of the outcome of the investigation of their complaint and will provide the Complainant with the details of how to request the review.

The recipients of the final report will be invited to contact the Complaints Officer to clarify any issues in the report.

Upon conclusion of the investigation report the Complaints Officer will as soon as is practicable forward a signed report to the Complainant and the Managing Director, as appropriate.

The Complaints Officer may need to consider anonymising parts of the report to protect the identity of the Complainant or the staff member when deemed appropriate by the Complaints Officer.

Where a staff member against whom a complaint has been made is unhappy with the finding/recommendations against them, they may invoke the Grievance & Disciplinary procedures with their line manager.

The outcome of the complaint is documented and forwarded to TNPA Managing Director who will formally review all complaints **at least every six months** as part of its quality monitoring and improvement procedures to identify the lessons learned.

8.3 Stage 3 Internal Complaint Review Process

Where the investigation at Stage 2 fails to resolve the complaint, the complainant must be advised of their right to seek an Internal Review by The Nightingale Placement Agency. This request must be made **within 30 working days** of the date on which the report was signed and dated by the Complaints Officer.

Internal reviews should be addressed to:

Daisy Castro-Mauhay, Review Officer

The Nightingale Placement Agency

Tel: 01 525 3214

Email: dmauhay@tnpa.ie

The Review Officer should first attempt to resolve the review by informal means before commencing a formal review. She must endeavour to contact the Complainant within < 48 hours (2 working days). Where appropriate the Review Officer should offer to meet the Complainant at a mutually agreed appropriate location. All interactions with the Complainant about their complaint are recorded.

If the matters are resolved following this initial consultation with the Complainant (either by phone and/or meeting in person, within <48 hours), the Review Officer will send Summary Letter to Complainant (which may include recommendations) and update the Complaint Register.

If a matter remains unresolved after meeting with the Complainant (s) the process moves to a formal investigation. The Reviewer must then obtain a copy of the following:

- Original complaint
- Complaints Officer response & file
- Review appeal request

The Review Officer is independent in his/her function as a Review Officer. He / She will carry out impartial review of recommendations made and the processes used to investigate complaints. He / She may:

- Uphold original recommendations
- Vary it or make a new recommendation
- Provide reason (in writing) for the decision

The Review Officer (s) may carry out a new investigation of the complaint or recommend that a local re-investigation of the complaint be carried out by a Complaint Officer independent of the initial investigation team. The Review Officer(s) must endeavour to conduct and conclude the review **within 20 working days** of the request being received.



However, where the review cannot be concluded within this timeframe, the Review Officer must inform the Complainant of this fact and indicate the additional time necessary to complete the review.

The following process must be adhered to:

- 1) Acknowledge the Formal Review: The acknowledgement letter must be sent to the Complainant within 5 working days of receipt of the complaint.
- 2) Conduct the Review Investigation
- 3) Investigate the Complaint
- 4) Develop recommendations
- 5) Write Review Report
 - i. Title page
 - ii. Summary of the complaint - background / a description of complaint
 - iii. Identify what questions the Complainant wants answered.
 - iv. A summary of the decision / recommendations issued by the Complaint Officer
 - v. The Review – an explanation of review officer assignment
 - vi. The Review Process - a description of the investigation process including:
 - o sources of information;
 - o the personnel involved in the investigation;
 - o the investigation process to assure the Complainant that their complaint has been fully and fairly investigated.
 - vii. Chronology of Events (where necessary)
 - viii. Findings
 - o Outline the findings of your investigation / give a summary of the outcome of the investigation.
 - o Address each item of concern clearly - if a Complainant asks specific questions, where possible answer each individually.
 - o An apology if there were any delays in the investigation.
 - o Recommendations (uphold, vary, new)
 - ix. Appendices

If complainant opt for an Internal Review and remain unhappy with the outcome, complainant can still request an External Review by the HSE. This request must be made **within 30 working days** of receipt of the outcome of the Internal Review.

8.4 Stage 4 Independent Review

A Complainant may choose to refer their complaint for independent review of their complaint by the Ombudsman at any stage if not satisfied with the outcome of the review by The Nightingale Placement Agency (TNPA).

The Ombudsman's Office is Independent and does not report to any Minister.

Additional information on both the Ombudsman and the Ombudsman for Children can be found on the following website: www.ombudsman.ie or www.oco.ie.

The Ombudsman for Children is the independent review process for complaints made by or on behalf of children up to the age of 18 in accordance with the Ombudsman for Children Act 2002. In addition, in accordance with the Ombudsman for Children Act, 2002, the Ombudsman for Children will not investigate if:

- the action is one in relation to which civil legal proceedings have been initiated on behalf of the child affected by the action and have not been dismissed; or the child affected by the action has a right of appeal, reference or review to or before a court in the State or before a person other than a public body.
- the action relates to or affects national security or military activity or arrangements regarding participation in organisations in states or governments.
- the action relates to recruitment or appointment to any office or employment.
- the action relates to the terms and conditions upon which a person holds any office or of a contract for service.
- the action is one taken in the administration of the law relating to asylum, immigration, naturalisation or citizenship. If it involves the exercise of the right or power referred to in Article 13.6 of the constitution. If it relates to court decisions or if the action is one taken in the administration of the prisons or other places for the custody or detention of children.
- the action relates to the results of an examination.
- the complaint or 2 years from the time the child or person making the complaint on behalf of the child became aware of the action.
- the action was taken before the Ombudsman for Children Act, 2002 or is not one that may be subject to a complaint under the Act of 1980.

9.0 Managing Complaints

Time Limits for making a complaint

The Complaints Officer must determine if the complaint meets the time frames as set out in Section 47, Part 9 of the Health Act 2004 which requires that:

- A complaint must be made within 12 months of the date of the action giving rise to the complaint or within 12 months of the complainant becoming aware of the action giving rise to the complaint.

A Complaints Officer may extend the time limit for making a complaint if in the opinion of the Complaints Officer special circumstances make it appropriate to do so. These special circumstances include but are not exclusive to the following:

- If the complainant is ill or bereaved
- If the new relevant, significant and verifiable information relating to the action becomes available to the complainant
- If it is considered in the public interest to investigate the complaint
- If the complaint concerns an issue of such seriousness that it cannot be ignored
- Diminished capacity of the service user at the time of the experience e.g. mental health, critical/ long-term illness.
- Where extensive support was required to make the complaint and this took longer than 12 months
- A Complaints officer must notify the complainant of decision to extend / not extend time limits within 5 working days.

Where the 30 working days timeframe cannot be met despite every best effort, Complaint Officer must endeavour to conclude the investigation of the complaint **within 6 months** of the receipt of the complaint. If this timeframe cannot be met, the Complaint Officer must inform the Complainant that the investigation is taking longer than 6 months, give an explanation why and outline the options open to the Complainant.

Time frames involved once a complaint is received

Service User / Complainant Timeframes	
To make a complaint	12 months
If Complainant does not wish patient confidential information to be accessed	5 working days from date of Acknowledgement Letter
Withdraw complaint	At any stage
Request a review of a complaint	30 working days
Refer complaint to Ombudsman	At any stage
All staff	
Respond to request for information	10 working days
All staff at Point of Contact	
Point of Contact Resolution	Immediately / < 48 hours* where possible
Point of Contact Resolution – Line Manager	< 48 hours* where possible
Complaints Officer Timeframes	
Notify Complainant of decision to extend/not extend 12 months timeframe	5 working days
Complaints Officer (& QPS/Clinical Director) Resolution	< 48 hours* if appropriate
Notification Letter to QPS/Clinical Director	On receipt of complaint if appropriate
If complaint does not meet criteria for investigation – inform Complainant	5 working days
Acknowledgment Letter	5 working days from receipt of complaint in HSE
Seeking further information	10 working days
Update Complainant and relevant staff	Every 20 working days
Investigate and conclude (Report)	30 working days from date of Acknowledgement Letter
Conclude at latest	6 months
Review Officer Timeframes	
Notify Complainant of decision to extend/not extend 30 days timeframe	5 working days
Review Officer should make contact with Complainant & explain process	< 48 hours* if appropriate
Acknowledgement Letter	5 working days from receipt of review request in HSE
If complaint does not meet criteria for review – inform Complainant	5 working days
Seeking further information	10 working days
Update Complainant and relevant staff	Every 20 working days after initial 20 day due date
Investigate and conclude (Report)	20 working days from date of Acknowledgement Letter
Head of Service / Accountable Officer Timeframes	
Complaint – Recommendation(s) Action Letter	30 working days
Review – Recommendations(s) Action Letter	30 working days

* 2 working days

Principles Governing the Investigation Process

The investigation will be conducted thoroughly and objectively with due respect for the rights of the complainant and the rights of the service / staff members to be treated in accordance with the principles of natural justice.

The Complaints Officer will have the necessary expertise to conduct an investigation impartially and expeditiously. Where appropriate, the Complaints Officer may request appropriately qualified persons to carry out clinical assessments, validation exercises etc.

Confidentiality will be maintained throughout the investigation to the greatest extent consistent with the requirements of fair investigation.

A written record will be kept of all meetings and treated in the strictest confidence.

The Complaints Officer may interview any person who they feel can assist with the investigation.

Staff are obliged to co-operate fully with the investigation process and will be fully supported throughout the process. Staff who participate in the investigation process will be required to respect the privacy of the parties involved by refraining from discussing the matter with other work colleagues or persons outside the organisation.

It will be considered a disciplinary offence to intimidate or exert pressure on any person who may be required to attend as a witness or to attempt to obstruct the investigation process in any way.

10.0 Matters Excluded from Right to Complain

There are some types of complaints that TNPA is excluded from dealing with. If a complaint is not going to be investigated then the Complaints Officer will inform the complainant in writing **within 5 working days** of receipt of the complaint of the decision/determination that the complaint will not be investigated and the reasons for it.

Under [Section 48](#) of the Health Act 2004, a person is not entitled to make a complaint about any of the following matters:

- A matter that is or has been subject of legal proceedings before a court or tribunal;
- A matter relating solely to the exercise of clinical judgement by a person acting on behalf of The Nightingale Placement Agency (TNPA);
- An action taken by The Nightingale Placement Agency (TNPA) solely on the advice of a person exercising clinical judgement as aforementioned;
- A matter relating to recruitment or appointments;
- A matter relating to or affecting the terms or condition of a contract of employment;

- A matter relating to the 'Social Welfare Act';
- A matter that could be the subject of an appeal under Section 60 of the 'Civil Registration Act 2004';
- A matter that could prejudice an investigation being undertaken by An Garda Síochána;
- A matter that has been brought before any other complaints procedure established by law;
- A matter that gives rise to child protection or welfare concerns (these concerns must be referred to the area duty social work team).

(2) Subsection (1)(i) does not prevent a complaints officer from dealing with a complaint that was made to the Ombudsman or the Ombudsman for Children and that is referred by him or her to a complaints officer.

However, where a matter is excluded from investigation, Complaints Officers will identify if the complaint should be dealt with by:

- using the complaints procedure,
- using an alternative process; or
- referring it to the appropriate personnel.

Refusal to investigate or further investigate complaints

(1) A complaints officer shall not investigate a complaint if—

- a. the person who made the complaint is not entitled under section 46 to do so either on the person's own behalf or on behalf of another,
- b. the complaint is made after the expiry of the period specified in section 47(2) or any extension of that period allowed under section 47(3).

(2) A complaints officer may decide not to investigate or further investigate an action to which a complaint relates if, after carrying out a preliminary investigation into the action or after proceeding to investigate such action, that officer—

(a) is of the opinion that—

1. the complaint does not disclose a ground of complaint provided for in section 46,
2. the subject-matter of the complaint is excluded by section 48,
3. the subject-matter of the complaint is trivial, or
4. the complaint is vexatious or not made in good faith,

or

(b) is satisfied that the complaint has been resolved.

(3) A complaints officer shall, as soon as practicable after determining that he or she is prohibited by subsection (1) from investigating a complaint or after deciding

under subsection (2) not to investigate or further investigate a complaint, inform the complainant in writing of the determination or decision and the reasons for it.

Advocacy

All complainants have a right to appoint an advocate to assist them in making their complaint and to support them in any subsequent processes in the management of that complaint. A staff member or a trusted person may also be an advocate for service users wishing to make a complaint if it is possible to do so within the principles of advocacy as listed below.

- Before deciding to advocate on behalf of a complainant, staff must ensure that they are in a position to advocate impartially and fairly.
- Staff acting as advocates should have no previous involvement in the actions complained of, or in the examination/investigation of the complaint.
- Staff should not feel compelled to act as an advocate where they do not feel competent or supported to do so and must ensure that they direct the service user to appropriate advocacy supports.
- Any form of advocacy used must be agreeable to both the complainant and the organisation. It is, however, preferable that the services of an outside independent advocate are sourced.

Anonymous Complaints

All anonymous complaints, both written and verbal, should be recorded and brought to the attention of the relevant line manager for a decision as to whether quality improvements are required on the basis of the complaint.

- Complainants must provide contact details to enable appropriate validation, follow up and investigation of that complaint - unless there is a good and sufficient reason for withholding this information.
- Anonymous complaints will not normally be investigated as there is always a possibility that they are vexatious or malicious and the anonymity of the complainant does not enable the principles of natural justice and procedural fairness to be upheld.
- The Complaints Officer is responsible for trending anonymous complaints within his/her area of responsibility and will inform TNPA Managing Director if there is such.

Vexatious Complaints

Vexatious complaints are complaints that are intentionally troublesome. Vexatious complaints are excluded under Part 9 of the Health Act 2004. However, this does not remove the complainant's right to submit their complaint to independent agencies such as the HSE under the HSE Review Process or the Ombudsman/Ombudsman for Children.

If a complaint is found to be vexatious or malicious, no record of the complaint is to be retained in the file of the staff member / service about which the complaint was made. Before the complaint is deemed vexatious the Complaints Officer must bring it to the attention of the Managing Director

Complaints against TNPA Staff

When a Complaints Officer receives a complaint and includes reference to staff, the Complaints Officer is obliged to seek their version of events, in line with the principles of natural justice and procedural fairness. This means the Complaints Officer must identify the staff member(s) and notify them a complaint has been made about them. The relevant staff member(s) is required to respond **within 10 working days** of receiving notice of the complaint.

It is part of TNPA principles that all staff against whom complaints are made are supported throughout the complaint management process. This includes:

- Time to deal with and respond to the complaint;
- Opportunity to give their side of the story;
- Opportunity to be supported and accompanied by a work colleague, or advocate, during interview as part of the complaint investigation;
- Emphasis on resolution, not blame;
- Being advised of their rights;
- Employees must be informed of any support networks and people who can assist them throughout the complaint;
- All staff members who are the subject of complaints can expect to be afforded fair procedure and to be treated with dignity and respect.

Dealing with Verbal/Informal Complaints

All verbal or informal complaints or feedback, no matter how seemingly unimportant should be taken seriously. The team member who receives the verbal complaint may be able to resolve the issue and informal resolution of any difficulty is always desirable. The complainant should always be offered the following options:

- To make a written/formal complaint
- To elevate the complaint to the Line Manager for response
- To provide feedback anonymously or identifiably through the Feedback form and box.

The staff should note the verbal complaint in a [Complaint Register, Appendix 3](#) which is a physical book kept in the office with the following details:

- date;
- time;
- name of person/organisation making the complaint;
- nature of the complaint;
- resolution if any; and
- named line of manager handling the complaint.

Contact details for the complainant should also be recorded.

The Managing Director should be informed of all complaints on an ongoing basis by team members or their line managers. The Complaints Register is kept by the Complaints Officer.

The actions of complainants who are angry, demanding or persistent may ultimately result in unreasonable demands or unacceptable behaviour towards staff. Staff are not expected to tolerate abusive or threatening behaviour, but all feedback must be given equal consideration and be investigated. Instead of making a reasoned response and to ensure a positive outcome, TNPA outlined the following techniques when required:

- All staff should always respond appropriately, following the LISTEN approach:
 - L**isten to the complainant
 - I**dentify the issues (be aware of multiple issues) and what outcome the complainant would wish to result from their complaint
 - S**ummarise the issues
 - T**hank the complainant
 - E**mpathise and Explain what the next step is going to be.
 - N**ow Act - determine the appropriate action.
- They should acknowledge the feedback in an open and honest way demonstrating empathy and understanding.
- Establish what the service user expects from providing their feedback.
- Provide an apology/explanation where possible and avoid apportioning blame, being argumentative or defensive.
- Some complaints may not be appropriate, due to their nature, to handle at point of contact and may need to be referred on to a line manager, if appropriate.

Complaints made against ex-staff

When a complaint involves a staff member who is no longer employed by TNPA, the Complaints Officer must endeavour to contact the relevant ex-staff member immediately, to inform them of the complaint and to invite a response from that staff member to the issues raised within the timeframes as outlined above.

Every effort is to be made to comply with the timeframes. However, there may be special circumstances where timeframes cannot be met due to the unavailability of the ex-staff member or the current location of the ex-staff member. These issues must be brought to the attention of the complainant, who must be assured that the management of the complaint is progressing as quickly as possible.

If after all reasonable efforts, the Complaints Officer is unable to obtain a response from any persons no longer employed by TNPA, the Complaints Officer must endeavour to investigate the complaint to the best of his/her ability with the information available to him/her.

Staff Training

- All staff shall be provided with the necessary skills and knowledge to appropriately manage any complaints they receive and to resolve minor complaints wherever possible at the first point of contact (HSE, 2015).
- All staff shall receive education on assisting a service user or relative/representative to make a complaint should local resolution not be achieved.
- Appropriate staff shall receive education and training on monitoring, evaluation and reporting of complaints in relation to use of standardised letters, forms that have been developed nationally for complaints management and data collection, are being used locally (HSE, 2008).

Confidentiality

Complainants must be assured that their complaint and their personal details will be treated in confidence to the greatest extent possible, consistent with public interest and the right to privacy. Complainant's information required for reporting and statistical purposes will be anonymised and all identifiable data will be removed.

Maintaining privacy and confidentiality is a basic principle of complaints management process. It is the role of any and all staff involved in the complaints management process to uphold the highest standards of privacy and confidentiality in investigating complaints. The Complaints/Review Officer will share information on a **need to know basis only** with those involved.

Records of formal and informal complaints (including reports and associated documentation) will be filed securely. All complaints will be recorded on a confidential basis. Records of complaints shall be retained for a period of not less than 4 years after the complaint has been investigated.

Staff Member and Right to Confidentiality

Particular care, caution and sensitivity must be exercised in certain circumstances, where for example, the good name, reputation and rights under natural justice of a staff member may arise in the context of an initial and as yet unsubstantiated complaint. Records (including reports and associated documentation) of staff related formal complaints will be held securely in the Managing Director's office.

Reporting and Review of Complaints Management Process

The Nightingale Placement Agency by agreement with the HSE is required to furnish the HSE Administrative Area General Manager for Consumer Affairs with a general report during the previous year of the management of complaints within their Service in accordance with Section 55 of the Health Act 2004 at a time and in a manner as the Executive may specify, indicating:

- a) the total number of complaints received
- b) the nature of the complaints,
- c) the number of complaints resolved by:
 - o formal means within the timeframe,
 - o formal means outside the timeframe,
 - o informal means,
- d) the outcome of any investigations into the complaints.
 - o Complaints upheld/partially upheld
 - o Recommendations made arising from a complaint
 - o Recommendations implemented arising from a complaint
- e) the total number of reviews received,
 - o the outcome of the reviews.
 - o Number of recommendations upheld
 - o Number of recommendations varied
 - o Number of new recommendations

As well as providing an Annual report it is envisaged that the Health Service Executive will collect statistics / details of complaints on a quarterly basis.

To achieve this, the number of complaints received, together with details of the type of complaints must be tracked on a quarterly basis for the periods of:

- January-March, April-June, July-September and October-December.

The deadline for the return of these templates shall be 20th April, 20th July, 20th October and 20th January respectively.

Any queries arising from the templates will be followed up by the National Complaints Governance and Learning Team (nationalcglit@hse.ie).

11.0 Principles of Best Practice Complaints Management

Requirement	Demonstrated By
Openness and transparency	<ul style="list-style-type: none"> • A positive, open and transparent attitude to receiving, managing and responding to complaints in line with the HSE Open Disclosure Policy. • A willingness to engage with Service Users using a partnership approach to complaints management and patient safety. • Being open, honest and transparent in relation to all concerns/issues raised and in relation to the disclosure of any identified failures in the delivery of care/service.



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Fairness, Dignity, Compassion, Empathy, Respect	<ul style="list-style-type: none">• Recognising, promoting and protecting the rights of Service Users.• Early, open, non-defensive communication with the Complainant, treating them with fairness, dignity and respect.• Active listening skills – the Complainant is afforded the opportunity and time to tell their story, in an appropriate setting.• Being empathetic – putting yourself into the shoes of the Complainant and understanding things from their perspective and without bias.• Implementing the feedback process without fear, favour or prejudice towards the Complainant, the person or service about which the complaint was made.• Neither the Complainant nor the subject of the complaint should have a fear of recrimination of any kind at any stage of the process.• Any staff member found, after proper investigation, to be engaging or have engaged in victimising, punishing or exacting retribution on any Complainant will be subject to disciplinary sanctions.• Unreasonable complainant behaviour will not be tolerated and clear procedures should be followed in line with the relevant Standard Operating Procedure.• Both Complainants and staff members have an equal voice and are of equal importance in this process.
Acknowledgement	<ul style="list-style-type: none">• Accept, acknowledge and embrace all feedback from Service Users.
Privacy and Confidentiality	<ul style="list-style-type: none">• All information obtained through the course of the feedback process must be treated in a confidential manner and meet the requirements of the Data Protection Acts 1988 and 2003, and Freedom of Information 2014.• Ensuring that all information obtained is stored securely and separately to the clinical record.• Maintaining the privacy of all parties involved in/affected by feedback, as far as is reasonably practicable, including protecting the rights of staff to privacy and confidentiality.



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Apology	<ul style="list-style-type: none">• Saying sorry i.e. apologising/ expressing regret is a key component in the complaints management process and in bringing the complaint to satisfactory resolution.
Learning	<ul style="list-style-type: none">• Learning from feedback is identified and appropriate action is taken to share this learning and to reduce the likelihood of a recurrence of the same event(s).• The learning from feedback informs service planning and quality improvement programmes.• Monitor the effectiveness of the complaint’s management process• Disseminate learning from feedback across the relevant parts of the organisation.• Include the use of feedback data as a measure of performance and quality.• The HSE recognises the importance of training and staff development in the feedback process
Accessibility	<ul style="list-style-type: none">• The feedback process including the complaints management process must be well publicised and be accessible to patients, Service Users, their families and representatives• Special attention must also be paid to the needs of people with special requirements (special groups) e.g. older people, children, people with physical and sensory disability, literacy issues and disadvantaged groups.



Appendix 1. Point of Contact Complaint Resolution Form

Complainant Details:

Name _____ Relationship to Service User: _____

Address _____

How was issue raised? Verbal, In Person Verbal, Telephone Written

Details of Complaint:

Service User Name _____ Location: Community Supported Holiday Home
 Other: _____

Brief overview of Complaint (please outline the complaint or attach complaint if received by form/email)

Date of complaint: __/__/____ Time of complaint: _____ (please use 24-hour clock)

Who was involved? *(Please list all persons involved including service user or staff member details)*

Briefly describe how complaint was addressed.

Complainant Signature _____ Date _____

Staff member details:

Staff Name: _____

Service Location: _____

Contact Tel: _____ Email: _____

Signature: _____ Date: __/__/____

Form to be completed in full and sent to the Line Manager



Appendix 2. Point of Contact Complaint Escalation Form

Complainant Details:

Name _____ Relationship to Service User: _____

Address _____

Contact No: _____ Email Address: _____

How was issue raised? Verbal, In Person Verbal, Telephone Written

Details of Complaint:

Service User Name _____ Location: Community Supported Holiday Home
 Other: _____

Brief overview of Complaint (please outline the complaint or attach complaint if received by form/email)

Date of complaint: __/__/____ Time of complaint: _____ (please use 24-hour clock)

Who was involved? (Please list all persons involved including service user or staff member details)

What outcome would the complainant wish to result from their complaint?

To be completed by Complainant:

Signature _____ Date _____ Consent Given: Yes No

Briefly describe why complaint was not resolved at point of contact:

Line Manager Name: _____ Signature: _____

Form to be completed in full and sent to the Complaints Officer, Pam Gaba-Santos (psantos@tnpa.ie)



Appendix 3. Complaints Register

Date complaint received	Time	Service User Name	Name of Complainant	Relationship to Service User	Nature of the Complaint	Resolution, if any (Action Plan)	Named Manager handling the complaint	Name of Staff member that dealt with the complaint

Appendix 4. Complaints that cannot be managed using Part 9 of the Health Act 2004

Details of Complaint / Allegation	Policy, Procedure, Guideline or legislation to be followed
Incidents (clinical or non-clinical)	Refer to relevant local policy developed in compliance with the requirements of the HSE Safety Incident Management Framework
Allegation of abuse of a child	Refer to Child Care Manager to deal with the complaint in line with the: Children’s First, National Guidelines for the Protection and Welfare of Children , Sept 1999.
Allegation of abuse made against staff members Complaint by staff of any inappropriate behaviour of other staff at work Complaint about bullying and harassment made against staff	Refer to Line Manager/ Head of Discipline to deal with complaint in line with some or all of the following: Trust in Care , Policy for Health Service Employers on upholding the Dignity and Welfare of Patients/Clients and the Procedure for managing allegations of abuse against staff members, May 2005. Grievance and Disciplinary Procedures for the Health Service, May 2004. Dignity at Work Policy for Health Services, May 2004.
Professional Misconduct and Fitness to Practice Issues	Referral to the appropriate Professional Regulatory Body for consideration under the relevant Act, e.g. IMC , NMBI , CORU , PSI , etc.
Complaint against the HR / Recruitment process	Refer to Line Manager / Head of Service to deal with complaint in line with some or all of the following: Trust in Care , Policy for Health Service Employers on upholding the Dignity and Welfare of Patients/Clients and the Procedure for managing allegations of abuse against staff members, May 2005. Grievance and Disciplinary Procedures for the Health Service, May 2004. Dignity at Work Policy for Health Services, May 2004. HSE Recruitment SOP R2002 Utilise the appeal processes contained in the Recruitment Licenses and Codes of Practice specifically in line with Section 7 and Section 8 of the Codes of Practice.

<p>Allegation of abuse of vulnerable adults including elder abuse</p>	<p>Refer to the General Manager / Manager of Older Persons Services to deal with the complaint in line with:</p> <p>Responding to Allegations of Elder Abuse: HSE Elder Abuse Policy 2014</p> <p>Where the allegation relates to non-staff, refer to Manager of Older Persons Services to deal with complaint in line with:</p> <p>Protecting Our Future (2002)</p> <p>Where complaints relate to safeguarding all vulnerable persons across the Social Care Division, encompassing older people and persons with a disability deal with the complaint in line with:</p> <p>Safeguarding Vulnerable Persons at Risk of Abuse, National Policies and Procedures 2014</p>
<p>Complaint about entitlements under Part 3, Chapter 9 of the Social Welfare (Consolidation) Act 2005</p>	<p>Refer to Health Service Executive Appeals Process/Social Welfare Appeals Office in relation to Basic Payments and Supplements</p>
<p>Complaints in relation to decisions of Freedom of Information internal reviewers</p>	<p>Refer to Office of the Information Commissioner to deal with the complaint in line with the Freedom of Information Act 2014 info@oic.ie</p>
<p>Complaints in relation to breaches of Data Protection Rights</p>	<p>Refer to Data Protection Commissioner to deal with the complaint in line with the Data Protection Act 1988 and 2003: info@dataprotection.ie</p>
<p>Complaints in relation to Environmental Issues</p>	<p>Refer to Local Environmental Health Office to deal with the complaint in line with some or all of the following:</p> <p>Food Safety Authority of Ireland Act 1998 European Communities (Hygiene of Foodstuffs) Regulations 2006 Food Hygiene Regulations 1950 - 1989</p> <p>Public Health (Tobacco) Acts 2002 & 2004</p>

<p>Complaints in relation to Nursing Homes (Private)</p>	<p>Refer to Community Healthcare Organisation to deal with the complaint in line with the Health (Nursing Homes) Act 1993 Ombudsman's Complaints about Private Nursing Homes Factsheet</p>
<p>Pre-School Services</p>	<p>Refer to the relevant Tusla Childcare Manager to deal with the complaint in line with the Childcare (Pre-school Services) Regulations 1996 (Tusla)</p>
<p>Concerns that a number of people have been exposed to a specific hazard.</p>	<p>Refer to relevant local policy developed in compliance with the requirements of the HSE Safety Incident Management Framework. Refer to Look back Review Guideline (2015) to identify if any of those exposed have been harmed and what needs to be done to take care of them.</p>
<p>Concerns made to the Confidential Recipient (CR)</p>	<p>Refer to relevant HSE National Director. A preliminary written report is required within 15 working days from the relevant Community Healthcare Organisation, Chief Officer or Hospital Group, Chief Executive Officer from the date of receipt of the file from the CR. The preliminary report may indicate the need for a review/investigation under another policy/procedure.</p>
<p>Protected Disclosures and Good Faith Reporting</p>	<p>Made to the Authorised Person who will examine and decide based on the information available what form the investigation should take in line with the Protected Disclosures Act 2014.</p>
<p>Disability Act (Part 2, Assessment of Need, Service Statements and Redress).</p>	<p>Reviews are referred to the Office of the Disability Appeals Officer, Department of Health. (http://health.gov.ie/contact-us/the-disability-appeals-officer/)</p>



*Confirmation of receipt of The Nightingale Placement Agency
(TNPA) Complaints Policy and Procedure*

Once you have read the contents of the manual, please sign and date the confirmation below, detach this page and return it to TNPA or alternatively, send a copy back to **hr@tnpa.ie**.

I have received, read and understood, and agree to abide by the contents of The Nightingale Placement Agency Complaints Policy and Procedure.

Signed: _____

Print Name: _____

Date: _____

***THIS DECLARATION IS TO BE DETACHED FROM THE MANUAL AND STORED IN THE
STAFF'S INDIVIDUAL FILE***