Complaints and Feedback

Document control | INC-POL-002 | Adapted from ASF Policy 34 and Form F05 (SOP-N20, FRM-N05)

Field	Content
Title	Complaints and Feedback
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Prepared by	{{roles.quality_lead.name}}, Quality lead
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Standards and criteria supported	Standard 1, criterion 2A.6, 2A.10
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

1. Purpose

To receive, respond to and learn from complaints and feedback from patients, families and the public [E-006, EC].

2. Scope

All complaints and feedback about care, staff, facilities or services at {{facility.legal_name}}.

3. Responsibilities

Role	Responsibility
{{roles.complaints_officer.name}} complaints officer	Logs each complaint, acknowledges it and tracks the response.
{{roles.clinical_director.name}} clinical director	Reviews clinical complaints.

4. Procedure

1. Accept complaints in person, by phone, in writing, online or through a representative [E-006].
2. Acknowledge within 5 working days and state the expected response date [E-006].
3. Assign to a person with no conflict of interest in the matter [E-006].
4. Give a written response within 30 days, or tell the complainant why more time is needed [E-006].
5. Record the complaint, response and learning in the complaints log [EC].
6. Tell the complainant how to appeal to the chief executive [E-006].

5. Records

Complaint form, complaints log, response letter.

6. Evidence

ID	Source	Link / status
E-006	ASF Policy Framework v1.2.	see source
E-009	ASF Expert Committee consensus. Local legal timeframes to check.	see source

EC = ASF Expert Committee consensus.