PROCEDURE AND AUDIT CHECKLIST

Complaints handling procedure checklist

Source anchors

- CQC Regulation 16, receiving and acting on complaints
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 16
- Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, Regulation 13
- Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, Regulation 14
- CQC Regulation 17, good governance
- CQC Regulation 20, duty of candour
- NHS England Accessible Information Standard

How to use this checklist

Use this checklist to audit whether the service can show an accessible, fair and learning-focused complaints process. It can be used quarterly, after a serious complaint, before a governance review, or before an inspection-readiness review.

Where the NHS and adult social care complaints regulations apply, complaints should normally be acknowledged within 3 working days. Response periods should be discussed or confirmed with the complainant. If the response is not sent within 6 months or an agreed longer period, the service must explain the delay and respond as soon as reasonably practicable after that period. Private complaints under Regulation 16 still need accessible handling, proper investigation, proportionate action and response without unreasonable delay.

For each row, record:

- **Met:** evidence is current and complete.
- **Part met:** evidence exists but has a gap or needs follow-up.
- **Not met:** evidence is absent or the control is not working.
- **Not applicable:** the service does not carry out this activity.

Every `Part met` or `Not met` item should create an action with an owner and due date.

The PDF is designed for printing, or for completing on screen with a PDF viewer's Fill & Sign, Markup or comment tools. Use those tools to tick boxes and type into the lines.

Service details

SERVICE NAME	LOCATION
DATE COMPLETED	COMPLETED BY
REGISTERED MANAGER	COMPLAINTS LEAD
PERIOD REVIEWED	NUMBER OF COMPLAINTS SAMPLED

1. Access and openness

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **People are told how to complain in ways they can understand.** **Evidence:** Complaints leaflet, website, welcome pack, notice, easy-read or accessible version.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
2 **Complaints can be made verbally, in writing, electronically or through a representative where local procedure allows.** **Evidence:** Procedure, staff guidance, complaint records.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Staff know how to record an oral complaint.** **Evidence:** Staff interview, induction record, procedure.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **People are reassured that complaining will not affect their care.** **Evidence:** Complaint information, response templates, staff interview.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **Advocacy, interpreter or communication support is offered where needed.** **Evidence:** Complaint record, accessible-information record, support referral.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
6 **There is a route for complaints about senior leaders.** **Evidence:** Procedure, governance record, independent route.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

2. Logging and acknowledgement

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **Complaints are logged promptly with date received and source.** **Evidence:** Complaint register, source record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

CHECK AND EVIDENCE	STATUS	OWNER	DUE
2 **Representative complaints include consent or authority where needed.** **Evidence:** Consent record, representative note.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Complaint records show funding or framework where this affects process.** **Evidence:** Complaint record, contract or funding marker.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **Acknowledgement is sent within the local policy timescale.** **Evidence:** Acknowledgement copy, date sent, policy.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **3 working day acknowledgement is tracked where the 2009 complaints regulations apply.** **Evidence:** Timeliness report, complaint sample.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
6 **The expected response period is discussed or confirmed where required.** **Evidence:** Acknowledgement letter, call note, complaint plan.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

3. Risk triage and linked records

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **Immediate safety risk is checked before the routine investigation starts.** **Evidence:** Triage note, risk decision.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
2 **Safeguarding concerns are opened or ruled out with reasoning.** **Evidence:** Safeguarding record, decision note.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Incident records are linked where the complaint describes harm, near miss or unsafe process.** **Evidence:** Linked incident, complaint record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **Duty of candour is considered where harm may meet the threshold.** **Evidence:** Duty of candour decision, apology or explanation record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **Statutory notification need is considered where the facts may trigger CQC reporting.** **Evidence:** Notification decision, source record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
6 **Records, call logs, rota data or clinical notes are preserved where relevant.** **Evidence:** Evidence list, export, file note.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

4. Investigation and response quality

CHECK AND EVIDENCE	STATUS		OWNER	DUE
1 **The investigation plan is proportionate to the complaint.** **Evidence:** Investigation plan, complaint category.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
2 **The investigator is appropriate and not conflicted.** **Evidence:** Assignment record, reviewer note.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
3 **Evidence is gathered from records, staff and relevant systems.** **Evidence:** Investigation file, interview notes.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
4 **The complainant is updated if the response will take longer than expected.** **Evidence:** Update record, correspondence.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
5 **The response answers each complaint point.** **Evidence:** Response letter, complaint summary.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
6 **The response explains findings, conclusions and action taken or proposed.** **Evidence:** Response letter, action log.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
7 **External escalation route is correct for the complaint type.** **Evidence:** Response letter, escalation guidance.	☐ Met ☐ Not met	☐ Part met ☐ N/A		

5. Records and CQC readiness

CHECK AND EVIDENCE	STATUS		OWNER	DUE
1 **Complaint records include acknowledgement, investigation, response and closure evidence.** **Evidence:** Complaint file sample.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
2 **Reasons are recorded where no action is taken.** **Evidence:** Closure note, investigation finding.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
3 **Personal information is shared only where lawful and necessary.** **Evidence:** Redaction record, consent note, response letter.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
4 **The service can provide CQC with complaint summaries, responses and related correspondence within 28 days if requested.** **Evidence:** Export test, complaints summary, records location.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
5 **Complaint records are retained in line with the local retention schedule.** **Evidence:** Retention schedule, archive sample.	☐ Met ☐ Not met	☐ Part met ☐ N/A		

6. Learning and governance

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **Complaints are reviewed for themes, not only closed one by one.** **Evidence:** Governance minutes, theme report.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
2 **Informal concerns and compliments are reviewed alongside formal complaints.** **Evidence:** Feedback log, governance report.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Actions have owners, due dates and completion evidence.** **Evidence:** Improvement actions, evidence.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **Repeat themes are escalated to risk, audit, training, supervision or policy review.** **Evidence:** Risk register, audit plan, training record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **The Registered Manager can describe what changed because of complaints.** **Evidence:** Interview, change log, governance minute.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
6 **Staff involved in complaint handling receive role-appropriate training.** **Evidence:** Training matrix, induction record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

7. Summary judgement

Is the complaints system accessible to the people using this service?

Which complaint theme repeated in the last 12 months?

Which complaint led to a service change?

Which complaint is at risk of delay today?

What would a CQC inspector see if they asked for the complaint log today?

8. Action log

Action	Source check	Owner	Due date	Completion evidence

Action	Source check	Owner	Due date	Completion evidence

9. Completion

Sign-off	Name	Date
Completed by		
Reviewed by Registered Manager		

This checklist is a working tool. It does not replace live regulator guidance, the service's own complaints policy, commissioner requirements, legal advice or professional judgement.

Related reading

- Lifecycle page: Complaints management
- Sample policy: Complaints policy