

SERIOUS CONCERNS AND COMPLAINTS POLICY AND PROCEDURE

GOVERNANCE DEPARTMENT

Institution of
**MECHANICAL
ENGINEERS**

Classification: Public

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1 Policy Statement

This document outlines the Institution of Mechanical Engineers ('IMechE') commitment to addressing serious concerns and complaints ('complaints'). It also includes information on handling, responding to, and learning from complaints about our services.

We understand that, on occasion, stakeholders (Contractors, Volunteers, Donors, Members of the Institution, Members of the Public, staff etc.) may feel dissatisfied or have concerns about their interactions with or wider behaviour/activities of an IMechE:

- staff member
- contractor
- volunteer
- committee or board
- Member Assessors.

We aim to:

- Provide a fair and user-friendly complaints procedure.
- Communicate the procedure to all stakeholders, so they know how to make a complaint
- Investigate all complaints promptly.
- Resolve complaints quickly, fairly, and effectively whenever possible, aiming to repair relationships.
- Learn from complaints and feedback, and apply lessons learned to achieve best practice.

Regardless of whom the complaint is about, we aim to achieve the best resolution possible, and ensure that complaints are handled confidentially and investigated without bias or judgment. Complaints will be managed using the procedure detailed in this document. We will strive for transparency, timeliness, and propriety in our investigations.

2 Scope

The scope of this policy extends to all members of IMechE, including staff and volunteers, Trustee Board members and all other Board and Committee members, who may be involved in receiving, responding to, investigating, and resolving complaints. The primary objective is to ensure that:

- IMechE's charitable entity complies with its regulatory requirements (Charity Commission)
- IMechE staff, contractors, volunteers (including Trustees), Boards and Committees, act in accordance with IMechE's values
- Lessons learned from these complaints are revised and implemented to minimise the likelihood of similar issues arising.

3 References

The following in whole or in part, are referenced in this document and may be considered alongside this document. This list is not exhaustive:

- Whistleblowing Policy
- IMechE Strategic Plan 2023
- Engineering Council Guidelines
- Charity Commission Guidelines, Legal and other requirements
- Safeguarding (& Vulnerable Adults) Policy
- Privacy Policy
- Non-Discrimination Policy
- IMechE Values and Behaviours

A full list of policies is available on the IMechE's policy library. Please contact governance@imeche.org if you need support accessing policies

4 Terms & Definitions

| Title | Definition |
|---------------------------------|---|
| IMechE | Institution of Mechanical Engineers |
| Executive/ Executive Team | IMechE's Directors and the CEO |
| Complaint | An expression of dissatisfaction relating to IMechE's (volunteer, staff, contractor) actions, decisions, or omissions. |
| Stakeholder | As defined by the Charity Commission: Stakeholders: are people who have an interest in the charity. This could include beneficiaries, supporters, members, staff, and funders. |
| Serious Complaint | a. a criminal offence or the suspicion of a criminal offence; or b. a breach or a suspected breach of a legal obligation; or c. health and safety issues or concerns; or d. Safeguarding issue or concern or; e. environmental issues or concerns; or f. financial malpractice, impropriety, or fraud; or g. matters that could bring the Institution into disrepute; or h. Anything that risks or is perceived to be a risk to the integrity of the Institution |
| Staff/ Appointed Representative | Employees, Contractors, Volunteers, Member Assessors, Trustee Board Members, Council Members, CEO, Directors |
| Investigating officer | Person or Persons appointed to investigate the complaint |
| President | Chair of IMechE Trustee Board |

5 Responsibility

The Associate Director of Governance is responsible for the maintenance of this policy. This includes drafting, updating, reviewing and implementing this policy.

6 What is a Complaint?

The Charity Commission¹ defines a complaint as:

an expression of dissatisfaction with a charity, its services, actions, or the conduct of its staff, volunteers, or trustees. Complaints can come from various sources, including beneficiaries, members, donors, volunteers, or the public.

Complaints may be verbal or written.

The Governance Department considers all complaints including Serious Complaints about wrongdoing regarding the Institution's management and/or operations by our staff, members, or other representatives. Serious Complaints may include (but is not limited to) the following:

- a. a criminal offence or the suspicion of a criminal offence; or
- b. a breach or a suspected breach of a legal obligation; or

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- c. health and safety issues or concerns; or
- d. Safeguarding issue or concern;
- e. environmental issues or concerns; or
- f. financial malpractice, impropriety, or fraud; or
- g. matters that could bring the Institution into disrepute; or
- h. Anything that risks or is perceived to be a risk to the integrity of the Institution

Where the complaint relates to a-h) above ('serious complaints'), we will ask for the complaint to be put in writing.

7 Creating a Safe Environment

IMechE is dedicated to foster a safe, inclusive and respectful environment for all members, volunteers, staff and other stakeholders. We value the contribution of every individual who is part of our community, and we are committed to addressing any concerns related to potential bullying, harassment or discrimination.

We understand that individuals may sometimes hesitate to come forward with their concerns whether it be due to fear of repercussions or the desire not to pursue a formal complaint. The well-being and safety of anyone who raises a complaint or concern is our top priority.

As part of our commitment to this we have:

- a. Established clear reporting channels, including designated email addresses, phone numbers and contact details to make it simple for you to report any concerns
- b. We are committed to creating a safe reporting environment. Your feedback is important to us, and we will take all reports of potential bullying or harassment seriously. Reporting your concerns will not result in adverse consequences for you.
- c. Anonymity Options – we will offer the opportunity for individuals to report concerns anonymously. Your privacy will be respected throughout the process.
- d. Dedicated Contacts: an independent contact can be allocated to review your concerns and they will listen and support you.
- e. Documentation: The Governance department will retain confidential (and as far as possible, anonymised) records of all expressions of dissatisfaction to help us identify and address issues effectively.
- f. Supportive Conversation: For those who express dissatisfaction but do not wish to pursue a formal complaint, we will engage in a supportive conversation, listen actively and provide guidance. This may include referrals to the Support Network for members or their families.
- g. Addressing systemic Issues: If patterns or recurring issues are identified, we will take proactive measures to address them. This may include training or a review of our processes.
- h. We will signpost both complainants and subject of complaints to the IMechE Supporter network where appropriate support can be provided if necessary

8 Who can make a complaint?

We may receive complaints from various individuals or entities with concerns or grievances related to our operations or our conduct. The following are some examples:

- a. Members of the Institution: Associate, Affiliate, CEng, CEnv, IEng, EngTech, Fellow and any other member of IMechE, may wish to make a complaint about the Charity or its subsidiaries. This includes past members and applicants
- b. Members of the public: Any public member who has concerns about a charity's activities or believes that it is not fulfilling its charitable objectives may make a complaint.

- c. Beneficiaries: Individuals who are beneficiaries of IMechE's charitable services, membership or intended beneficiaries may raise a complaint if they feel their rights are not being respected. They may also have issues with the quality or delivery of our services.
- d. Volunteers: Volunteers who work with our charity and witness inappropriate behaviour or suspect mismanagement can also submit complaints.
- e. Donors: Individuals or organisations that have donated to the charity and have concerns about how their donations are being used or suspect financial mismanagement can make complaints.
- f. Employees and Contractors: Current or former employees who have witnessed wrongdoing, unethical practices, or mistreatment in the workplace may also raise complaints.
- g. Trustees or Committee Members: Internal stakeholders, such as trustees or Committee members, who believe the charity is not operating in accordance with its governing documents or legal obligations can make complaints.
- h. Partner Organisations: Organisations that collaborate with a charity or have dealings with it may file complaints if they encounter issues that impact their partnership or find unethical practices.

9 Applicability

This complaints policy is inappropriate for some of IMechE's operations and processes due to the specific nature of the department's operations or the unique processes involved. The following are **NOT** in the scope of this policy:

| Title | Definition | Managed By |
|---|---|--|
| Legal and Disciplinary Matters | The complaints policy may not apply directly when complaints are related to ongoing legal proceedings or internal disciplinary matters. These cases often involve sensitive and confidential information that requires a separate, specialised approach to ensure the integrity of the investigative process | For Legal Matters: The Executive/ Trustee Board For Disciplinary matters: Investigation Panel/ Disciplinary Panel |
| Whistleblower Protections | To encourage and protect whistleblowers, IMechE has a separate procedure to handle complaints from staff about alleged misconduct or illegal activities within IMechE. The Whistleblowing Policy offers specific protections to employees who report wrongdoing and ensure anonymity when necessary. | The Whistleblowing Policy (HR Department) |
| Human Resources and Employment Disputes | Employee-related complaints, such as grievances or employment disputes, are governed by distinct HR policies and procedures. These processes are designed to address workplace issues in a way that promotes fairness and supports resolution. See (list policies here) | HR Department |
| External Regulatory Matters | In cases where complaints involve external regulatory bodies, such as industry-specific regulators or government authorities, IMechE may need to follow specific protocols and procedures mandated by those bodies. Examples of these include the ICO and the Charity Commission. This does not apply where there is a complaint that external regulatory requirements have not been followed | The external entity, i.e. Charity Commission |

| | | |
|---|--|--|
| Critical Incident Management | During critical incidents or emergencies, such as natural disasters or security breaches, the focus may shift to ensuring immediate response and recovery. In these instances, alternative protocols may be invoked to address the situation effectively. This does not preclude the policies application once the emergency has past | The Executive Team |
| Investigating Panel or Disciplinary Panel | The Investigating Panel investigates allegations of improper conduct against members and, if appropriate, refer them to the Disciplinary Panel. If the issue is more relevant to an Investigating panel matter, it will be the subject of that procedure. For the matter to be referred to IP/DP it must relate to an allegation that a member has breached the code of conduct. Should an investigation under this policy ascertain that subject of the complaint may have breached the code of conduct, a referral to the Investigating Panel may be required | Investigating Panel/ Disciplinary Clerk |
| GDPR requests | Complaints related to IMechE's approach to GDPR have to be processed in accordance with the ICO guidelines on complaints, so are subject to a separate procedure. | The Governance Department (Risk Team) |
| Comment or remark | A comment or remark with no response expected/ required | |
| Processes that are linked to the subsidiaries (for example, events and commercial services) | Some of IMechE's subsidiaries, from Professional Engineering Projects Ltd (Learning & Development, and Sonaspection) have their own complaints handling policy. Please get in touch with the individual company for details of their process | The subsidiary - PEP, Sonaspection |
| End Point Assessments | Complaints related to End Point Assessments are outside the scope of this policy and covered by the EPAO Standards Complaints Policy. Complaints about individual conduct within the EPA process may still be considered under this policy. | Membership Development |
| Membership Decisions and Outcomes | These are governed by the By-Laws and the Engineering Council rules. There is an Arbitration process for such matters. Complaints about individual conduct within the application process may still be considered under this policy. | Qualification and Membership Board |

While these departments and processes might not follow the standard complaints policy, IMechE remains committed to resolving any issues or concerns that arise. In the situations described above, the alternative channels or specialised teams mentioned in the table must handle the complaint to ensure appropriate resolution and accountability. IMechE will communicate transparently with stakeholders, informing them of deviations from the standard policy and providing updates on addressing the concerns raised.

10 How to Complain

A complaint can be made using the following methods:-

- By telephone: +44 20 7222 7899
- By email: To governance@imeche.org with "Complaint" as the subject. Where the subject of the complaint is

- within the Governance Department, complaints should be directed to hr@imeche.org
- By post: Governance Department, Institution of Mechanical Engineers, One Birdcage Walk, London, SW1H 9JJ
- In person

For a complaint to be considered, there must be “reasonable grounds” for making the complaint and there must be some evidence in support of the complaint. ‘Reasonable grounds’ are based on objective, rational and justifiable evidence or facts. An allegation with no supporting information may not reach that standard.

Where there is unclarity whether the threshold has been met, serious complaints will be reviewed by the Associate Director of Governance and the President. For normal complaints, the Associate Director of Governance will review.

This document details that all formal complaints will receive a written response. Complaints will be taken seriously and dealt with swiftly.

11 Timescales for making a complaint

Where possible, complaints should be made not later than three months after the event leading to the complaint or within three months of the complainant becoming aware of a cause for complaint. Complaints reported after three months will only be investigated where two members of the Executive Team determine that exceptional circumstances apply justifying investigation. Complaints after 3 months may be more difficult to investigate.

12 The complaints process

Complaints or concerns are best resolved at the first level of contact within the organisation. If a complaint can be dealt with immediately, it should be. This is likely to be something where a straightforward explanation, acknowledgement or apology will resolve the matter.

Where this is not possible or has been unsuccessful, the below stages apply.

STAGE 1

The recipient of the complaint is responsible for reporting the complaint to the Governance department. Where the complaint relates to a member of staff or process in the Governance department, the matter will be reported to the HR department.

On receiving the complaint, a member of the Governance department will complete the ‘Complaints Recording Form’ (Appendix 1) and will contact the complainant to acknowledge receipt of the complaint.

The complaint will also be:

- a) Documented on the IMechE’s internal central complaints log (access restricted to Governance Department). Where the complaint relates to the Governance Department, records will be kept within HR.
- b) Allocated to a specific individual or individuals to investigate the complaint. For:

| Type of Complaint | Investigation by Investigating Officer: | Composition | Appointed By: |
|--|---|---|--|
| Serious Complaints | Investigated by 3 Individuals | 1 person from: - Governance Department - Executive Team - Trustee, Governance or Operational Committee member* *The panel will be approved by both parties before proceeding. Approval will not be unreasonably refused | - Associate Director of Governance - CEO or other Director - President or other senior Trustee or Chair of Council |
| General Complaints or Expressions of Dissatisfaction from non-members or members | Investigated by 1 individual | 1 person from the relevant Board, Committee or Department | Appointed by the Governance Department |

- c) Where applicable, notify the relevant line manager or Chair of the relevant Board or Committee.
- d) Where applicable, the subject of the complaint will be informed by the panel as soon as is practically possible
- e) All panel members will be asked to declare any conflict of interest on appointment

The log entry on the central Incidents log will include the name and contact details of the complainant and their relationship with IMechE (e.g. member, donor, event participant, customer, volunteer etc) together with details of the nature of their complaint and the date of the incident giving rise to the complaint. Access to the log will be restricted to the Governance department, and anonymized reports on the log presented to the Executive Team, Audit and Risk Committee and Trustee Board where appropriate.

The Investigating Officer (as described in the table ii above) will write to the complainant to acknowledge receipt of the complaint no later than five working days after the day the complaint is received (the acknowledgement will usually be in writing but can be verbal in some circumstances, for example if informal mediation is successful although this should be the exception rather than the norm). The acknowledgement will detail:-

- The name of the person who is handling the complaint (investigating officer)
- Timescales for responding
- Methodology of investigation
- How the outcome of the investigation will be reported to the complainant

The Investigating Officer will investigate the complaint and respond formally within 30 working days. The Investigating Officer will capture relevant information about the case and ensure this is accurately recorded, including any necessary data collection. The data will be made available to the Governance department, Executive Team, Audit and Risk Committee and Trustee Board. IMechE will undertake their best effort to ensure the complainant:-

- will be kept up to date with the progress of their complaint

- that IMechE will attempt to resolve the complaint at stage 1
- if a case has passed the 30-working day target (or the timescale agreed with the complainant is different), the complainant will be informed of this and provided with a realistic timescale for resolving the complaint.
- they will receive a full response as detailed below,

As soon as it is reasonably possible after completing the investigation and within the timescale agreed with the complainant, the Investigating Officer will send a formal written response to the complainant, which the Investigating Officer will sign.

The response will include:-

- an explanation of how the complaint has been considered
- an explanation based on facts
- whether the complaint (in full or in part) is upheld
- an apology if appropriate
- If the complaint involves a member of IMechE (or their family) whether a referral to the Support Network is recommended/ made.
- the conclusions reached in relation to the complaint including any remedial action that the IMechE considered to be appropriate
- confirmation that IMechE is satisfied any action has been or will be actioned
- information and contact details of the CEO / Board of Trustees as the following stages of the process, if the complainant is not satisfied with the answer

A key consideration is to ensure that each case is treated according to its nature with a focus on satisfactory outcomes, organisational learning and lessons learned which should lead to service improvement.

IMechE is committed to quality responses and hopes the issue will have been satisfactorily resolved for all parties concerned. However, if the complainant is dissatisfied with the response or how the complaint has been handled, they can progress the complaint to stage 2.

Where the complaint relates to the CEO, the process will go straight to Stage 3.

STAGE 2

If the complainant is unhappy with the outcome of the investigation and outcome, they may, escalate the complaint to IMechE's CEO, with copies of all correspondence and case documentation. The CEO will consider the matter based on the information and evidence presented during the original complaint. The CEO will decide whether to uphold the investigating officer's response.

The CEO will aim to respond to the stage 2 complaint within 14 working days. The CEO will write to the complainant with their final decision and reasons. Whether the complaint is upheld or not, the reply to the complainant should describe what action will be taken due to the complaint. If the complainant is still unhappy, the case may be escalated to Stage 3, detailed below, and the complainant should be informed that this is the case.

STAGE 3

At this stage, the complaint will be escalated to the President. The President will consider all the facts afresh and decide whether to uphold the findings of the CEO.

The President will aim to respond to the stage 3 complaint within 14 working days. This decision will be final once the President has written to the complainant. If the complainant is still unhappy with the outcome, they may complain to the Charity Commission where the matter relates to the organisation's Charitable activities.

Regardless of the stage, we will apply principles of good decision-making as detailed in Appendix 3

of this policy.

Where the complaint relates to the President, Stage 3 will be dealt with by the Chair of Council.

13 Possible Outcomes

The possible outcomes from a complaint may include the following (they will vary depending on the nature of the complaint, our policies and the specific circumstances involved):

- Resolution: This is where the complaint is investigated and resolved to the complainant's satisfaction. This may involve addressing the issue, providing an apology or taking action to prevent the recurrence of the problem
- Partial Resolution: This is where the complaint is partially resolved, but the complainant may not be entirely satisfied with the outcome.
- No action required: This would apply where the IMechE considers the complaint but determines that there is no merit to the complaint or that it does not warrant further action. This will be communicated to the complainant.

Following these outcomes, the following actions may be taken:

- Feedback and Learning: Even if a complaint is not upheld, IMechE may wish to use feedback to improve our services and communications. This may include training staff or volunteers or making changes to our operations.
- Disciplinary Action (to note, referral to the Investigating Panel may be necessary in these circumstances if the behaviour is found to breach the code of conduct): Where the allegation is upheld, the complaint may result in a warning, reprimand, instruction to undergo training or education in, for example, matters of diversity or inter-personal relationship management; Temporary suspension from their role, permanent removal (de-elected/dismissed) from their role; and or being barred from holding future office in IMechE
- The complaint may prompt a review, revision or change in the process or self-reporting to a third-party regulatory or other entity.

14 Recording Complaints

Keeping clear and accurate records of complaints is important and these should be retained for six years by the Governance department.

All complaints the Charity receives must be recorded in a Complaints log, which will include: -

- Date complaint received
- Unique reference number
- Date of incident complained of
- Brief description of incident
- Preferred method of contact
- Nature/category of complaint
- Date the investigation concluded
- Outcomes, actions or learning that results

Individual complaint files will be held by the Governance team in line with data retention guidelines.

Where complaints are not upheld, records will be anonymised.

15 Monitoring & Reporting

A summary of the log will be reviewed twice a year by IMechE's Board of Trustees, and the Executive Team which will detail: -

- Numbers of complaints received in a twelve-month period

- Numbers of complaints received and upheld
- Nature and extent of complaints / key themes that the complaints have raised
- Actions taken, or being taken, to improve services as a result of the complaints made
- Lessons learnt and action taken
- Whether there is an associated breach (Charity Commission/ Legal/ ICO)
- Feedback and how that information has been shared

IMechE will engage with complaints constructively and aim to make necessary improvements or put in place required training in order to prevent similar issues occurring in the future.

16 Confidentiality

Complaints will be handed in the strictest of confidence in accordance with IMechE's Data Protection Policy and will be kept separately to member records. Care will be taken that information should only be disclosed to those who have a demonstrable need to have access to it. Confidentiality will be maintained in such a way that only the investigating officer and employee/s who are part of the investigation will know the contents of the case. Any employee inappropriately disclosing information to others who are not directly involved in the complaint will be dealt with under disciplinary procedures.

17 Quality Assurance

The Governance Department will monitor both the effectiveness of the complaints process, and how complaints information is being used to improve service delivery. Specifically, the IMechE will aim to provide a system to:-

- Disseminate learning from complaints across the relevant parts of the organisation
- Include the use of the complaints procedures as a measure of performance and quality
- Use complaints information to contribute to service delivery

18 Compliance and Review

The Governance Department will monitor compliance with the policy and procedures laid down identified in this document and report outcomes at regular intervals to the Executive Team, Trustee Board and Audit & Risk Committee.

The policy and procedure will also be subject to internal audit at specified intervals (as detailed in the IMechE's internal audit plan).

19 Malicious Complaints

IMechE will accept any complaint in good faith. However, complaints made on the basis of discrimination, or malicious or vexatious complaints will not be tolerated.

In order to protect its employees, volunteers and members, IMechE will investigate such complaints in a manner so as to expose such malicious intent.

This will not apply to genuine complainants.

20 Contact us

If you have any queries about the contents of this policy, please contact the Governance Department at governance@imeche.org

21 Appendix 1

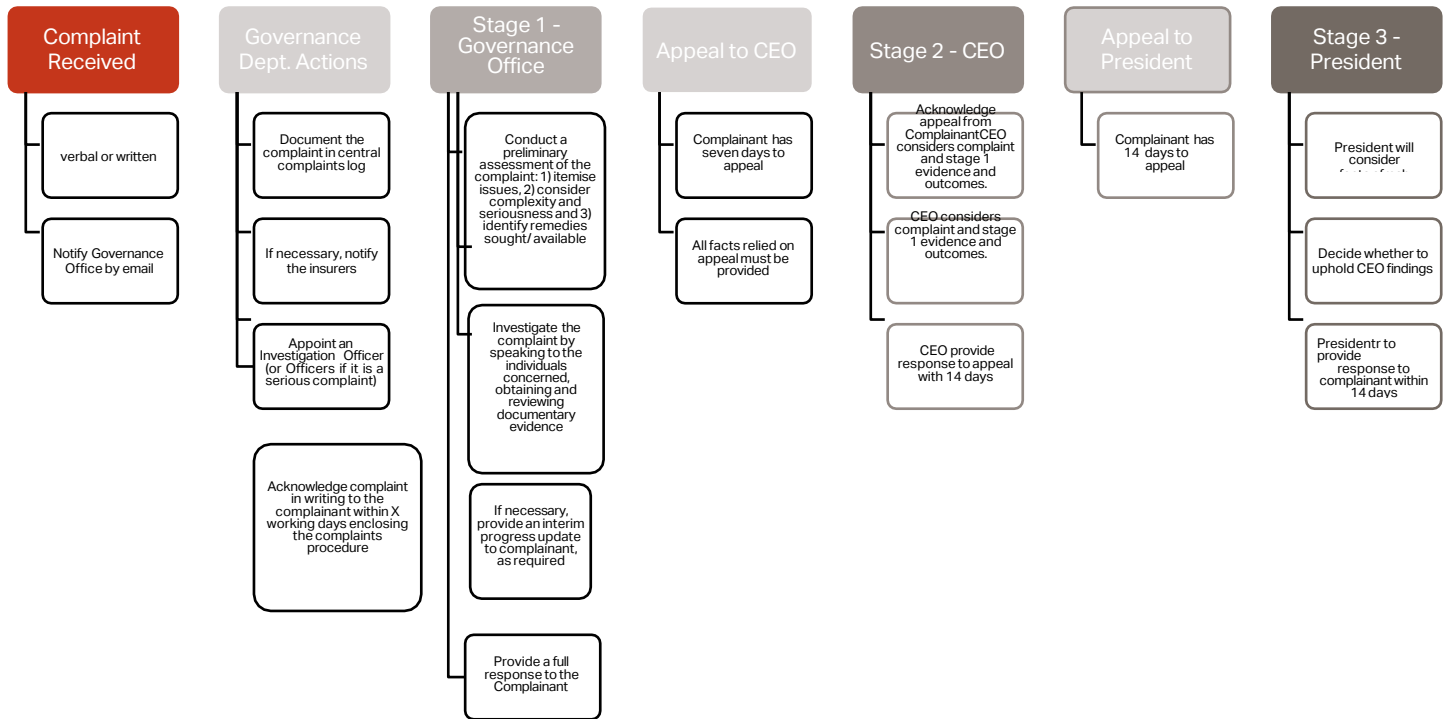
Complaint Form

Confidential (when completed)

| | |
|--|--|
| Name of the complainant: - | |
| Complainant's contact details: Tel/Address | |
| Date complaint received: | |
| Who received the complaint: | |
| Complaint referred to: | |
| Was the informal or formal procedure used: | |
| Date of meeting or phone call to hear complaint: | |
| Description of complaint: | |
| Action taken: - e.g. apology, investigation, management action, changes to procedures | |
| Complainant informed of next steps – verbally / in writing | |
| Does the complainant wish to take any further action? If yes, how will this be handled? | |

22 Appendix 2

Process Flow



23 Appendix 3

Our Principles of Good Decision Making

Fairness

Our decisions must be fair and be seen to be fair. To ensure we act fairly, we will report decisions internally to our Executive Team, Audit & Risk Committee and the Trustee Board.

Proportionality

We take a risk-based approach, focussing our resources on the individuals and firms most likely to harm the public interest. Any decision to use our regulatory powers is proportionate, balancing the public interest with those of the individual or firm whose conduct or behaviour has been called into question.

This means the action we take is necessary to achieve a desired effect. Our decision-makers need to be clear about how their decisions could affect the IMechE, the complainant and why the decision reached is required in order to meet it.

Equality of arms

We make sure that any person who may be adversely affected by a decision has enough information to understand the nature of the decision and what the decision-maker is basing their decision on. We also give those affected the opportunity to make representations before the decision is taken, which we then consider as part of our decision-making process.

We may take some decisions without disclosing part, or all of the information and grounds in advance, such as when we need to act quickly to protect the IMechE or the public. In some cases, we may be unable to disclose highly sensitive confidential information or information that might prejudice an ongoing investigation. These situations will be exceptional and, where possible, the relevant individuals involved will be informed of any non-disclosure.

Impartiality

We make sure decisions are free from bias and discrimination, and any perception of bias, from the point of view of a fair-minded and informed observer. Decision makers must declare any conflict of interest and remove themselves from cases in which they have any personal relationship, or a financial or other interest. This includes, in certain circumstances, separation between those reaching final decisions and front line staff involved in the matter.

Each case must be considered on its own merits, on an objective analysis of the facts, and in accordance with our policies, guidance and criteria. The information available to the decision-maker needs to be relevant and sufficient to enable a full and fair decision to be made.

Transparency

Wherever possible we seek to be transparent about the way in which we reach decisions. We make sure our decisions and the information we have considered are properly recorded. We notify our decisions to those affected promptly and with sufficient reasons to explain what decision was

reached and why. We work with people who complain to us or may be involved to keep them updated on the progress of our investigations.

Taken only by appropriate decision-makers

Our decisions are only taken by those who are authorised to do so. This improves transparency and helps to make sure we are accountable in our decision-making.

Quality assurance

Our decisions and criteria on which they are based undergo internal monitoring and audit processes to safeguard their quality, fairness and consistency. We also review the efficiency and effectiveness of our procedures to support decision-making, including our criteria and guidance.

24 Appendix 4

Sample letter to Complainant acknowledging receipt of Complaint

[Name of Complainant]
[Address of Complainant]

[Date of this AOS]

Dear [insert name of Complainant]

UNIQUE REF NUMBER

I hope this email finds you well.

We acknowledge receipt of your complaint dated [insert date] in which you have expressed concerns regarding [brief description of the complaint and the issues that need to be responded to].

Please rest assured that we will take your complaint seriously and are committed to resolving this fairly and transparently.

Please find attached details of our complaints process, designed to ensure that all complaints are handled fairly and consistently. We will investigate your complaint and aim to respond to your complaint within 30 days. If the investigation has not concluded within 30 days, we will write to you in advance to provide an update.

If you have any further information or documentation related to your complaint, please share this with us by replying to this email within 5 working days.

Yours sincerely,

[Investigating Officer]
[Title]

25 Appendix 5

External Facing Complaints Procedure

Our aim

The Institution of Mechanical Engineers (IMechE) takes any complaint or expression of dissatisfaction seriously. We aim to deal promptly, fairly and effectively with any complaint or expression of dissatisfaction about our actions, omissions or decisions.

Our complaints handling policy

We are committed to providing a high-quality of service to all our members and third parties. Any complaint will be investigated to answer your concerns and achieve a positive outcome.

Raising a complaint

- A complaint can be made using the following contact details:-
- By telephone: 020 7222 7899
- By email: To governance@imeche.org with "Complaint" as the subject
- By post: Governance Department, Institution of Mechanical Engineers, One Birdcage Walk, London, SW1H 9JJ
- In person.

We aim to acknowledge receipt of the complaint within 3 working days and record the complaint in our central register of complaints.

Timescales

Complaints must be made not later than three months of the event leading to the complaint or of you becoming aware of a cause for complaint.

Complaints reported after three months will only be investigated in exceptional circumstances.

Tracking a complaint

The Investigating Officer will consider and investigate your complaint and reply to you within 30 days. If for some reason, the matter cannot be investigated thoroughly in this time frame, you will be notified of this together with a revised timescale. If we believe it would be helpful, we may suggest a meeting.

What will happen next?

If you are satisfied with our response, the complaint will be logged as closed. If you are not satisfied, you may ask for the complaint to be considered by the CEO. The CEO will review your complaint and respond within 14 days, to confirm whether the decision has been upheld.

There is a final right of appeal to the President.

Charity Commission

If you are still dissatisfied about the response, and the matter relates to our charitable work, you may ask the Charity Commission to consider the complaint providing certain conditions are satisfied.

Complaints to the Charity Commission must usually be made within six years of the act or omission about which you are complaining occurring; or within three years from when you should have known about or become aware that there were grounds for complaint.

You can contact the Charity Commission:

- by letter at: Charity Commission, PO Box 211, Bootle, L20 7YX
- by telephone at: 0300 066 9197
- by completing an online form: <https://forms.charitycommission.gov.uk/Complaint/>

26 Appendix 7 Investigation Form

27 General details

| | | |
|-------------------------|-----------------------------------|--|
| Complaint ref | Member ref number (if applicable) | |
| Complainant name | Person dealing with complaint | |
| Date complaint received | Complaint category | |

28 Details of the investigation

| | |
|---|--|
| List of events that led to the complaint | [Insert list of events] |
| List of investigative steps taken | [Insert investigative steps taken, eg reviewed the file, conducted internal and/or external meetings, reviewed further documentation, etc] |
| Record of internal meetings (short summary, minutes and/or reference number and location of meeting documentation) | [Insert details of internal meetings] |
| Record of external meetings (short summary, minutes and/or reference number and location of meeting documentation) | [Insert details of external meetings] |
| Details of documents used in resolving the complaint (short summary/reference/location) | [Insert details of documents used in resolving the complaint] |
| Additional information | [Insert additional information] |
| | |
| Stage 1: | |
| Stage 1: Outcome | |
| Stage 1: Date | Signed by Investigating Officer |
| | |
| Stage 2: | |
| Appeal received? | |
| Appeal outcome | |
| Date of Stage 2 | |
| | |
| Stage 3: | |
| Appeal to President? | |
| Appeal Outcome | |

Document Version Control

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|------------------------|----------------------------------|
| Document Ref: | Serious Concerns and Complaints |
| Version: | V1.0 |
| Owned By: | Associate Director of Governance |
| Created By: | Shazia Saleem |
| Approved By: | SG |
| Confidentiality Level: | Public |
| Frequency of Review | Annual |
| Review date | 1/07/25 |

Amendment history

| Date | Version | Created by | Description of change |
|----------|---------|------------|----------------------------|
| 14/07/23 | v0.1 | SS | Initial Draft |
| 8/11/23 | V0.2 | SS | Draft following feedback |
| 19/12/23 | V1 | SG | Feedback following TB |
| 8/2024 | V1.1 | SG | Feedback from stakeholders |
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