COMPLIMENTS AND COMPLAINTS

QUALITY AREA 7 VERSION 1.3

PURPOSE

This policy will provide guidelines for:

- receiving and dealing with compliments and complaints at St Francis of Assisi OSHC
- procedures to be followed in investigating complaints.

Note: This policy does not address complaints relating to staff grievances or employment matters. The relevant awards provide information on the management of such issues.

POLICY STATEMENT

VALUES

St Francis of Assisi OSHC is committed to:

- providing an environment of mutual respect and open communication
- recognising excellence and gratitude
- complying with all legislative and statutory requirements
- dealing with disputes, complainants with fairness and equity
- establishing mechanisms to respond to complaints in a timely way
- treating information in relation to complaints with sensitivity.

SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, staff, students, volunteers, parents/guardians, children, and others attending the programs and activities of St Francis of Assisi OSHC.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators and all other staff	Parents/guardians	Contractors, volunteers and students
R indicates legislation requirement, and should not be deleted					
Being familiar with the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011*, service policies, constitution, and procedures *(Child Safe Standard 2 – 2.3)*	**R**	√	√	√	√
Acknowledge compliments and thank complementor for their interest and feedback	√	√			

Save compliments and sharing with relevant parties	√	√			
Ensuring that compliments and complaints are monitored and used to continually improve the quality of the service *(Child Safe Standard 2 – 2.3)*	**R**	√			
Identifying, preventing and addressing potential concerns before they become formal complaint *(Child Safe Standard 2 – 2.5)*	**R**	√	√		√
Ensuring that the name and telephone number of the responsible person *(refer to Staffing Policy)* to whom complaints may be addressed are displayed prominently at the main entrance of the service *(National Law: Section 172, Regulation173(2)b))*	**R**	√			
Ensuring that the address and telephone number of the Authorised Officer at the DET regional office are displayed prominently at the main entrance of the service *(Regulation 173(2)(e)) (Child Safe Standard 7 – 7.4)*	**R**	√			
Advising parents/guardians and any other new members of St Francis of Assisi OSHC of the *Compliments and Complaints policy* and procedures upon enrolment *(Child Safe Standard 7 – 7.2)*	**R**	√			
Ensuring complaints are taken seriously, and responded to promptly and thoroughly *(Child Safe Standard 7 – 7.3)*	**R**	√			

Ensuring the complaints processes is child focused, culturally safe (including for Aboriginal children), trauma-informed, and compliant with privacy, information-sharing, reporting and employment law obligations *(refer to Attachments 1, 2 and 4) (Child Safe Standard 1 – 1.1, 5 – 5.1, 7 – 7.1)*	**R**	√			
Ensuring the complaints process is inclusive and responsive to children and families from culturally and linguistically diverse backgrounds, children with disability, children who have experienced trauma, and children with diverse communication needs *(Child Safe Standard 5 – 5.3)*	**R**	√			
Ensuring educators, staff, volunteers and students are well informed about their child protection responsibilities, including mandatory reporting obligations, the Reportable Conduct Scheme, information-sharing obligation and privacy obligations *(Child Safe Standard 6 – 6.3, 7 – 7.4)*	**R**	**R**	√		√
Ensuring educators, staff, volunteers and students are well informed about the different ways children express concerns or distress and disclose harm, as well as processes for responding to disclosures from children *(Child Safe Standard 3 – 3.1, 8 – 8.1, 8.2, 8.3)*	**R**	**R**	√		√
Ensuring that the management of a complaint that alleges a child is exhibiting harmful sexual behaviours is child focused, developmentally appropriate, culturally safe and compliant with privacy laws, reporting obligations and employment law. *(Child Safe Standard 3 – 3.1, 5 – 5.2, 7 - 7.2)*	**R**	√			
Ensuring that children have access to age appropriate, inclusive and culturally safe information, support and complaints processes, and are supported to raise concerns in ways they understand *(Child Safe Standard 3 – 3.1, 5 – 5.2, 7 - 7.2)*	**R**	√	√		√
Ensuring barriers to making complaints are identified and removed for all children, including barriers related to disability, trauma, language, culture, gender or communication needs, and that reasonable adjustments are made *(Child Safe Standard 3 – 3.1, 5 – 5.2, 7 - 7.2)*	√	√	√		
Ensuring children are never be punished, ignored, blamed or treated unfairly for raising a concern or making a complaint *(Child Safe Standard 7 - 7.3)*	**R**	√	√		√
Ensuring that this policy is available for inspection at the service at all times *(Regulation 171)) (Child Safe Standard 2 – 2.3)*	**R**	√			
Ensuring the complaint-handling system is simple and straightforward *(refer to Attachment 1 and 4) (Child Safe Standard 3 – 3.1, 4 – 4.2, 5 – 5.2, 7 - 7.2)*	√	√	√		

Ensuring multiple, child-friendly ways for children to raise concerns are available, including verbal, non-verbal, play-based, visual, informal and supported approaches, based on children's preferences ***(refer to Attachment 4)*** ***(Child Safe Standard 3 – 3.1, 5 – 5.2, 7 - 7.2)***	√	√	√		
Being aware of, and committed to, the principles of communicating and sharing information with service employees, members and volunteers *(Child Safe Standard 2 – 2.6)*	**R**	√			
Responding to all complaints in the most appropriate manner and at the earliest opportunity *(Child Safe Standard 7 - 7.2)*	**R**	√	√		√
Treating all complainants fairly and equitably *(Child Safe Standard 7 - 7.2)*	**R**	√	√		
Discussing minor complaints directly with the party involved as a first step towards resolution (the parties are encouraged to discuss the matter professionally and openly work together to achieve a desired outcome)	**R**	√	√	√	
Communicating (preferably in writing) any concerns or compliments relating to the management or operation of the service as soon as is practicable		√	√	√	√
Providing and maintaining a record of complaints, outcomes and actions taken, including identification of child safety-related complaints and analysis of trends to inform risk management and continuous improvement (documented in the Special Occurrence folder)	**R**	√			
Providing information as requested by the approved provider e.g. written reports relating to the complaint		√	√	√	√
Notifying the approved provider if the complaint is a notifiable complaint *(refer to Definitions)* or is unable to be resolved appropriately in a timely manner		√	√	√	√
Where appropriate, children are informed of the outcome of their complaint in an age-appropriate and sensitive way, so they understand that their concern has been heard and taken seriously *(Child Safe Standard 7 – 7.2)*	**R**	√			
Complying with the service's *Privacy and Confidentiality Policy* at all times *(Regulations 181, 183) (Child Safe Standard 2 – 2.6)*	**R**	√	√	√	√
Referring notifiable complaints *(refer to Definitions)*, or complaints that are unable to be resolved appropriately and in a timely manner to the Complaints Subcommittee/investigator	√	√			
Co-operating with requests to meet with the Complaints Subcommittee and/or provide relevant information when requested in relation to complaints	√	√	√	√	√
Notifying the Regulatory Authority in writing within 24 hours of any complaints alleging that a serious incident *(refer to Definitions)* has occurred at the service or that the Education and Care Services National Law has been breached *(National Law: Section 174, Regulation 176(2)(b)) (Child Safe Standard, 7 - 7.4)*	**R**	√			

Notifying the Social Services Regulator in writing within 3 days when a complaint involves reportable conduct *(Child Safe Standard 7 - 7.4)*					
Working co-operatively with the approved provider and the Regulatory Authority in any investigations related to complaints about St Francis of Assisi OSHC, its programs or staff.*(Child Safe Standard 7 - 7.4)*	√	√	√	√	√
Receiving recommendations from the Complaints Subcommittee/investigator and taking appropriate action	√	√			
Analysing complaints, concerns and safety incidents to identify causes and systemic failures to inform continuous improvement*(Child Safe Standard 2 – 2.5)*	√	√			
Maintaining professionalism and integrity at all times *(refer to Code of Conduct policy) (Child Safe Standard 2 – 2.4)*	√	√	√		√
Regularly reviewing the policy and procedures to ensure serious incidents and complaints are investigated promptly, fairly and thoroughly *(Child Safe Standard 2 – 2.5)*	√	√			

BACKGROUND AND LEGISLATION

BACKGROUND

Compliments are expressions of praise, encouragement or gratitude about service, staff, management and program. Compliments provide valuable feedback about the level of satisfaction with service delivery and are a valuable indicator of the effectiveness of a service. Compliments impart useful insights about the aspects of service that are most meaningful to children, families and stakeholders, and provide an opportunity to recognise the efforts of staff, foster a culture of excellence and boost morale.

Complaints may be received from anyone who comes in contact with St Francis of Assisi OSHC including parents/guardians, volunteers, students, members of the local community and other agencies.

In most cases, dealing with complaints will be the responsibility of the approved provider. All complaints, when lodged, need to be initially assessed to determine whether they are a general or a notifiable complaint *(refer to Definitions).*

When a complaint has been assessed as 'notifiable', the approved provider must notify the Regulatory Authority ~~Department of Education and Training (DET)~~ of the complaint. The approved provider will investigate the complaint and take any actions deemed necessary, in addition to responding to requests from and assisting with any investigation by DET.

There may be occasions when the complainant reports the complaint directly to Regulatory Authority. ~~DET~~. If Regulatory Authority then notifies the approved provider about a complaint they have received, the approved provider will still have responsibility for investigating and dealing with the complaint as outlined in this policy, in addition to co-operating with any investigation by the Regulatory Authority.

Regulatory Authority will investigate all complaints it receives about a service, where it is alleged that the health, safety or wellbeing of any child within the service may have been compromised, or that there may have been a contravention of the *Education and Care Services National Law Act 2010 and the Education and Care Services National Regulations 2011*.

LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Charter of Human Rights and Responsibilities Act 2006 (Vic)
- Children, Youth and Families Act 2005 (Vic)
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Information Privacy Act 2000 (Vic)
- National Quality Standard, Quality Area 7: Governance and Leadership
- Privacy Act 1988 (Cth)
- Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cth)
- Privacy Amendment (Notifiable Data Breaches) Act 2017 (Cth)
- Privacy and Data Protection Act 2014 (Vic)
- Privacy Regulations 2013(Cth)

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- Privacy Regulations 2013(Cth)

DEFINITIONS

The terms defined in this section relate specifically to this policy. For regularly used terms e.g. Approved provider, Nominated supervisor, Notifiable complaints, Serious incidents, Duty of care, etc. refer to the Definitions file of the PolicyWorks catalogue.

Complaint: (In relation to this policy) a complaint is defined as an expressions of dissatisfaction about the service related to its operations or dealings with an individual; allegations about the conduct of its staff, volunteers, other individuals engaged by the service or another child at an organisation; or the handling of a prior concern.

Complaints do not include staff, industrial or employment matters, occupational health and safety matters (unless related to the safety of the children) and issues related to the legal business entity, such as the incorporated association or co-operative.

Child-initiated complaint: a child or young person makes the complaint/brings the issue/concern/allegation to the attention of the service.

Adult-initiated complaint: a child or young person's parent, carer or guardian or other adult may make a complaint on behalf of, or that concerns, a child or young person.

Complaints Register: (In relation to this policy) records information about complaints received at the service, together with a record of the outcomes. This register must be kept in a secure file, accessible only to educators and responsible persons at the service. The register can provide valuable information to the approved provider on meeting the needs of children and families at the service.

Compliment: a compliment is an expression of praise, encouragement or gratitude. It may relate to an individual staff member, a team, the program or the service.

Dispute resolution procedure: The method used to resolve complaints, disputes or matters of concern through an agreed resolution process.

Notifiable complaints: A complaint alleging that a serious incident has occurred while the child is educated and cared for or complaints alleging that the Law has been contravened *(National Law: Section 174(2)(b)).* Any complaint of this nature must be reported by the approved provider to Regulatory Authority within 24 hours of the complaint being made.

The approved provider to notify Regulatory Authority within the specified timeframes below *(National Law: Section 174(2) (b), National Regulation 176(2) (b))*

- serious incidents in writing within 24 hours of the incident or the time the person becomes aware of the incident
- any circumstance arising at the service that poses a risk to the health, safety or wellbeing of a child or children attending the service - Within 7 days of the relevant event or within 7 days of the approved provider becoming aware of the relevant information
- any incident where the approved provider reasonably believes that physical and/or sexual abuse of a child has occurred or is occurring while the child is being educated and cared for by the service - Within 7 days of the relevant event or within 7 days of the approved provider becoming aware of the relevant information.
- any allegation that sexual or physical abuse of a child has occurred or is occurring while the child is being educated and cared for by the service.

In addition, approved providers must take reasonable steps to ensure that these incidents and complaints are adequately addressed.

Notifications should be made to the regulatory authority through the NQA IT System. If this is not practicable, the notification can be made initially in whatever way is best in the circumstances.

Mediator: A person (neutral party) who attempts to reconcile differences between disputants.

Mediation: An attempt to bring about a peaceful settlement or compromise between disputants through the objective intervention of a neutral party.

SOURCES AND RELATED POLICIES

SOURCES

- ACECQA: www.acecqa.gov.au
- Commonwealth Ombudsman – Better practice complaint handling guide
- Department of Education: Kindergarten Funding Guide
- Victorian Government: Make a complaint about an early childhood service
- Victorian Ombudsman – Good Practice Guides

RELATED POLICIES

- Child Safe Environment and Wellbeing
- Code of Conduct
- Enrolment & Orientation
- Fees
- Governance & Management of the Service
- Incident, Injury, Trauma and Illness
- Inclusion and Equity
- Interactions with Children
- Privacy and Confidentiality
- Staffing
- Staff Grievance and Dispute Resolutions
- Supervision of Children

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor complaints as recorded in the Complaints Register to assess whether satisfactory resolutions have been achieved
- review the effectiveness of the policy and procedures to ensure that all complaints have been dealt with in a fair and timely manner
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk *(Regulation 172 (2))*.

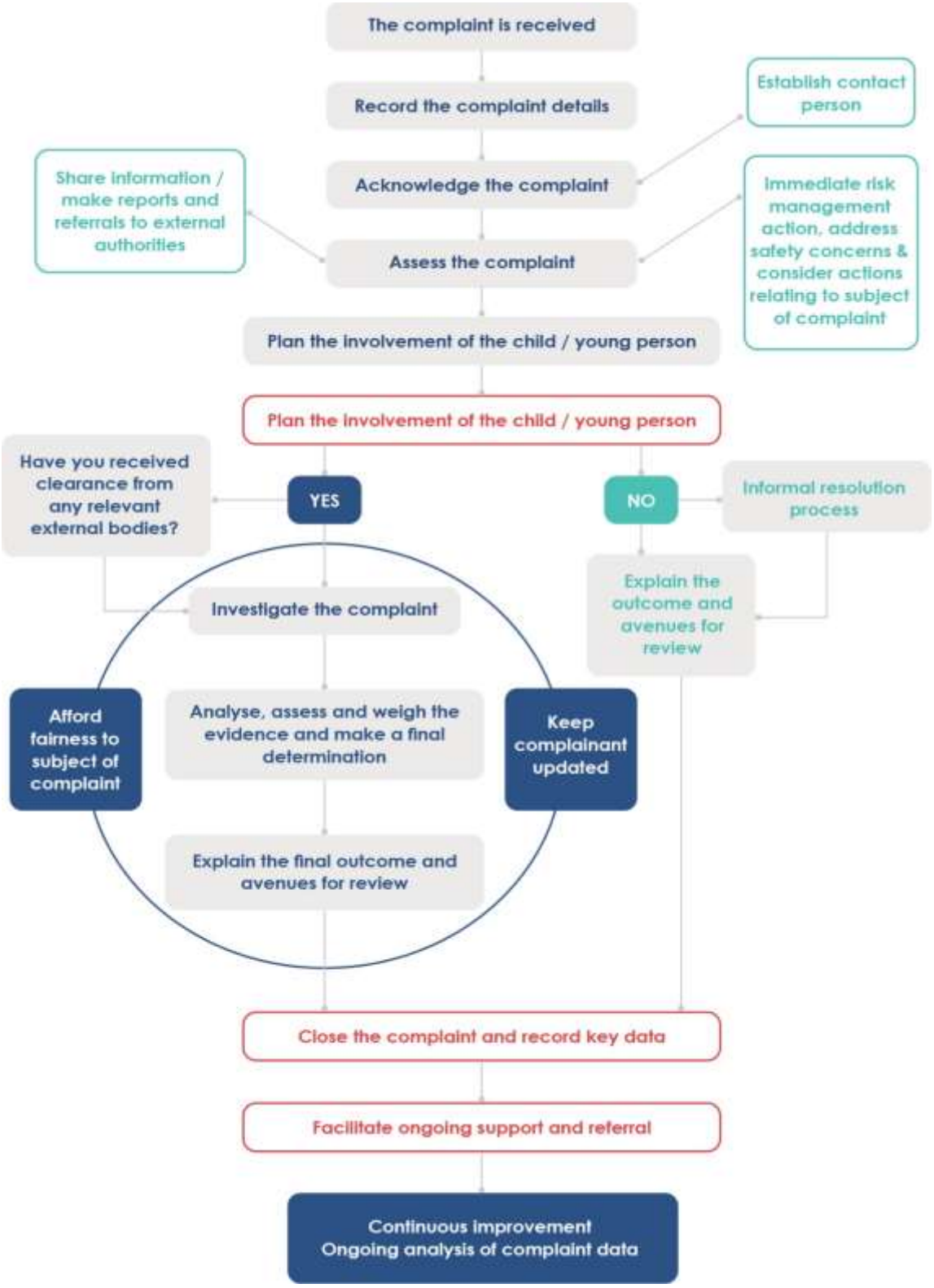
ATTACHMENTS

- Attachment 1: Complaint Handling Flowchart
- Attachment 2: Dealing with complaints
- Attachment 3: Sample terms of reference for a Complaints Subcommittee/investigator
- Attachment 4: For Children How to Make a Complaint

COMPLIMENTS AND COMPLAINTS

QUALITY AREA 7 VERSION 1.3

ATTACHMENT 1. COMPLAINT HANDLING FLOWCHART



ATTACHMENT 2. DEALING WITH COMPLAINTS

DEALING WITH A COMPLAINT

When a complaint is received, the person to whom the complaint is addressed will:

- inform the complainant of the service's *Compliment and Complaint Policy*
- encourage the complainant to resolve the complaint with the person directly, or to submit their complaint in writing
- the staff member receiving the formal complaint will record all relevant details in the Complaints Register *(refer to Definitions)* together with the outcome
- assess complaint for severity, safety, complexity, impact and the need for immediate action
- inform the approved provider if the complaint is a notifiable complaint *(refer to Definitions)* or is unable to be resolved appropriately in a timely manner.
- comply with the service's *Privacy and Confidentiality Policy* with regard to all meetings/discussions in relation to a complaint
- the approved provider must inform the service's Complaints Subcommittee, if there is one, or appoint an investigator(s) to investigate the matter
- the Complaints Subcommittee/investigator will assess the complaint to determine if it is a notifiable complaint *(refer to Definitions)*

DEALING WITH A NOTIFIABLE COMPLAINT

When a formal complaint is lodged with the service:

- if the complaint is notifiable, the approved provider will be responsible for notifying Regulatory Authority This must be in writing within 24 hours of receiving the complaint *(Regulation 176(2)(b))*
- the written report to Regulatory Authority needs to be submitted using the appropriate forms from ACECQA and will include:
    - details of the event or incident
    - the name of the person who initially made the complaint
    - if appropriate, the name of the child concerned and the condition of the child, including a medical or incident report (where relevant)
    - contact details of a nominated member of the Complaints Subcommittee/investigator
    - any other relevant information
- if the approved provider is unsure if the complaint is a notifiable complaint, it is good practice to contact DET for confirmation.

COMPLAINTS SUBCOMMITTEE/INVESTIGATOR RESPONSIBILITIES AND PROCEDURES

In the event of a complaint being lodged, the Complaints Subcommittee/investigator will:

- convene as soon as possible to deal with the complaint in a timely manner
- disclose any conflict of interest relating to any member of the subcommittee/panel of investigators. Such members must stand aside from the investigation and subsequent processes
- consider the nature and the details of the complaint
- identify which service policies (if any) the complaint involves
- inform the approved provider if their involvement is required under any other service policies
- if the complaint is a notifiable complaint *(refer to Definitions)*, inform the complainant of the requirements to notify Regulatory Authority of the complaint and explain the role that Regulatory Authority may take in investigating the complaint
- maintain appropriate records of the information and data collected, including minutes of meetings, incident reports and copies of relevant documentation relating to the complaint
- respect the confidential nature of information relating to the complaint. The approved provider and the subcommittee/investigator must handle any complaint in a discreet and professional manner
- store all written information relating to complaint securely and in compliance with the service's *Privacy and Confidentiality Policy*.

INVESTIGATING THE COMPLAINT AND GATHERING RELEVANT INFORMATION

When investigating the complaint and gathering relevant information, the Complaint Subcommittee/investigator will:

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*

- meet with individual witnesses, and give right of reply to the person against whom the allegations are made in relation to any accusation or information relating to an alleged incident
- offer the complainant the opportunity of meeting with the subcommittee/investigator to discuss the complaint and provide additional information where relevant
- nominate a subcommittee member to inform the complainant of the procedures for dealing with the complaint if the complainant does not take up the opportunity to attend a meeting
  [**Note:** Delete the previous bullet point if not using a subcommittee]
- document the time, date and detail of meetings/discussions, and follow this up with a letter to the complainant outlining the information discussed
- be available to meet with Regulatory Authority staff, if required, and provide additional information as requested
- review relevant information and documents
- obtain any other relevant information or documentation that will assist in resolving the complaint
- seek advice, where appropriate, from individuals and organisations that may be able to assist in resolving the complaint (any cost in seeking advice will require prior approval by the approved provider).

FOLLOWING THE INVESTIGATION

Once the investigation of the complaint is complete, the Complaints Subcommittee/investigator will:

- meet to discuss the information gathered and determine further action, including generating recommendations to be presented to the approved provider
- ensure that any recommendations or actions are in accordance with relevant legislation and funding requirements including, but not limited to:
  inform the approved provider on the involvement of the Regulatory Authority and the outcomes of any investigation by the Regulatory Authority. The approved provider will review the report and any subcommittee/investigator recommendations and will be responsible for making decisions on the action to be taken (if any), including relevant review mechanisms
- advise the complainant and other relevant parties of any decisions made by the approved provider in relation to the complaint
- follow up to ensure the parties involved are satisfied with the outcome and monitor progress on any actions taken by the approved provider.

Conducting Investigations Involving Children and Young People

- Complaints affecting children are properly investigated and their rights are safeguarded throughout the investigation process.
- A specific plan is developed for involving a child in the investigation, and adjusted as necessary throughout the investigation. Plan makes clear how child safety and wellbeing will be prioritised.
- Where possible, one person should be identified to be responsible for liaising with the child or young person throughout the entire process. This person may or may not be the investigator, but it should be someone appropriate and trusted by the child.
- Regardless of whether or not an external investigator is appointed, the service will be involved in key aspects of the investigation process, such as making final determinations, risk management, communicating with stakeholders and supporting the child or young person.

- Always consider obtaining a version of events from the affected child. Also consider whether there is the potential for an interview to have any adverse impact. The child's parents, carer or guardian should be consulted unless there are good reasons not to do so.
- Conduct a pre-interview assessment to gather information about the child's support needs.
- Prepare a plan for interviewing the child and identify their support needs, including any support with communication.
- Build and maintain rapport with children during the interview; encourage them to provide an explanation of what happened in their words.

- Investigations into complaints involving children need to be planned, fair, proportionate and thorough, with findings supported by the available evidence.
- Decide what actions should be taken following the investigation.

Managing Risks – Complaints and Incidents

- Service has a clear understanding of the potential risks to children, identifies and assesses risks with specific services and activities they deliver, and develops a plan to prevent risks from occurring.
- A risk management plan or strategy is tailored to suit the service's operating context and accounts for possible risks in both physical and online environments.
- Risk management plan includes staff responsibilities and priorities in identifying, mitigating and responding to risks that may arise in relation to complaints.
- Service listens to what children have to say about what makes them feel safe and unsafe in the organisation, what they like and do not like, and how things could be better. This informs the development of a risk management plan.
- Staff and volunteers identify risks posed to children and understand they need to act immediately to address them.
- Service monitor and reassesses risks to children (including their ongoing support needs) and all other identified risks throughout the investigation and complaint-resolution process.
- Service is aware of the type of risk management action that may need to be taken when a complaint involves a staff member, volunteer or another child or young person at the organisation, e.g. a staff member may need closer supervision, or to be removed from having any direct contact with children and young people, or to be stood down from their role.
- Parties to a complaint—including the affected child or young person—know what action has been taken in relation to the subject of the complaint to manage risks during the investigation of the complaint.

ATTACHMENT 3. SAMPLE TERMS OF REFERENCE FOR A COMPLAINTS SUBCOMMITTEE/INVESTIGATOR

DATE ESTABLISHED: [Date]

PURPOSE

[Choose one that is appropriate]

A Complaints Subcommittee has been established by the approved provider of St Francis of Assisi OSHC to investigate and resolve complaint lodged with St Francis of Assisi OSHC

An investigator/panel of investigators has been appointed by the approved provider of St Francis of Assisi OSHC to investigate and resolve compliant lodged with St Francis of Assisi OSHC

MEMBERSHIP

[If a Complaints Subcommittee is established]

Three people are nominated by the approved provider, and membership must include a minimum of one responsible person *(refer to Definitions)*.

[If an investigator or a panel of investigators is appointed]

[Specify the membership]

TIME PERIOD NOMINATED

The Complaints Subcommittee/investigator shall be appointed for [insert time frame e.g., one year].

MEETING REQUIREMENTS

The subcommittee convenor/investigator is responsible for organising meetings as soon as is practicable after receiving a complaint.

DECISION-MAKING AUTHORITY

The subcommittee/investigator is required to fulfil only those tasks and functions as outlined in these terms of reference.

The approved provider may decide to alter the decision-making authority of the subcommittee/investigator at any time.

BUDGET ALLOCATION

All expenditure to be incurred by the subcommittee/investigator must be approved by the approved provider. A request in writing must be submitted by the subcommittee/investigator.

REPORTING REQUIREMENTS OF THE COMMITTEE

- The subcommittee/investigator is required to keep minutes of all meetings held. These are to be kept in a secure file.
- The convenor is required to present a written report to the approved provider about the complaint, ensuring that privacy and confidentiality are maintained according to the service's *Privacy and Confidentiality Policy.*

TASKS AND FUNCTIONS OF THE COMPLAINTS SUBCOMMITTEE/INVESTIGATOR

- Responding to complaints in a timely manner
- Investigating all complaints received in a discreet and responsible manner
- Implementing the procedures outlined in *Attachment 2 – Dealing with complaints*
- Acting fairly and equitably, and maintaining confidentiality at all times
- Informing the approved provider if a complaint is assessed as notifiable
- Keeping the approved provider informed about complaints that have been received and the outcomes of investigations
- Providing the approved provider with recommendations for action
- Ensuring decisions are based on the evidence that has been gathered
- Reviewing the terms of reference of the Complaints Subcommittee/investigator at commencement and on completion of their term. Suggestions for alterations are to be presented to and approved by the approved provider.

ATTACHMENT 4: FOR CHILDREN HOW TO MAKE A COMPLAINT

01 - You feel unsafe, concerned or worried

You should always feel safe and have the right to be heard.

02- Talk to a trusted adult

Like a parent, friend, carer, or teacher, they can help you make a complaint.

03- Say or draw why you feel unsafe, concerned or worried

- What happened
- How the problem has made you feel
- What would help fix it

04- What happens next

My trusted adult will tell me:

- Who will be told about the compliant
- Who will get back to me
- How long will it take
- When the complaint process is all finished