The Dunhill Medical Trust

Title: **Complaints Procedure**
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Introduction

The Dunhill Medical Trust (DMT) accepts that organisations and individuals should be able to make complaints regarding aspects of the Trust's working practice which they find to be unsatisfactory. The purpose of this procedure is to set out a process for dealing with complaints which is fair and aims to resolve issues which may arise as quickly and reasonably as possible.

DMT aims to ensure that its grant-making reflects best practice and reserves the right to determine how it carries out its work. It does, however, acknowledge that, from time to time, issues might arise which may need to be resolved as a result of the Trust's interaction with grant applicants and grant holders, and other external individuals and organisations.

Definition of complaint

Grant applicants and holders may approach DMT with specific issues or problems which they wish to discuss. In general, these are likely to part of an on-going relationship and can be addressed as such without the need to resort to a complaints procedure.

However, on occasion, an issue may arise which the complainant wishes to be addressed formally. Such an issue, expressed in writing, will be regarded as a complaint if:

(a) an individual or organisation is unhappy about the way in which DMT or its representative(s) have acted, and expresses a wish to have this matter addressed; and
(b) the letter makes clear that a complaint is being made.

A complaint must be received in writing, addressed to either the Executive Director or the Chair of Trustees at DMT's registered office.

The scope of complaints

DMT **will** consider and respond to complaints in relation to:

(a) inappropriate behaviour by a DMT representative;
(b) disproportionate amount of time taken to respond to an application (ie. which greatly exceeds the time stated in DMT's policies and guidance);
(c) failure on DMT's part to carry out an action agreed in writing with an individual or organisation.

DMT **will not** consider complaints in relation to:

(a) a decision to offer a grant, or not to offer a grant;
(b) the amount offered as a grant;
(c) changes in DMT policies and/or terms and conditions for grants;
(d) the activities of other grant holders or grant applicants.

Publicising DMT policies and terms and conditions etc.

DMT will aim to ensure that all relevant policies, terms and conditions and other practices relating to grant making are made freely available on its website at http://dunhillmedical.org.uk.

Confidentiality

In respect of complaints, confidentiality will be taken into consideration and observed as appropriate. The complaint in question and any subsequent action taken will be disclosed only to those persons who need to know, in order that the issue may be resolved. All logged complaints and relevant paperwork will be kept in a secure location.

Disciplinary and grievance procedures

The complaints procedure does not supersede DMT's disciplinary and grievance procedures which apply to paid members of staff. Where appropriate, these internal procedures may be used in dealing with a complaint that has been raised by a person or organisation external to the Trust.

PROCESS FOR DEALING WITH A COMPLAINT

1. Initiating a complaint

1.1 A complaint must be made in writing and addressed to DMT's registered office. It will be logged by the person receiving it.

1.2 All complaints should be addressed to the Executive Director, unless the complaint is with reference to the Executive Director, in which case it should be addressed to the Chair of Trustees. The Executive Director will inform the Chair of Trustees of any complaint made.

2. Action

2.1 Complaints relating to DMT staff (apart from the Executive Director), or relating to general matters, will be dealt with by the Executive Director.

2.2 Complaints relating to Trustees, or the Executive Director, will be dealt with by the Chair of Trustees. In the event that the complaint relates to the Chair of Trustees, it will be dealt with by the Board of Trustees as a whole.

2.3 If there is any doubt as to who should deal with a complaint, it should be referred to the Chair of Trustees.

2.4 If there are reasonable grounds for a complaint and it can be addressed directly by a Trustee or member of staff (eg. by an explanation or apology), the person in question will be asked to take immediate steps to address the complaint.

2.5 Following discussion with the member of staff or Trustee concerned and the complainant, to elicit the facts relating to the complaint, the person dealing with the matter should take steps to address the complaint, or make clear to the complainant that, having reviewed the facts of the matter, there is in his/her view no case to answer.

2.6 A response should be made to the complainant within 21 working days of receipt of the complaint. If it has been agreed to undertake action as a result of the complaint, this should be explained, together with an indication of the timescale in which this action will be completed.

2.7 If the person dealing with the complaint, or the member of staff or Trustee concerned, is away on holiday, or for an extended period, and cannot be contacted, the complaint should be acknowledged immediately by another member of staff or Trustee. The complaint should then be dealt with within 15 working days of the return of the person who has been absent.

2.8 When the complaint has been dealt with, information on both the complaint and the action taken should be logged.

3. Review

3.1 Once a reasonable period of time has been allowed to enable any agreed action to be implemented, if the complainant still feels that his/her complaint has not been adequately addressed, he/she should write to the Chair of the Trustees, requesting a review. The Chair will then take action as he/she deems appropriate, making clear to the complainant that this is the last action that will be taken on the matter.

3.2 A written response on the outcome of the review will be made to the complainant within 28 working days of the request for a review being received.

3.3 In the event that, following the outcome of the review, the complainant is still dissatisfied, he/she would be able to refer the matter to the Charity Commission as the appropriate regulator.

4. Monitoring

4.1 The Executive Director and Chair of Trustees will review the number and nature of complaints received on an annual basis and will report to the Board of Trustees as appropriate.