

Complaints handling and management policy

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1. Introduction, purpose, and aim

This document outlines our policy and commitment to complaint handling and management. It is intended to serve as a guide for all operational staff working at The Hearing People and applies to anyone employed by or engaged with the company.

AS will treat complaints seriously and ensure that all complaints, concerns and issues raised are investigated in an unbiased, non-judgmental, transparent, timely and appropriate manner. AS are committed to learning from complaints/feedback and apply those lessons to best practice.

Aims of this policy

- To ensure all internal and external staff/stakeholders are aware of the procedures to follow when receiving complaints.
- To provide all service users with a fair and transparent complaints procedure.
- To ensure that complaints are managed consistently and appropriately.
- To ensure all complaints are investigated promptly.
- To ensure all complaints are, where possible, resolved and acknowledged.
- To gather information that enables management to identify trends and improve services.

2. Scope

This policy applies to all employees, agency workers, contractors, students, and volunteers representing the organisation in any capacity, including clinical and non-clinical roles.

3. Responsibilities

- **All staff** must be aware of this policy, know how to access it, and adhere to it.
- **All staff** must inform their line manager when a complaint is made.
- Area Managers and the Head of Clinical Services and Governance are responsible for communicating with service users regarding complaints.
- The Head of Clinical Governance ensures this policy is kept up to date, that all staff are trained accordingly, and that training is logged.
- The Quality and Compliance Officer and Head of Clinical Governance must conduct quarterly audits of complaints received and create action logs where needed.
- Clinical matters must be investigated by a subject matter expert e.g. a clinician

4. Definitions

An Informal complaint or concern

An informal complaint is an expression of dissatisfaction raised directly with a member of staff or service provider without initiating the organisation's formal complaints procedure. Informal complaints are usually raised verbally or through less formal communication channels and are generally addressed promptly at the point of contact. Where possible, informal complaints should be resolved quickly

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and locally. If the matter cannot be resolved informally or the complainant requests further action, the complaint may be escalated to the formal complaints process.

A Formal complaint

A formal complaint is an official expression of dissatisfaction submitted through the established complaints procedure. Formal complaints are typically made in writing, such as via letter, email. Once received, the complaint is formally recorded and managed in accordance with the complaints handling process. This may include a review or investigation and a formal response within specified timeframes.

Both informal and formal complaints should be logged in the [Complaints and Compliments log](#).

5. Core policy content

Who can make a complaint?

Complaints may be submitted by:

- A service user who is directly affected by a decision or action taken by AS.
- A representative acting on behalf of a service user who: Has given consent (e.g., family member, GP, legal representative), Lacks capacity (physical or mental) or is deceased.

AS must be satisfied the complaint is in the service user’s best interest. Where possible, permission should be documented in the patient management system.

Making a complaint

A complaint can be made:

- By telephone - 0345 163 0345
- By e-mail – feedback@thehearingpeople.co.uk
- By post – The Hearing People, 20 Falkland Avenue, London, England, N3 1QR
- In person – Any staff member can receive a complaint

All staff must ensure that service users are given the opportunity to raise a complaint using any of the methods outlined above

Receiving a complaint

- Any staff member may receive a complaint verbally or in writing.
- Where appropriate, complaints should be addressed and resolved informally in the first instance. Staff should make every reasonable effort to resolve minor concerns promptly at the point of contact and in a fair and respectful manner.
- Informal resolution may involve listening to the concern, providing clarification or information, offering an explanation, or taking immediate action to resolve the issue where possible. Staff should ensure that the service user feels their concern has been acknowledged and appropriately addressed.
- If the issue cannot be resolved informally, or if the service user remains dissatisfied with the outcome, the matter should be escalated and managed through the organisation’s formal complaints procedure.
- Complaints must be logged here [Complaints and Compliments log.xlsx](#) and

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sent securely to the Area Manager/ Head of Clinical Services and Governance before the end of the working day.

- Serious complaints must be escalated immediately by phone.
- Indirect complaints (e.g., through satisfaction surveys, online reviews) should be escalated to the Compliance Team.
- Service users should receive acknowledgment within 5 working days, with discretion for earlier contact if the matter is serious or the user is distressed.

Managing a complaint

The Area Managers and Head of Clinical Services and Governance are responsible for:

- Monitoring the complaints log
- Initiating investigations for unresolved complaints
- Contacting the service user to offer a resolution or provide a timescale
- Recording all communication in the patient management system and complaints log
- Serious complaints will be investigated directly by the Area Manager or Head of Clinical Services and Governance

Initial contact should be made by phone, with written follow-up for major complaints. Communication preferences should be discussed with the complainant.

Recording a complaint in the complaints log

The Area Managers/ Head of Clinical Services and Governance will record the logbook once a complaint is received. The following fields should be completed.

- Date received
- Patient Name
- Patient ID
- Date of appointment
- Staff Involved
- Location of Appointment
- Nature of complaint
- Initial Action Taken
- Outcome (upheld/not upheld)
- Add to the risk register? Y/N
- Further Action Required?
- Follow up Required Y/N
- Date of resolution
- Manager Responsible to act

For escalated complaints (this must be completed by the Head of Clinical Services and Governance /Managing Director), the following details must be recorded.

- Actions taken by management and the resolution steps taken
- Resolved or unable to resolve
- If resolved, in which manner was the resolution
- Date resolved

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Investigating a complaint

All formal complaints will be reviewed and, where appropriate, investigated in a fair, objective, and timely manner. The purpose of the investigation is to establish the facts, understand the issues raised, and determine whether the complaint is upheld, partially upheld, or not upheld.

The person responsible for investigating the complaint should review all relevant information, which may include speaking with the complainant, consulting with staff members involved, and examining any relevant records or documentation.

The investigation should be conducted in a respectful and impartial manner, ensuring that all parties are given the opportunity to provide their account of the situation. All information gathered during the investigation must be handled confidentially and in accordance with the organisation's data protection and confidentiality policies. [Information Governance and GDPR](#)

Following the investigation, the findings will be documented and used to inform the written response provided to the complainant. Where appropriate, actions may be identified to address the issue raised and to improve service delivery.

Formal Complaint responses

Where a complaint has been investigated through the formal complaints procedure, the complainant will receive a written response outlining the outcome of the investigation.

The written response should clearly summarise the issues raised, the steps taken to review or investigate the complaint, and the findings reached. Where appropriate, the response should include an explanation, any actions taken to address the concern, and any measures implemented to prevent a similar issue from occurring in the future.

The response should also inform the complainant of any further steps they may take if they remain dissatisfied, including details of the escalation or appeals process where applicable.

All written responses should be clear, respectful, and provided within the stated response timescales.

Timescale

It is important that we deal with and resolve all complaints as quick as possible or at least by the timescales stated below:

Within 1 working day

- Formal complaints logged via feedback@thehearingpeople.co.uk will receive an automatic acknowledgement, confirming receipt of the email and advised of our expected response time.

Within 5 working days

- All formal complaints should receive an acknowledgement of the complaint

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and be aware that we are dealing with it. A complaint can be acknowledged and resolved on the same day; however, escalated complaints should be acknowledged within a maximum of 5 working days.

Within 20 working days

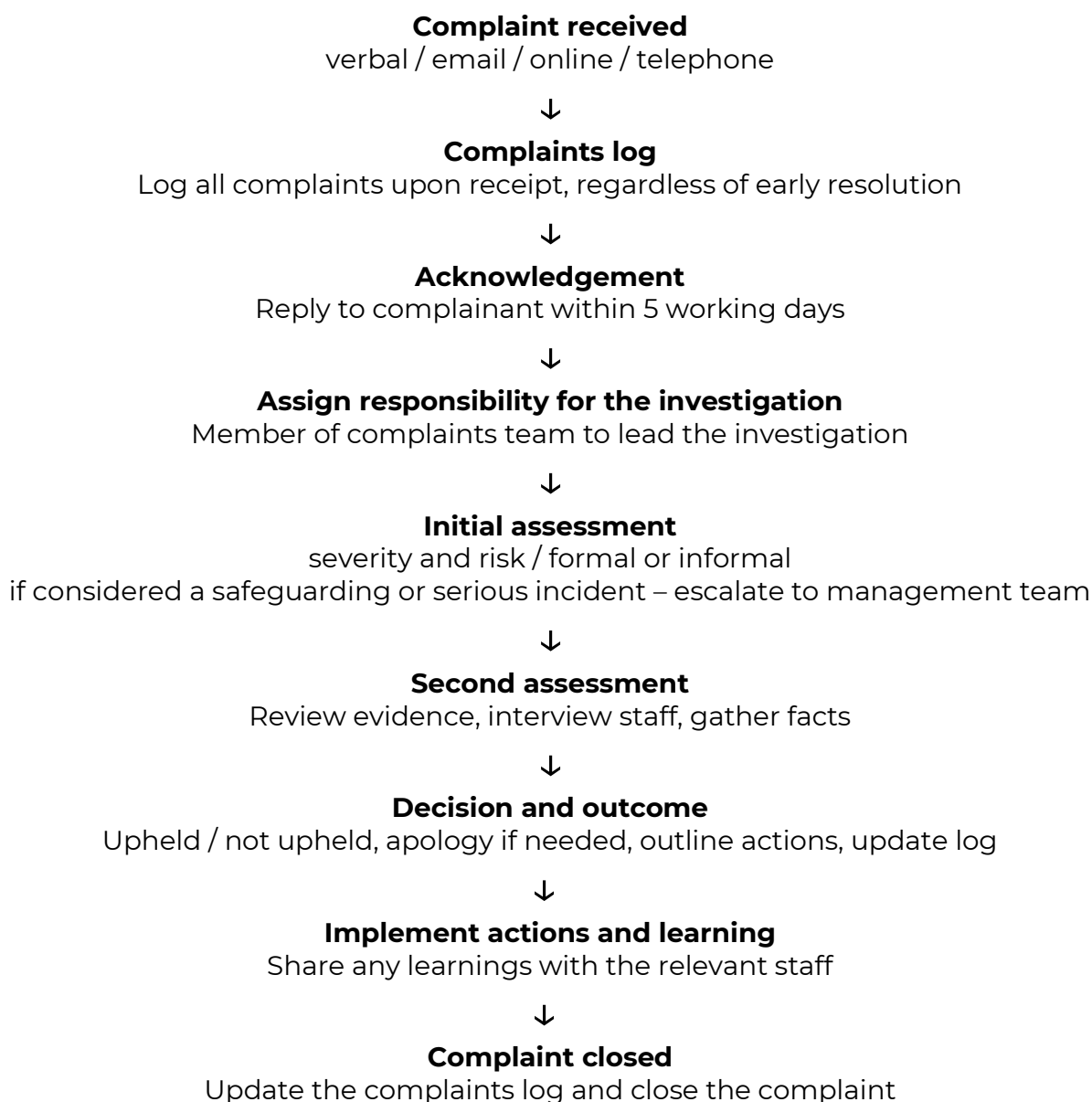
- All investigations should be finalised, and an amicable resolution should be presented to the patient.

Further 20 working days

- Should a patient not be satisfied with the solution we have provided, they have the option to appeal to the Managing Director.

Complainants should be always kept up to date with the progress of the complaint, by the lead owner of the complaint.

Complaints handling process



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Staff training

All staff will receive training on how to manage complaints during their induction, and if processes change. This training will be recorded along with other role-specific training, and signed off by their line manager upon completion.

6. Learnings

The Hearing People are committed to learning from the outcomes received in relation to this policy, to work towards improving the service we provide.

An audit will be completed annually, as part of ongoing governance monitoring.

The purpose of this audit is to ensure we:

- Ensure the complaints log is completed.
- Ensure complaints are logged correctly and escalated appropriately.
- Identify trends within the service model
- Highlight system or human failures
- Provide training to staff or to reflect and make changes to our service delivery model

The audit will be used by service management to create an outcome report with an action log. The action log will highlight findings that require further training or changes in our service model and detail the plan and timescale of this process.

Audit outcome report and training

Report

- The outcome report and findings will be presented during staff meetings
- This will include patterns/trends, and how we can learn and change our service to improve the quality of our care
- In such instances there may be a change required in the clinical or non-clinical operations of the service, and this will be reflected in the respective policies
- The outcome report information may be used to share findings with commissioners of services

Learning

- Complaints provide valuable feedback and an opportunity to improve the quality of services provided. We are committed to reviewing complaints to identify any lessons that can be learned and to prevent similar issues from occurring in the future.
- Information gathered through the complaints process will be analysed to identify trends, recurring issues, or areas where improvements may be required. Where appropriate, actions may include reviewing procedures, providing additional staff training, or implementing changes to working practices.
- Relevant learning outcomes and improvements will be communicated to staff where necessary to support continuous service improvement. The organisation will ensure that complaints are used constructively to enhance service quality, promote good practice, and strengthen accountability.

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7. Effectiveness Criteria

To evidence compliance with this policy, the following elements will be monitored.

What areas need to be monitored?	How will this be evidenced?	Where will this be reported and by whom?
The document has been formatted to the agreed document template	Reviewing the policy	Document master list, Quality and Compliance Officer
The supporting references are listed and/or hyperlinked	'References' section	Document master list, Document owner
Ensure all complaints received are reported, investigated, and resolved timely and accurately	Complaints log	Quality and Compliance Officer/Head of Clinical Services and Governance

8. References

[Complaints and Compliments log.xlsx](#)

Appendix 1 – Equality impact assessment

Who might the policy have a ‘differential’ effect on, considering the “protected characteristics” below? (By differential we mean having a noticeably more positive or negative impact on a particular group e.g. it may be more beneficial for women than for men)

Equality Groups	Positive	Negative	Neutral
Race			X
Gender			X
Disability			X
Sexual orientation			X
Religion or belief			X
Age			X
Gender reassignment			X
Marriage and civil partnership			X
Pregnancy and maternity			X
Notes			