	DOCUMENT NAME	DOCUMENT NUMBER
	MANAGEMENT OF COMPLAINTS RELATED TO HEALTH SERVICES	

VERSION	**1**	
COMPILED BY		**DATE**
AUTHORIZED BY		**07/2025**
NEXT REVISION DATE		**07/2027**

1. PURPOSE & SCOPE

To provide a transparent, accessible, and responsive mechanism for users to lodge complaints about health services, in line with the National Patients' Rights Charter and National Core Standards.

This SOP applies to all users of the health establishment and all staff responsible for receiving, documenting, managing, and resolving complaints

2. RESPONSIBILITIES

Job description of person responsible	Duties
Front Desk	Provide complaint forms; assist users with process
Practice Manager	Log, investigate, and resolve complaints
Clinical Staff	Cooperate in resolution processes

3. PRINCIPLES

- Respect for user dignity and confidentiality
- Prompt investigation of complaints
- Right to feedback
- Non-retaliation against complainants

4. PROCEDURE

4.1 How Users Can Lodge Complaints:

Users may submit complaints:

- In person to the practice manager or designated staff
- In writing via a **complaint form** available at reception
- By email to: [Insert Practice Complaints Email]
- Via suggestion box (if applicable)

4.2 How Staff Should Handle Complaints:

- Greet and listen respectfully
- Record the complaint using the **Complaint Log/Register**
- Acknowledge receipt immediately
- Refer to the practice manager or designated official for follow-up

4.3 Investigation & Feedback:

- Investigations must begin **within 3 working days**
- Complainant must receive feedback within **10 working days**
- Outcomes and corrective actions must be documented

4.4 Storage:

- All complaints and resolutions must be logged in a **secure register** (manual or electronic) for audit purposes
- Documents retained for a minimum of **2 years**

5. INTERNAL SUPPORTING DOCUMENTATION

Document	Number	Retention period	Location

6. ATTACHMENT

📌 **Poster Template for Display**

🗣️ **WE VALUE YOUR FEEDBACK**

If you are unhappy with any part of your care, you have the right to:

- Complain
- Have your complaint fairly investigated
- Receive a full response

📋 How to Lodge a Complaint:

- Ask at reception for a complaint form
- Drop your complaint in our suggestion/complaint box
- Email: [Insert Complaints Email]
- Speak directly to the practice manager

📞 For more info, call: [Insert Practice Phone Number]

Your voice helps us improve our service. Thank you.

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Receipt Acknowledgement for this SOP

I have read and been informed about the content, requirements, and expectations of this policy for this practice. I understand that if I have questions, at any time, regarding this policy, I will consult with my immediate supervisor or my Human Resources staff members. Please read the policy/procedure carefully to ensure that you understand the policy/procedure before signing this document.

Employee Signature	Employee Printed Name	DATE	Employee Signature	Employee Printed Name	DATE