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|--|--|-----------------|----------------|--|
| Name of project, policy, function, service or proposal being assessed: | Complaints, Compliments and Comments Policy | | | |
| The main objective of (please insert the name of accessed document stated above): | Provide Customers with information as to how we handle complaints. | | | |
| <p>What impact will this (please insert the name) have on the following groups? Please note that you should consider both external and internal impact:</p> <ul style="list-style-type: none"> • External (e.g. stakeholders, residents, local businesses etc.) • Internal (staff) | | | | |
| Please use only 'Yes' where applicable | Negative | Positive | Neutral | Comments |
| <u>Gender</u> | External | | x | The policy has been reviewed in line with the Local Government and Social care Ombudsman's Complaint handling Code. This Code which is now incorporated into the Council's policy is strengthened in relation to compliance with the equality Act 2010 by providing clarity on how complaints can be |

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| | | | | | <p>submitted. Cross referencing to the Council's reasonable adjustments policy and ensuring that where customers need support in making complaints that they can have this.</p> <p>The policy provides a variety of ways in which complaints can be made so accessibility to the complaints process is not restricted. The policy is also clear that just because something is not marked as a complaint doesn't mean it won't be dealt with as one, so customers needs and issues are dealt with more effectively.</p> <p>There is clarity around what we will do to make things better.</p> <p>Expanding the policy to ensure complaints are dealt with clearly and appropriately and that contact with the Council can be as easy as possible will have a positive impact.</p> |
| | Internal | | x | | As above |
| | External | | | x | |

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|----------------------------|----------|--|---|--|----------|
| Gender Reassignment | Internal | | x | | As above |
| Age | External | | x | | As above |
| | Internal | | x | | As above |

Equality Impact Assessment



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|---|----------|--|---|--|----------|
| <u>Marriage and civil partnership</u> | External | | x | | As above |
| | Internal | | x | | As above |
| <u>Disability</u> | External | | x | | As above |
| | Internal | | x | | As above |
| <u>Race & Ethnicity</u> | External | | x | | As above |
| | Internal | | x | | As above |
| <u>Sexual Orientation</u> | External | | x | | As above |
| | Internal | | x | | As above |
| <u>Religion or Belief (or no Belief)</u> | External | | x | | As above |
| | Internal | | x | | As above |
| <u>Pregnancy & Maternity</u> | External | | x | | As above |
| | Internal | | x | | As above |
| <u>Other Groups</u> (e.g. any other vulnerable groups, rural isolation, deprived areas, low income staff etc.) | External | | x | | As above |
| | Internal | | x | | As above |

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| Please state the group/s: _____ | | | | | |
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| Is there is any evidence of a high disproportionate adverse or positive impact on any groups? | Yes | No | Comment |
| Is there an opportunity to mitigate or alleviate any such impacts? | Yes | No | Comment |
| Are there any gaps in information available (e.g. evidence) so that a complete assessment of different impacts is not possible? | Yes | No | Comment |

In response to the information provided above please provide a set of proposed action including any consultation that is going to be carried out:

| Planned Actions | Timeframe | Success Measure | Responsible Officer |
|-----------------|-----------|-----------------|---------------------|
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Authorisation and Review

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|---|-------------------------------|
| Completing Officer | Deputy Chief Executive |
| Authorising Head of Service/Director | |
| Date | 7/10/24 |
| Review date (if applicable) | |