

EIA – EQUALITY IMPACT SCREENING & ASSESSMENT TOOL

**Praxis Care
COMPLAINTS PROCEDURE**

Printed copies are for reference only. Please refer to electronic copy for most recent information.

Please read in conjunction with the following:-

MANAGEMENT OF COMPLAINTS POLICY
RAISING A CONCERN FLOWCHART
HOW TO MAKE A COMPLAINT
IOM-COMPLAINTS FLOWCHART

1 COMPLAINTS PROCEDURE

Praxis Care's Complaints Procedure comprises of 3 internal stages with a 4th external stage:-

- Stage 1: Point of Contact Resolution i.e. all complaints resolved in 3 working days
- Stage 2: Not resolved within 3 working days OR requiring Investigation or Management
- Stage 3: Internal Appeal process
- Stage 4: External Review (e.g. Ombudsman/ Confidential Recipient (ROI), HSCOB (IOM))

In the Isle of Man, Stages 1, 2 and 4 apply; there is no right to internal appeal.

Advice can be sought from the Complaints Officer at any stage.

1.1 STAGE ONE – LOCAL RESOLUTION

Any member of staff may receive an expression of dissatisfaction, and whether written or oral, it must be addressed promptly and in a professional manner.

Employees in receipt of any feedback should clarify how the individual wants the issue to be resolved. All complaints or statements of dissatisfaction must be logged on the system regardless of whether or not the individual wants it to be logged as a complaint. Staff should ensure that relevant contact information for the complainant is recorded at point of contact, if possible and appropriate to do so.

Service users and their representatives should be assured that all feedback is greatly appreciated, that they will not be disadvantaged in any way, and that there will be no retribution for making a complaint.

Staff should explain the complaints procedure and provide a copy of the regional complaints information leaflet.

Managers must contact the HR Department, at the earliest opportunity, where a complaint has been made concerning a member of staff, or where a complaint could potentially lead to disciplinary action, and take guidance from the HR Department where necessary.

1.1.1 Expression of dissatisfaction; verbal or written

Staff in receipt of an expression of dissatisfaction, whether verbally or in written form, they should reassure the complainant and offer an apology; this may be the enough to resolve the issue. Support workers/ ancillary staff who receive a complaint should then report it to their line manager to be logged on the online system on their behalf, and addressed if not already resolved. At present, only Team Leader grade and above can input complaints onto the QGMIS system, which is accessed via the service's QGMIS Homepage.

Complaints received by reception should be forwarded to the relevant service/ departmental manager to be logged by them and copying the Head of in to the email. Where it is not clear as to which service/ department the complaint relates to, the complaint should be forwarded to the Complaints Officer at complaints@praxiscare.org.uk to be processed.

If appropriate to do so and not already resolved, the team leader (or equivalent) should take steps to resolve the issue immediately or at least within 3 working days, agreeing the course of action with the complainant at the time of contact with them.

At point of contact, staff should seek to clarify with the individual if the complaint relates to:

- Service Delivery;
- Staff Communication;
- Environment Quality; or
- Neighbour Relations

Once the category has been selected on the form, the appropriate sub-category, relevant to the complaint should be chosen. Once the form has been submitted, this information cannot be changed therefore for accurate data to be available, care must be taken to ensure that the information is correct. See Appendix 1 for a summary of complaints categories.

Staff should complete all sections of the complaint form as appropriate and relevant to the complaint; the person completing the form will then be asked if the complaint was resolved within 3 working days.

1.1.2 Resolved within 3 working days

If the complaint has been resolved within 3 days, the person completing the form will select YES when prompted. The option to note if any lessons were learnt will appear and comment should be made where the response to this is YES.

The date of closure should be selected from the calendar and the form submitted. The complaint will now move to the manager for assurance and will appear on the complaints dashboard as Awaiting Managerial Assurance.

On selection of a complaint form that requires assurance, the manager/ person in charge will be prompted to review the complaint details and by clicking SUBMIT, they are confirming that they have read the form and are aware of the complaint.

Staff should refer to Appendix 1 to ensure that the complaint is logged against the most appropriate category as this cannot be changed once submitted.

1.1.3 No resolution within 3 working days

If a resolution cannot be achieved within 3 working days, staff will select 'No' on the form when prompted. The complaint will then move to be managed or investigated by the manager, if appropriate for them to do so, and will appear on the Awaiting Managerial Assurance tab on the dashboard.

On selection of the form from a drop down list, the manager/ person in charge will be asked if it is appropriate for them to take the complaint forward. If the answer is YES, the complaint will move to the Managerial Actions tab on the dashboard. (See Section 2)

If is not appropriate for the complaint to be investigated by the respective manager e.g. if they are mentioned in the complaint or are the subject of the complaint, they will select NO and the complaint will move to the Praxis Care Complaints Officer to allocate an appropriate complaints manager to investigate.

2 STAGE TWO (Formal Complaints or greater than 3 working Days unresolved)

NB this is referred to as Stage 1 in the IOM.

Stage 2 or Investigation stage of the process will be implemented when:

- A complaint received at Stage 1 has not been resolved within 3 working days;
or
- The complainant specifically requests / requires their concerns to be investigated, regardless of how the complaint was received.

The manager/ person in charge must contact the HR Department, at the earliest opportunity, where a complaint has been made concerning a member of staff, or where a complaint could potentially lead to disciplinary action, and take guidance from the HR Department where necessary.

Written complaints will be treated as being made on the date on which it was received by the Complaints Manager or any other Praxis Care staff.

2.1 Complaint Acknowledgement

Staff should make every effort to obtain the complainant's postal address, email address or phone contact details as soon as possible, to enable contact to be maintained during the investigation and to enable feedback to be given to the complainant once the complaint is resolved. The complainant's preferred method of communication should be established with them from the outset.

Any complaint (written or oral) or a complaint that has not been able to be resolved within 3 days must be acknowledged by the respective Manager, or in such a way as the complainant has requested or consented to, not later than 5 working days after the day on which the complaint was received.

Where a complaint has been made orally and the complainant has requested written correspondence, a copy of [RECORD OF ORAL COMPLAINTS](#) form must be completed and sent along with the written acknowledgement, inviting the complainant to sign and return

the form to the respective Manager. There is a [COMPLAINT ACKNOWLEDGEMENT LETTER](#) template that can be used and amended as required ; please see APPENDIX 3 for guidance on completing the template. At the request of or with permission from the complainant, the information contained in the written record may be communicated using an alternative form of communication e.g. email.

If a complaint is received via the Praxis Care website the Complaints Officer will acknowledge the complaint with the complainant using the email address provided and inform them who has been appointed to investigate the complaint and advise that this person will be in touch in due course. The Complaints Officer will log the complaint on the QGMIS against the relevant service.

2.2 Investigating the Complaint and Responding to the Complainant

For most complaints, the respective Manager will investigate however, they should not be directly involved in the matters of the complaint or be the subject of the complaint. If the service manager is unable to investigate a complaint for either of these reasons, they will record this on the online complaint form and it will be referred to Praxis Care's Complaints Officer to appoint an appropriate person to deal with the complaint, following discussion with the Director of Quality and Governance.

The investigating manager will record on the online form, any relevant information, updates or contact with the complainant; please note that only the investigating manager has access to this record.

It is Praxis Care's aim to resolve all complaints within 20 working days (28 calendar days). If this is not possible, the Investigating Manager must ensure the complainant is kept informed at this juncture i.e. every 20 working days, of the reasons for any delays, until the complaint is resolved. There is a [COMPLAINTS HOLDING LETTER](#) template that can be used and amended as required; please refer to APPENDIX 3 for guidance on completing the holding letter.

If the complaint remains unresolved after 40 working days (56 calendar days), though the investigation will continue by the investigating manager, the online input form will lock down and coordination of the complaint will be passed to Praxis Care's Complaints Officer.

On completion of the investigation of the complaint, the investigating manager must prepare a written response, if appropriate, to the complainant using the [COMPLAINT CLOSURE LETTER](#) template, amending as required. Please refer to APPENDIX 3 for guidance on completion of the closure letter. This response should be assured by the Complaints Officer before being signed by the investigating manager and sent to the complainant.

If appropriate to do so, a copy of the response should be sent to the relevant manager, if they are not the Investigating Manager, for filing locally.

Once the complaint has been addressed, the complaint can be closed on the QGMIS by either the Investigating Manager within 56 calendar days or the Complaints Officer, up to 6 calendar months from submission. The investigating manager will answer a set of feedback questions regarding the outcome of the investigation, including lessons learnt.

If the investigation is unable to be completed within 6 calendar months of date received, it must be closed and the complainant advised on their right to take their concerns the relevant regional ombudsman (See Appendix 2)

2.2.1 IOM Only

No right of internal appeal can be granted to IOM Complainants.

In 2022, the Independent Review Board was replaced by The Health and Social Care Ombudsman Body on the Isle of Man. The closure letter relating to any investigated complaint should inform the complainant of their right to refer the complaint to the Health and Social Care Ombudsman Body on the Isle of Man and provide the contact details for this body, where the complainant is dissatisfied (see Appendix 2). The Ombudsman has their own criteria to evaluate referrals.

2.2.2 UK and ROI

As part of the Stage 2 closure letter, the investigating officer will note the complainant's right to appeal to the Complaints Officer; it should also note that the grounds for appeal must relate to how the complaint was investigated and not solely that the complainant was unhappy with the outcome. An appeal must be lodged within 30 days of receipt of the complaint report/ closure letter.

3 STAGE THREE- INTERNAL APPEAL (UK & ROI ONLY)

This stage does not apply to services/ departments on the Isle of Man

On receipt of confirmation from the complainant that they wish to appeal and which elements are being appealed, the Complaints Officer will contact the Director of Quality and Governance and will agree with them the most appropriate person to complete the internal complaint review. This will always be the next grade of staff above the original investigating officer.

3.1 Appeal Review

The person appointed to complete the internal appeal will be informed of their role by the Complaints Officer. This individual will have access to the original online complaint form and investigation outcome and will be able to view the notes made at Stage 2.

The appeals officer will contact the complainant within 5 working days to explain his/her role, to talk through the original complaint, clarify the areas of appeal and explain the appeal process.

The appeals officer at this stage will:

- review the information used to reach the conclusion(s) outlined in the closure letter, relevant to the areas being appealed;
- review any additional information that they feel may not have been included in the original investigation which may or may not have an impact on the review decision; and
- complete the review and compile a report with findings, within 28 days. If this is not possible, the complainant should be kept informed (every 28 days) of the reasons for any delays, until the complaint is resolved.

The report should include (as applicable):

- details of the areas of the original complaint being appealed;

- how the review was completed
- findings
- recommendations
- learning

Where possible, the person dealing with the appeal should discuss the findings of the investigation with the complainant.

3.2 Closing an appeal

The investigating officer will make a comment on the online form, summarising their findings and noting the outcome of the appeal.

A written response will be drafted by the appeals officer and forwarded to the Complaints Officer for review prior to sending. The [COMPLAINT CLOSURE LETTER](#) template must be used and amended as required; please see APPENDIX 3 for guidance on completing the template.

A copy of this letter will also be sent to the relevant service manager/ person in charge for filing locally.

A copy of all investigative work, correspondence etc. should also be retained locally for audit and inspection purposes.

4 STAGE FOUR – INDEPENDENT (EXTERNAL) REVIEW

Praxis Care will fully co-operate with these bodies, providing information as requested by them in line with GDPR.

5 RECORDS MANAGEMENT & RECORDS RETENTION

A record of all communication with the complainant should be maintained by the person investigating the complaint. A copy of all investigative work, correspondence, etc. should also be locally and securely held by the person completing the investigation.

All records pertaining to the complaint should be retained for a period of 10 years from the day on which the response was sent to the complainant.

APPENDIX 1- COMPLAINT CATEGORIES

Complaints are categorised into four main thematic areas:

Service Delivery
Staff Communication
Environmental
Neighbour Relations

COMPLAINT CATEGORY	SUB CATEGORY	CATEGORY DESCRIPTION	CATEGORY EXAMPLE
SERVICE DELIVERY	<ul style="list-style-type: none"> NOT AS PER CONTRACT 	The complainant feels that the service currently provided is not in line with the contract for the service	The service has been agreed for 5 days per week but due to transport issues can only be provided on 3 days
	<ul style="list-style-type: none"> NOT MEETING CURRENT NEEDS 	The complainant feels that the current service falls short of the needs of the service user or the family/ carers	Issues have arisen around staff not being trained in certain areas to be able to meet a service user's needs.
	<ul style="list-style-type: none"> CANCELLATION OF A SERVICE 	The complainant is dissatisfied with the cancellation of a service	A respite service has had to be cancelled due to resourcing issues or incompatibility of the client group. Floating support contact has been cancelled regularly due to staffing issues
	<ul style="list-style-type: none"> UNABLE TO DELIVER A SERVICE 	The complainant is unhappy that Praxis Care is unable to provide a service user with the supports agreed/ required.	An individual service user's staff have been re-deployed to another area of the service impacting the supports they receive.

COMPLAINT CATEGORY	SUB CATEGORY	CATEGORY DESCRIPTION	CATEGORY EXAMPLE
	<ul style="list-style-type: none"> CARE NEEDS NOT MET AS PER ISP 	The complainant feels that Praxis Care has not been able to meet the specific needs of a service user as outlined in their care plan.	Service user requires staff to be trained in a particular area of care but this has been lacking, posing a risk to the service user.
	<ul style="list-style-type: none"> POOR STANDARD OF CARE DELIVERED 	The complainant is dissatisfied with the standard of care delivered by Praxis Care	Concerns have been raised about the standard of personal care provided to a service user. Medications are being missed or given late, impacting the service user's health. May also need to be considered as safeguarding if there are allegations of neglect.
STAFF COMMUNICATION	<ul style="list-style-type: none"> POOR TIMEKEEPING 	The complainant is dissatisfied with staff's timekeeping	Issues have arisen with staff being late for contact times or agreed activities
	<ul style="list-style-type: none"> POOR/ UNPROFESSIONAL ATTITUDE 	The complainant feels that staff have behaved in a way that is deemed unprofessional, including their attitude to others	Issues have arisen due to how a staff member has interacted with a service user/ representative/ commissioner
	<ul style="list-style-type: none"> POOR COMMUNICATION(WRITTEN OR VERBAL) 	The complaint is dissatisfied with communication processes in the service	Issues have arisen in relation to how information is communicated to service users/ representatives/ commissioners having detrimental effect on the complainant.
ENVIRONMENTAL	<ul style="list-style-type: none"> GENERAL MAINTENANCE 	The complainant feels the property is poorly maintained	Complaints may relate to maintenance issues not being addressed appropriately or in a timely manner

COMPLAINT CATEGORY	SUB CATEGORY	CATEGORY DESCRIPTION	CATEGORY EXAMPLE
			e.g. a leaking shower or draughty window.
	<ul style="list-style-type: none"> WASTE MANAGEMENT 	The complainant is unhappy with how household/ clinical waste is managed in the service	Concerns have arisen around the accumulation of waste outside the property, posing a health and safety risk.
	<ul style="list-style-type: none"> TEMPERATURE 	The complainant is dissatisfied with the temperature in the property	There are concerns around the provision of an ambient temperature in the property
	<ul style="list-style-type: none"> FURNISHINGS 	The complainant is dissatisfied with the quality/ maintenance of furnishings in the service	Concerns have arisen about torn fabric on soft furnishings, broken items of furniture or insufficient/ inadequate furniture in the service
	<ul style="list-style-type: none"> CLEANLINESS/ ODOURS 	The complainant is unhappy with the standard of cleanliness in the service	There are concerns around the presence of odours in the service or the continued presence of dirt/ dust in the service.
NEIGHBOUR RELATIONS (TENANCY)	<ul style="list-style-type: none"> ANTI SOCIAL BEHAVIOUR 	The complainant feels that the behaviour of a staff member or service user could be deemed as antisocial	Issues have arisen around service users acquiring drugs in a public area
	<ul style="list-style-type: none"> PARKING 	The complainant is dissatisfied with parking at the service	Issues have arisen with the number of cars relating to the service in the area or how they are parked

COMPLAINT CATEGORY	SUB CATEGORY	CATEGORY DESCRIPTION	CATEGORY EXAMPLE
	<ul style="list-style-type: none">• NOISE	The complainant is dissatisfied with the noise levels in the service	Concerns have arisen in relation to loud music being played late at night.

APPENDIX 2: ROLE OF REGULATORY BODIES, OMBUDSMEN AND COMMISSIONERS

COMMISSIONERS

Service users can contact the Complaints Officer or Service Manager in the local Health and Social Services Trusts of Local Authority. The commissioner involved will have a procedure in relation to dealing with complaints from service users receiving a service from a provider organisation.

ISLE OF MAN

IOM Regulation & Inspection Unit

All service users are able to make a complaint to The Regulation of Care Services (IOM Registration and Inspection Unit). Contact with this unit is an additional channel and is not intended to detract service users from raising matters with the service provider.

The unit has a Statutory Power to investigate the complaint. The Registration and Inspection Unit is located at:

1st Floor, Belgravia House,
34-44 Circular Road
Douglas
IM1 1AE

Telephone: +44 1624 642422

Email: Randl@gov.im

Health and Care Professions Council

Service users, carers or the general public can make a complaint to the HCPC about a Registered Social Worker. The HCPC have a duty to investigate complaints as Registered Social Workers are expected to abide by the Codes of Practice for Social Workers.

Service and Complaints Manager
Health and Care Professions Council (HCPC)
Park House
184-186 Kennington Park Road
London
SE11 4BU
Tel: +44(0)20 7840 9708
Email: feedback@hcpc-uk.org

Health and Social Care Ombudsman Body

In 2022, the Independent Review Board on the Isle of Man was replaced by the Health and Social Care Ombudsman Body. In the event that the complainant meets the requirements of Section 3 of the Complaints Procedure, he/she can make a complaints to the Ombudsman, and in such circumstances the following contact details for the Health and Social Care Ombudsman Body should be shared with the complainant.

Health and Social Care Ombudsman Body
PO Box 18,
Douglas,
IM99 1UT
E-mail: HSCOB@gov.im

Manx Care

Service users, their representatives and members of the public can raise concerns about commissioned services with Manx Care, which is responsible for health and social care services on the Isle of Man. Anyone with concerns about a Praxis Care service can contact Manx Care Advice and Liaison Service (MCALS) at;

Noble's Hospital Estate

Strang,

Bradden

IM4 4RJ

+ 441624 642642

mcals@gov.im

ENGLAND

CQC – Care Quality Commission

Where the complainant is not satisfied with the response from the Independent Review Panel, he may decide to inform the regulatory body – Care Quality Commission. Whilst CQC cannot investigate the complaint, it can use the information received when it is inspecting services to ensure that the services are meeting standards of quality and safety. However, complaints from people whose rights are restricted under the Mental Health Act, or their representatives, about the way staff have used their powers under the Act, can be investigated by CQC.

Ofsted

Ofsted welcomes complaints in relation to children's services. Service users and/or their representatives can contact Ofsted who will investigate whether the relevant requirements and regulations are being met.

Health and Care Professions Council

Service users, carers or the general public can make a complaint to the HCPC about a Registered Social Worker. The HCPC have a duty to investigate complaints as Registered Social Workers are expected to abide by the Codes of Practice for Social Workers.

Parliamentary and Health Service Ombudsman

Anyone can complain to the Ombudsman about the services provided by government departments, a range of public bodies in the UK and the NHS in England. The Ombudsman provides a service to the public to undertake independent investigations into complaints.

NORTHERN IRELAND

RQIA – Regulation and Quality Improvement Authority

The regulatory body RQIA advise that in the first instance complaints should be resolved with the organisation providing the service. Where a complaint to RQIA highlights a failure to comply with regulations or minimum standards, these are followed up through RQIA's inspection activity.

The Regulation and Quality Improvement Authority is located at:
RQIA , James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Email: info@rqia.org.uk

Telephone: 028 9536 1111 (Switchboard is manned 9am - 5pm Monday to Friday)

NISCC – Northern Ireland Social Care Council

Service users, carers, employers or the general public can make a complaint about a registered social care worker. NISCC will investigate a complaint about the specific behaviour of a registered social care worker which does not meet the standards set out in the NISCC Code of Practice for Social Care Workers. NISCC can also be contacted about the conduct of a Social Care Worker that is not yet registered.

The NISCC is located at:
4th Floor,
2 Cromac Avenue
Belfast
BT7 2JA

Email: info@niscc.hscni.net

Telephone: 028 9536 2600

Northern Ireland Ombudsman

Anyone can complain to the Ombudsman if they are unhappy with the service provided by a government department/agency or public body. Public bodies include all local councils, education and library boards, organisations providing Health and Social Care (HSC) Services and prison healthcare.

The NI Ombudsman is located at:
Progressive House
33 Wellington Place
Belfast, BT1 6HN

Email: nipso@nipso.org.uk

Telephone: 028 90233821 or freephone 0800 343424

Telephone: 0800 917 0222

REPUBLIC OF IRELAND

HIQA- Health Improvement and Quality Authority

The HIQA encourages those in receipt of a publicly funded service who have feedback on the care or treatment received to speak with the manager of the service or person delivering the care in the first instance. They are unable to investigate complaints about a health or social care service but will use any feedback received to establish if there is a risk to safety, effectiveness and management of the service and day to day care residents receive and will act accordingly.

The HIQA can be contacted at:

HIQA,
George's Court
Smithfield
Dublin 7
D07 E98Y

Tel: 021 2409646

concerns@hiqa.ie

NATIONAL CONFIDENTIAL RECIPIENT

Grainne Cunningham-O'Brien is the HSE's National Confidential Recipient but is independent of the HSE itself. Anyone can make a complaint or raise a concern to her about the care and treatment of any vulnerable adult in receipt of residential care, in an HSE or HSE funded facility.

Concerns about a vulnerable adult in the care of an HSE funded agency such as Praxis Care can also be raised through the [YOUR SERVICE YOUR SAY](#) complaints process.

The Office of the Confidential Recipient,
Training Services Centre,
Dooradoyle,
Limerick

Office phone: 087 1880523

Confidential Recipient: 087 6657269

Monday to Friday, 9am to 5.30pm.

grainne.cunningham@crhealth.ie

Office Administrator email: etta.shanahan@crhealth.ie

Office mobile: 087 1880523

THE OMBUDSMAN

The Ombudsman recommends that service users contact their service provider to resolve their complaint in the first instance. The Ombudsman can be contacted if the complainant is unhappy with the outcome of their complaint or how it was dealt with however it cannot review complaints made more than 12 months after they first complained about the issue or became aware of the issue.

The Ombudsman can be contacted here:

The Office of the Ombudsman
6 Earlsfort Terrace
St Kevin's
Dublin 2

D02 W773

Tel: 01 6395600

info@ombudsman.ie

Ombudsman for Children

The Ombudsman for Children's Office

Millennium House

52-56 Great Strand Street

Dublin 1

Free-phone: 1800 202040

www.oco.ie

APPENDIX 3 LETTER GUIDANCE

1. ACKNOWLEDGEMENT LETTER

The [COMPLAINT ACKNOWLEDGEMENT LETTER](#) should contain the following information:

- an invitation for the complainant to meet with the complaints manager.
- a summary of the complaint;
- details of the arrangements for dealing with complaints by Praxis Care
- an indication of how long the complainant can expect to wait before receiving a further response from the complaints manager about the complaint i.e. 20 working days (28 calendar days);
- contact information for the investigating manager in relation to the handling, consideration and disposal of the complaint;
- additional guidance or information for the complainant in relation to making a complaint and
- if appropriate and relevant, a request for the complainant to produce further information or documentation to the complaints manager, to enable the complaint to be properly considered.

2. HOLDING LETTER

The [COMPLAINTS HOLDING LETTER](#) should contain the following information:

- The reasons for the delay in response the complaint
- An apology for the delay
- A reassurance that every effort will be made to ensure that the complaint will be addressed.

3. CLOSURE LETTER

The [COMPLAINT CLOSURE LETTER](#) should include the following:

- a summary of the nature and substance of the complaint;
- a confirmation of whether or not the complaint has been upheld in full or in part;
- a description of the investigation completed;
- a summary of the conclusions reached and any action taken or to be taken as a result of the complaint, and a reasonable timescale for the completion of these actions;
- an apology, if appropriate;
- if applicable, the response should contain information on supports or services that may provide assistance to the complainant;
- an invitation for the complainant to meet with the Complaints Manager to discuss the outcome of the complaint; and
- advice for the complainant on their right to appeal within 30 days if they feel the complaint was not handled appropriately along with the contact details of the Complaints Officer or HSCOB in IOM (if relevant).

4. APPEAL CLOSURE LETTER (Not for use in IOM)

The written response will be completed using the [COMPLAINT CLOSURE LETTER](#) template and should:

- inform the complainant that their appeal has been reviewed and outline the actions taken in response;
- advise the complainant whether or not the original decisions outlined in the previous closure letter have been upheld, partially upheld or overturned;
- inform the complainant that the appeal is now considered closed; and
- advise the complainant of their rights in the event that they are still not satisfied and refer to the respective regional regulators and Ombudsman offices. Details outlined in Appendix 2.