

Complaints and Feedback Policy

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1 Introduction

- 1.1 The purpose of this policy is to provide guidance for complaints and feedback, and to ensure that all complaints are considered and responded to promptly, fairly, sensitively, and with a view to satisfactory outcomes.

2 Scope

- 2.1 This policy is for use by any participant of Peter McVerry Trust [PMVT] who is using, has used, or has sought to use any PMVT services, assistance or supports.
- 2.2 This policy applies to all employees of PMVT, members of the public, donors and third-party contractors.
- 2.3 This policy does not cover complaints and feedback from staff of PMVT – this is covered in the *PMVT Grievance Policy* or, if relevant, the *PMVT Protected Disclosures Policy*.

3 Ways to give Feedback and Make a Complaint to PMVT

- 3.1 Speak to a PMVT Staff member
- 3.2 Submit a PMVT complaints form
- 3.3 Submit a complaint online, using the PMVT website
- 3.4 Send PMVT a letter or email
- 3.5 Call PMVT Head Office

4 What is feedback?

- 4.1 PMVT defines feedback as the views and opinions of a person regarding the actions, events or services they have experienced, including comments, compliments or suggestions for improvement.
- 4.2 Anyone can give feedback to PMVT about their experience of our services.
- 4.3 PMVT encourages feedback on service quality and provision from all past and current participants and shall always aim to maintain high-quality services based on evidenced participant needs. Feedback can help us to fix any issues before they arise.

- 4.4 Feedback can include comments, suggestions, ideas, observations, compliments when we get things right and negative feedback.
- 4.5 PMVT engages in an annual, structured, and formalised feedback process across the organisation.
 - 4.5.1 The results of the PMVT Participant Feedback Survey are analysed by the PMVT Research staff and used to broaden our understanding of participant's experiences, and inform continuous learning and improvement across our organisation and services.
- 4.6 In addition to the structured organisation-wide feedback as outlined above, PMVT provides opportunities for feedback throughout our services and encourages our participants to engage where relevant.
- 4.7 PMVT encourage feedback from donors, third parties and the public who can use any of the channels listed in section three to do so.

5 What is a Complaint?

- 5.1 The Health Act 2004 defines a complaint as *"made about any action of the Executive, or a Service Provider that, it is claimed does not accord with fair or sound administration practice, and adversely affects the person by whom, or on whose behalf, the complaint is made."*
- 5.2 PMVT defines a complaint as a statement that something is *unsatisfactory or unacceptable*. A complaint must be contrary to fair or sound administrative practice, in relation to an action or inaction of PMVT in respect of any of the services. This might include:
 - 5.2.1 When PMVT do not deliver a satisfactory service;
 - 5.2.2 When the wrong information is given;
 - 5.2.3 When there is a concern raised about a member of staff or contractor.
- 5.3 To determine what constitutes as a complaint, it must include the following:
 - 5.3.1 An expression of dissatisfaction;
 - 5.3.2 In relation to an action or inaction by PMVT;
 - 5.3.3 That the action or inaction was contrary to sound administrative practices;

- 5.3.4 That there is an adverse effect on the complainant (or the person on whose behalf the complaint is made.)

6 Anonymous Complaints

- 6.1 Complaints are anonymous when the person receiving the complaint has no knowledge of who the complainant is; otherwise the complaint is confidential.
- 6.2 In the event that an anonymous complaint is received, PMVT will address the complaint following the *PMVT Complaints Procedure*, ensuring that the principles of natural justice – the right to a fair hearing, and the rule against bias, still apply, regardless of the complaint being anonymous.
- 6.3 An anonymous complaint may be referred for investigation if-
 - 6.3.1 There was good reason for the complainant to remain anonymous (e.g. reasonable concerns that revealing their identity could lead to negative consequence to their health or well-being).
 - 6.3.2 The allegation can be properly investigated either by talking to a third-party witness, or by evidence provided with the complaint, and where there is no need for further contact with the anonymous complainant.
- 6.4 While PMVT will accept anonymous complaints, it may not always be possible to fully investigate or pursue them if they remain anonymous.

7 Who can make a complaint?

- 7.1 Any participant or member of the public who is, or claims to have been, treated unfairly and negatively affected by our services, can make a complaint.
- 7.2 Children and young people, can make complaints themselves without involving an adult as they have the right to be heard and have their concerns addressed.
- 7.3 A third party, such as a family member or advocate, can make a complaint on someone's behalf if they have written authority to act on their behalf or, if this presents a difficulty, that the authority to act has been documented to the satisfaction of the relevant staff member.
- 7.4 If a person who is entitled to make a complaint cannot do so because of age, illness or disability, the following people can complain on their behalf:

- 7.4.1 a close relative or carer of the person;
 - 7.4.2 a person who by law, or the appointment of a court has the care of the affairs of the person;
 - 7.4.3 a legal representative of the person; or
 - 7.4.4 any other person who has the consent of the person.
- 7.5 If someone who was entitled to make a complaint cannot do so because they are deceased, a close relative or carer of the person can make a complaint on their behalf.

8 What complaints are not covered by this policy?

- 8.1 Some complaints cannot be addressed by this policy, in some instances because the law requires different processes to be followed, or because they are covered by other PMVT policies.
- 8.2 The following areas which are not covered by this policy include:
 - 8.2.1 A matter that is or has been the subject of legal proceedings before a court of tribunal;
 - 8.2.2 A matter that could prejudice an investigation being undertaken by the Garda Síochána;
 - 8.2.3 Matters relating to the recruitment, appointment, or contract of employment of PMVT staff, which are covered by the PMVT Grievance Policy and the PMVT Disciplinary Policy.
 - 8.2.4 Matters that are otherwise addressed under PMVT Policies that adhere to relevant laws, such as Protected Disclosures, Child or Adult Safeguarding; or
 - 8.2.5 A matter that has been brought before any other complaints procedure established by law.

9 How complaints will be acknowledged

- 9.1 All complaints and feedback will be acknowledged by PMVT staff within five working days.
- 9.2 In some instances, when the matter raised does not constitute a complaint under this policy we will communicate this with the person who raised the issue and inform them of how this matter will be addressed by PMVT instead.

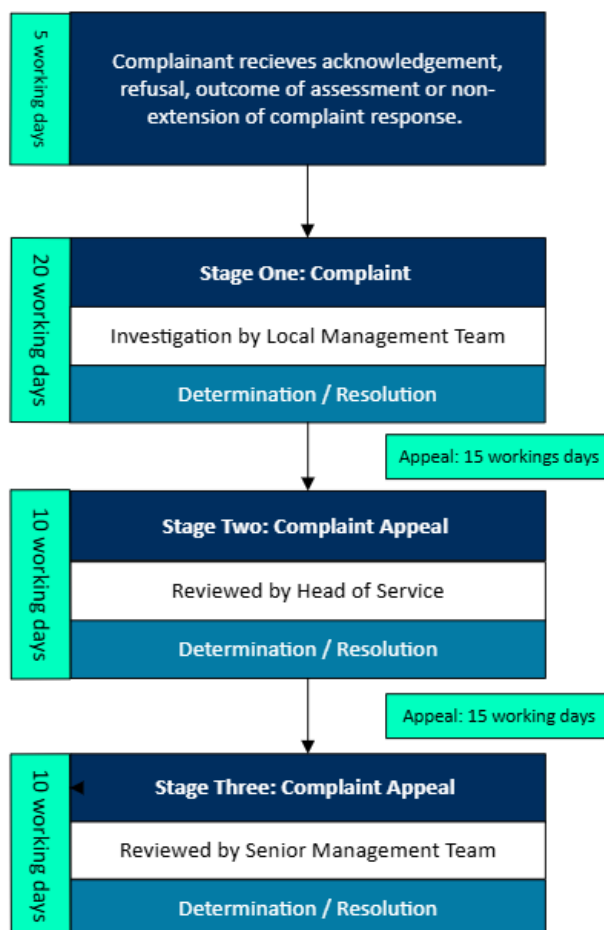
- 9.3 In each stage of the complaints process, the complainant will be notified by the relevant management team as to the outcome of the complaint within the timelines identified in the *PMVT Complaints and Feedback Procedure*.
- 9.4 Should the staff member find that addressing the complaint will extend past the agreed timelines, the staff member will notify the complainant and indicate the updated timeframe.

10 Timelines for Complaints to be responded to

- 10.1 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.
- 10.2 In limited circumstances, the relevant staff member may extend the time limit for making a complaint if in the opinion of the Relevant Staff Member special circumstances make it appropriate to do so. These special circumstances include but are not exclusive to the following:
- 10.2.1 If the Complainant is ill or bereaved.
 - 10.2.2 If new relevant, significant and verifiable information relating to the action becomes available to the complainant.
 - 10.2.3 If it is considered in the public interest to investigate the complaint.
 - 10.2.4 If the complaint concerns an issue of such seriousness that it cannot be ignored.
 - 10.2.5 Diminished capacity of the Complainant at the time of the experience e.g. mental health, critical/ long-term illness.
 - 10.2.6 Where extensive support was required to make the complaint and this took longer than 12 months.
- 10.3 The Relevant Staff Member must formally notify the complainant of a decision to extend / not extend the time limit of making a complaint beyond the standard 12-month period within 5 working days.
- 10.4 Once a complaint is made, the complainant has 15 working days between each stage of the process in which to appeal the outcome of their complaint.
- 10.5 The timelines for each stage are detailed in the *PMVT Complaints and Feedback Procedure* and in the overview below.

10.6 Once these timeframes have elapsed, the complainant will no longer be able to escalate their complaint and PMVT will consider the complaint closed.

11 Complaints and feedback procedure overview



For detailed procedure, please see the PMVT Complaints and Feedback Procedure. Local Management Team refers to the Team Leader or Manager as relevant.

12 Advocacy

12.1 PMVT understands that making or escalating a complaint can be difficult and supports all participants to bring an advocate to any part of the complaint process.

12.2 An advocate could include:

- 12.2.1 A family member;
- 12.2.2 Legal representation; or
- 12.2.3 A member of a trusted service such as a social care worker or general practitioner.

13 Outcome and resolution

- 13.1 The complaints procedure ensures that thorough investigations and reviews are taking place.
- 13.2 Where possible, PMVT will aim to provide a satisfactory resolution to all parties, and understands that when formal complaints are upheld, participants or the public have a right to redress – to have the issue corrected and resolved.
- 13.3 Where something has gone wrong as a result of action or inaction on behalf of PMVT, we will give as detailed an explanation as possible and an apology where appropriate.
- 13.4 PMVT will endeavour to provide a resolution and correction that satisfies all parties, where possible.

14 Conclusion of the complaints process

- 14.1 PMVT understands that a person making a complaint may be distressed, angry or upset for reason that may or may not relate to the complaint they are making.
- 14.2 Although a complainant's motive or emotion may cloud their judgment, it should not preclude a proper consideration on the substance of the complaint. Careful analysis of such complaints should be made to isolate the basic information sources, which should then be assessed on their merits.
- 14.3 However, in some instances, the complaint may no longer be respectful, feasible or become unwieldy for a number of reasons.
- 14.4 PMVT reserves the right to refuse investigation, further investigation and conclude the complaints process if:
 - 14.4.1 The complainant is demonstrating **unreasonable persistence**, where the complaint has been addressed and considered closed.

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- 14.4.2 The complainant is making **unreasonable demands** for redress, that are not practical or within the remit of PMVT to provide.
 - 14.4.3 There is an **unreasonable lack of cooperation**, such as too much evidence or refusal to provide sufficient evidence, dishonest representation of the facts or consistent redefining of the complaint.
 - 14.4.4 The complaint is **vexatious or malicious**, and intended to target a staff member, participant or related person.
 - 14.4.5 The complainant is showing **unreasonable behaviour**, such as violence, abuse, being rude or aggressive, or threatening self-harm.
- 14.5 Care should be taken in instances of a complainant who has previously made a complaint that was found to fall under one of the categories listed above. No assumptions should be made that the new allegation is an instance of the same.
- 14.6 Where it is established that a complaint was vexatious or malicious, and therefore found to be false, this should be clearly noted on the file and both the complainant and the person(s) or service(s) against whom the complaint was made should be advised in writing.

15 What if I am not happy with the outcome of the complaints process?

- 15.1 If the complainant is not satisfied with the outcome of the Complaints Management Process, the complainant may seek a review of the complaint by the Ombudsman / Ombudsman for Children.
- 15.2 The complainant must be informed of their right to seek an independent review from the Ombudsman or Ombudsman for Children (where appropriate) at any stage of the complaint management process.
- 15.3 All requests for reviews may be addressed to:
 - 15.3.1 The Office of the Ombudsman, 6 Earlsfort Terrace, Dublin 2, D02 W773. Tel: +353-1-639 5600.
 - 15.3.2 The Ombudsman for Children's Office, Millennium House, 52-56 Great Strand Street, Dublin 1. Tel: 01-8656800.

16 Making Complaints Externally

- 16.1 Participants at PMVT can, at any time, make a complaint to any of the organisations for whom PMVT provide a service, or are involved in the delivery of service to our participant. This might include but is not limited to:
- 16.1.1 Dublin Regional Homelessness Executive (DRHE);
 - 16.1.2 HSE;
 - 16.1.3 Approved Housing Bodies Regulatory Authority (AHBRA);
 - 16.1.4 Children, Young People and their families can complain via the TUSLA – Tell Us Procedure
 - 16.1.5 Any county or city council service;
- 16.2 Where relevant, PMVT will provide information regarding external complaints processes to ensure participants are aware of their ability to complain externally.

17 Complaints and Feedback from Children and Young People

- 17.1 A complaint may be made by a child or young person, or by a parent or family member on their behalf, in relation to any aspect of service for children and young people at PMVT.
- 17.2 A complaint regarding a child or young person should follow the stipulations outlined in this policy and the PMVT Complaints and Feedback Procedure.
- 17.3 Any complaint made by a child or young person in PMVT care should be overseen by the Social Care Manager.
- 17.4 Social Care Managers should be mindful that an issue may begin as a complaint but may become a Child Protection and Welfare Report if the matter is deemed a child protection and safeguarding issue (e.g. bullying, assault, abuse, etc.), this will supersede a complaints process.
- 17.5 Complaints relating to children and young people should also be dealt with in line with the PMVT Child Protection and Safeguarding Policy.
- 17.6 At any point a complaint relating to children or young people can also be brought forward through TUSLA – Tell Us procedure.
- 17.7 An anonymous complaint involving a minor will be investigated and handled in a confidential manner in line with the Child Protection and Safeguarding Policy.

- 17.8 All complaints relating to Children and young people must be reported to the Head of Service, Director of Services and the relevant TUSLA contact.

18 Recording and Reporting

- 18.1 It is paramount for the continued quality assurance, as well as accountability of PMVT that complaints are appropriately recorded following the *PMVT Complaints and Feedback Procedure*.
- 18.2 All records on current and previous complaints must be stored securely and responsibly, and in accordance with the General Data Protection Regulation 2018 and the *PMVT Data Protection Policy*.
- 18.3 Complaints should be reported to funders and Regulatory Bodies in line with relevant reporting requirements.

19 Consent, Privacy and Freedom of Information

- 19.1 All information obtained through the course of complaint management must be treated in a confidential manner and meet the requirements of the Data Protection Acts 1988 – 2018, the General Data Protection Regulation (EU) 2018, the *PMVT Data Protection Policy* and the Freedom of Information Act 1997 – 2014.
- 19.2 The complaints process must facilitate the gathering of essential and appropriate information to ensure the effective management of the complaint and the education of the organisation without compromising the rights to confidentiality of both the complainant and the service about which the complaint was made.

20 Roles and Responsibilities

- 20.1 It is the responsibility of the **Senior Management Team** to:
- 20.1.1 Provide a breakdown of the recorded complaints to the board on a quarterly basis
 - 20.1.2 Ensure that complaints appeals are appropriately reviewed and investigated.
- 20.2 It is the responsibility of **Heads of Services** to:

- 20.2.1 Oversee potential investigation process
- 20.2.2 Ensure relevant Director of Services are updated as appropriate
- 20.3 It is the responsibility of **Local Management Team (Team Leader or Manager)** to:
 - 20.3.1 Appropriately assess complaints according to their definition in this policy
 - 20.3.2 Investigate and respond to complaints fairly and promptly as they arise.
- 20.4 **Management** are responsible for:
 - 20.4.1 Ensuring all staff members are aware of this policy and are able to advise concerned individuals on the same;
 - 20.4.2 Ensuring that all complaints received are handled in line with this policy; and
 - 20.4.3 Regularly monitor the number, nature, and outcomes of complaints as part of the continuous quality improvement process.
- 20.5 **Staff** members are responsible for:
 - 20.5.1 Being open to feedback from participants and to maintain open communication with participants at all times. Any participant providing feedback should be treated with respect and dignity.
 - 20.5.2 Ensuring that all participants are informed of the Complaints and Feedback Policy as part of their introduction to the service;
 - 20.5.3 Ensuring that any other concerned individual is made aware of the Complaints and Feedback Policy as appropriate;
 - 20.5.4 Assisting concerned individuals to make a complaint as outlined in this policy when requested to do so;
 - 20.5.5 Following all other steps regarding complaints as outlined in this policy; and
 - 20.5.6 Ensuring they keep themselves informed in relation to this policy.

21 Compliance and Review

- 21.1 This Policy will be reviewed every 2 years, unless an earlier review is necessary following any related changes such as legislative amendments, updated regulatory requirements or good practice requirements.
- 21.2 Any amendments must be approved by the Finance, Audit and Governance Committee and the Board of Trustees.

21.3 Relevant training will be provided to staff and Board members to ensure understanding and compliance with the policy.

22 Relevant Documents

- 22.1 PMVT Complaints and Feedback Procedures
- 22.2 PMVT Child Protection and Safeguarding Policy
- 22.3 PMVT Confidentiality Policy
- 22.4 PMVT Data Protection Policy
- 22.5 HSE Your Service, Your Say
- 22.6 HSE Health Act 2004
- 22.7 Data Protection Acts 1988-2018
- 22.8 Freedom of Information Acts 1997-2003
- 22.9 Children First Act 2015
- 22.10 General Data Protection Regulation (EU) 2016/679
- 22.11 Tusla (2021) Tell us – TUSLA Policy for Feedback and Complaints.