



Procedures for

# Handling Complaints and Grievances

March 2020

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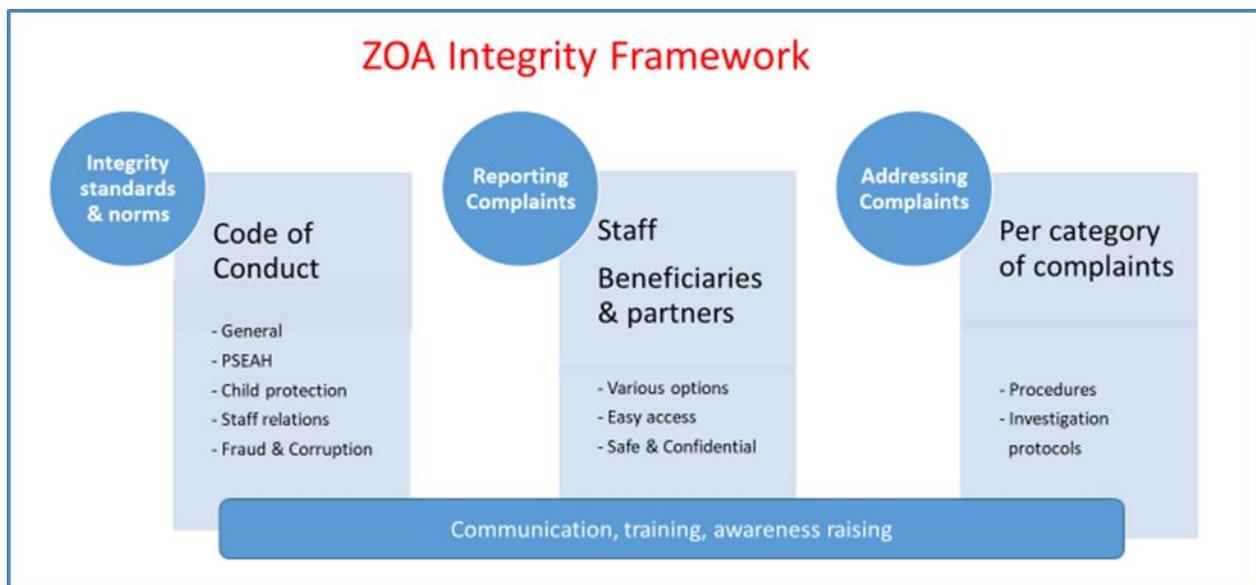
# 1 INTRODUCTION

## 1.1 PLACE AND BACKGROUND OF THIS DOCUMENT

As an international organisation providing relief and recovery support to people affected by conflicts and disasters, ZOA is committed to maintaining the highest standards of integrity in all its activities. For that purpose, the ZOA Integrity Framework was developed, comprising three main pillars:

- The ZOA Code of Conduct outlines the standard of behaviour ZOA seeks to promote within the organisation and in the interaction with its stakeholders.
- Procedures for staff, beneficiaries<sup>1</sup> and other key stakeholders on how to report a grievance or complaint with reference to the ZOA Code of Conduct or in connection with any other aspect of our work.
- Procedures for addressing complaints received (i.e. this document).

The structure of the Integrity Framework is illustrated in the figure below.



All ZOA staff are trained on the content and application of the Integrity Framework, through mandatory training sessions.

This document describes the third pillar of the Integrity Framework: procedures for addressing complaints and grievances. The other pillars have been described in separate documents.

## 1.2 PURPOSE

ZOA aims to provide a fair, safe and ethically sound working environment to all its staff, with integrity as one of the underlying value commitments. The same applies for beneficiaries, partner organisations and other stakeholders ZOA works with in the realisation of its mission. As part of that safe working environment, ZOA encourages staff, beneficiaries and others to come forward with complaints and grievances in case they have a concern or negative experience in working with(in) ZOA. The purpose of this document is to provide clear guidance to all involved in the process of addressing complaints and grievances.

<sup>1</sup> The people served by ZOA through its projects and programmes are referred to in this document as 'beneficiaries'. Although the term 'beneficiaries' does not adequately reflect the rights and position of these people, it is used in this document for practical reasons of readability.

Describing this process should ensure that in addressing complaints and grievances:

- a standardised approach is followed each time, resulting in equal and fair responses to all complainants;
- the confidential nature of complaints and grievances is acknowledged and protected, thus ensuring that complainants can expect and count on a safe follow-up process once they have decided to come forward with their complaint or grievance;
- the different nature and level of sensitivity of complaints and grievances are taken into account.

### 1.3 HOW TO READ THIS DOCUMENT

In chapter 2, some general principles for handling complaints are provided, which are leading in all stages of the complaints handling process. In the next chapters, the process for handling complaints and grievances is described for 'Beneficiary complaints' (chapter 3) and 'Staff grievances' (chapter 4). The structure of both chapters is identical. They contain separate sections for each of the following stages in the process:

- the initial entry process: the steps taken between receiving a complaint or grievance through one of the various routes offered and the decision whether it should be handled in Country or at HQ;
- the stage of actually handling of the complaint or grievance at either country or HQ level;
- the appeal process for situations in which a complainant is not satisfied with the outcome of the initial handling process.

The processes have been outlined as flowcharts, using commonly used symbols for each of the main steps in the process. Per flowchart, some explanatory notes have been added on the opposite page.

In some places in the flowcharts, reference is made to separate documents containing investigation guidelines that provide further details for the actual investigation of specific types of complaints, such as fraud, cases of sexual abuse, etc. These guidelines are described in separate documents.

## 2 PRINCIPLES

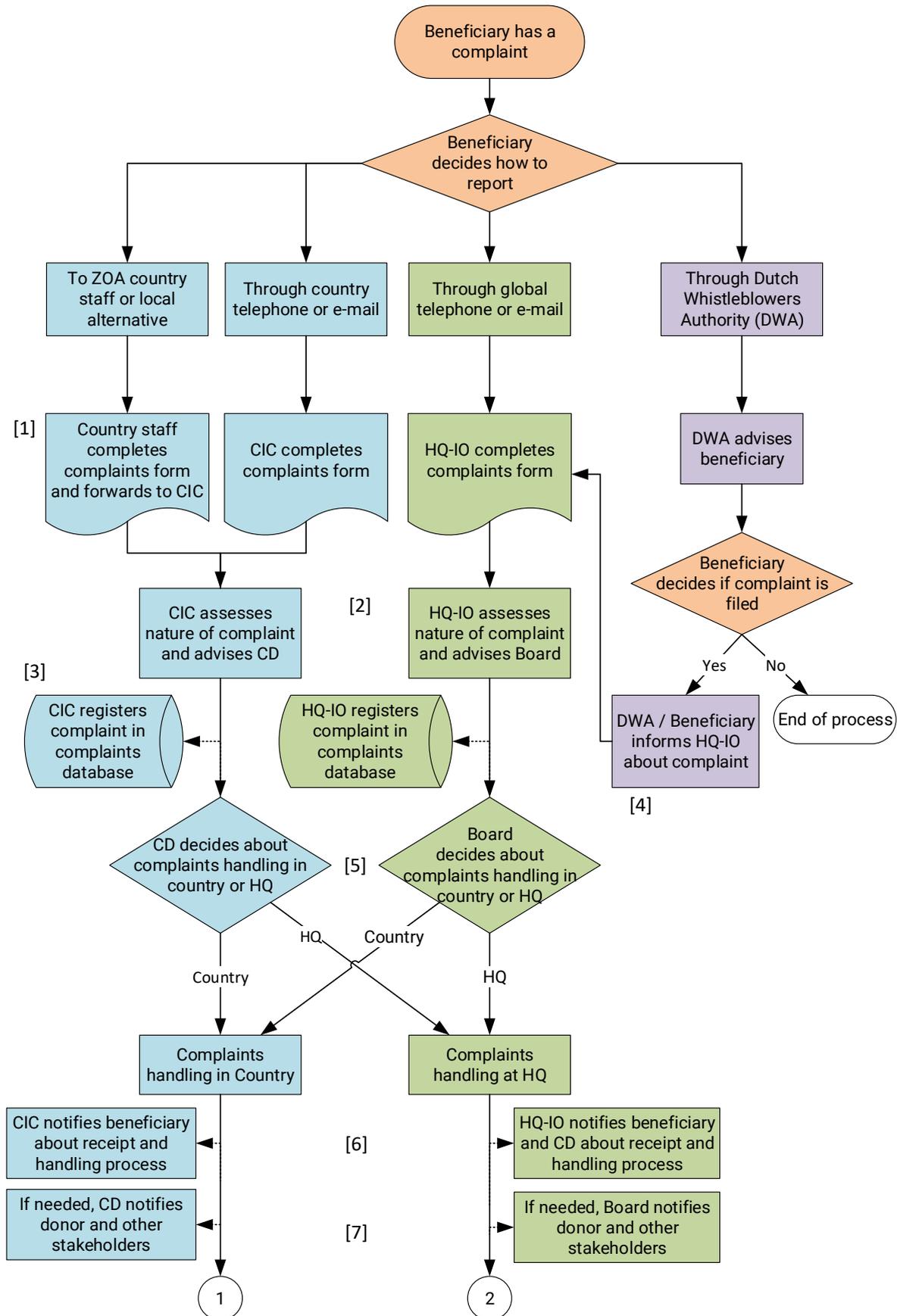
The following general principles apply for handling complaints and grievances:

- Handling complaints and grievances will be treated with an appropriate level of confidentiality and discretion. Staff involved in addressing a complaint must do everything possible to maintain confidentiality.
- The number of staff involved in the handling of complaints is limited as much as possible.
- The outcome of an appeal process is final and cannot be subject of a repeated appeal.
- Staff or beneficiaries filing an appeal in good faith will not be disadvantaged in any way. ZOA will do everything possible to protect complainants against any form of retaliation or other (potential) negative impact to the complainant.
- ZOA will take appeals seriously and will respond in a fair and structured manner. All appeals will be dealt with consistently, fairly, and with integrity, in accordance with standardized procedures as described in this document.
- Appeals are responded to promptly. Notification of the receipt of an appeal is made within 5 working days, together with an estimated response period. In the event more time is needed than originally communicated, the complainant is notified in a timely manner.

### **3 HANDLING BENEFICIARY COMPLAINTS**

In this chapter, the process of handling beneficiary complaints is described. The different parts of the process are presented as flowcharts, using commonly used symbols for each of the main steps in the process. Per flowchart, some explanatory notes have been added on the opposite page.

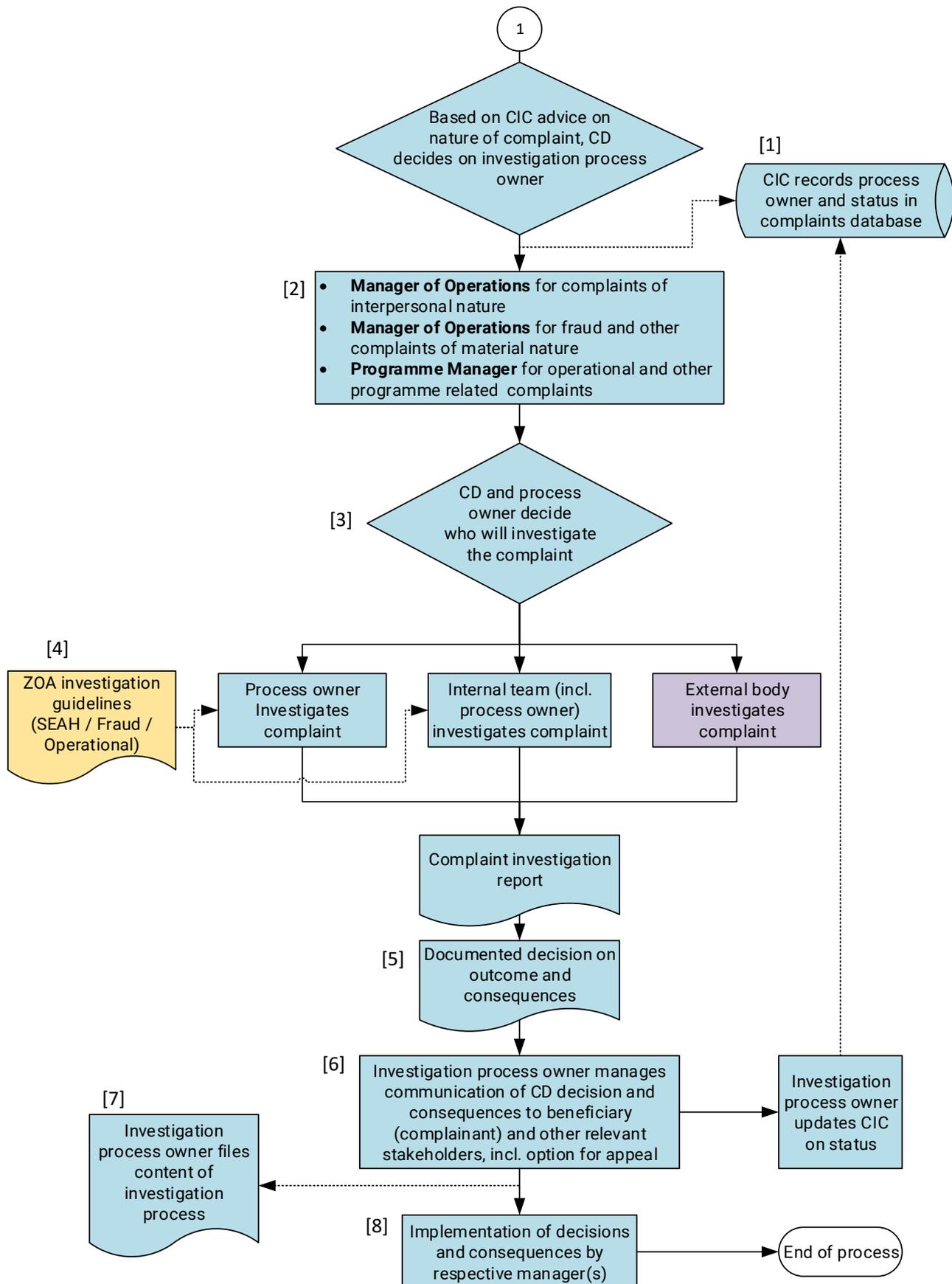
### 3.1 BENEFICIARY COMPLAINTS - ENTRY PROCESS



Notes on beneficiary complaints – Entry process

Ref.	Note
[1]	The standard complaints form (as attached to the Complaints Reporting standards) must be used. The staff member receiving the complaint must ensure that the complaints form is completed as accurate as possible, without making changes to the original content of the complaint.
[2]	CIC or HQIC makes an (initial) assessment of the nature of the complaint received in terms of: <ul style="list-style-type: none"> <li>- the nature of the content of the complaint (SEAH or other interpersonal nature, fraud or other material nature, operational or other programme related);</li> <li>- the level of complexity and sensitivity of the complaint.</li> </ul>
[3]	All complaints are registered in the complaints database that is managed by ZOA HQ, with specific sub-databases per country. The content of sub-databases can only be seen by the respective Country Integrity Coordinators and by the Integrity Coordinator of ZOA HQ. Information registered in the database includes: <ul style="list-style-type: none"> <li>- date, country, complaint identification number, project code (where relevant);</li> <li>- (content of the) original complaint form;</li> <li>- place of handling complaint (country or HQ) with name and contact details of complaint handling process owner;</li> <li>- status of complaint handling.</li> </ul> The database does not contain information related to the actual handling of the complaint.
[4]	The Dutch Whistleblowers Authority (DWA) informs the HQIC on behalf of and with the consent of the beneficiary. Alternatively, the beneficiary her-/himself may inform HQIC about the complaint, depending on the outcome of the consultation between DWA and beneficiary. In case of sensitive situations, the DWA may decide to inform the investigation process owner directly, and inform the HQIC in general terms only.
[5]	The following types of complaints should always be handled at HQ level: <ul style="list-style-type: none"> <li>- complaints related to SEAH or child protection;</li> <li>- complaints related to (suspicion of) fraud;</li> <li>- complaints involving the CD or any other member of the Country Management Team;</li> <li>- any other complaints that have a serious (potential) impact on beneficiaries and / or ZOA;</li> </ul> The HQ based Integrity Coordinator can always challenge a CD's decision to handle a complaint at Country level, triggered by information in the complaints database.
[6]	Notification is done by the CIC or HQIC, depending on the original place of receipt of the complaint. For instance: in case the complaint is received at country level, though handled at HQ level, the notification of initial receipt is still done by the CIC. The CD is informed as well, unless the complaint relates to the CD.
[7]	Depending on the nature of the complaint and the specific donor requirements for the project that it relates to, the donor(s) may have to be informed about the complaint at an early stage. Similarly, authorities or other stakeholders may have to be informed. By all means, this should be done in general terms only and with due respect for confidentiality of all involved.

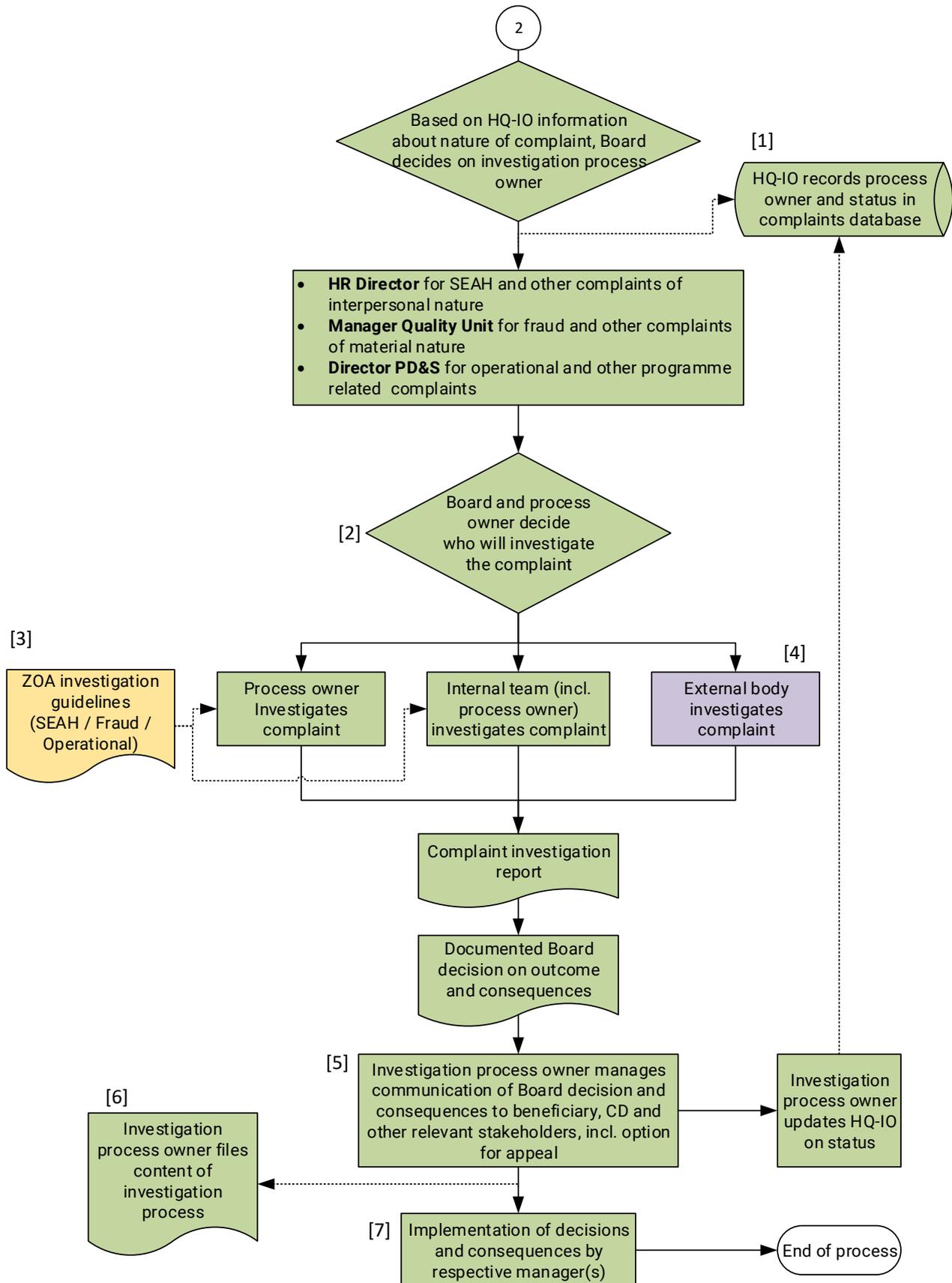
### 3.2 BENEFICIARY COMPLAINTS - HANDLING IN COUNTRY



Notes on beneficiary complaints – Handling in country

Ref.	Note
[1]	<p>All complaints are registered in the complaints database that is managed by ZOA HQ, with specific sub-databases per country. The content of sub-databases can only be seen by the respective Country Integrity Coordinators and by the Integrity Coordinator of ZOA HQ.</p> <p>Information registered in the database includes:</p> <ul style="list-style-type: none"> <li>- date, country, complaint identification number, project code (where relevant);</li> <li>- (content of the) original complaint form;</li> <li>- place of handling complaint (country or HQ) with name and contact details of complaint;</li> <li>- complaint handling process owner;</li> <li>- status of complaint.</li> </ul> <p>The database does not contain information related to the actual handling of the complaint.</p>
[2]	In all cases the CD can decide to appoint a different staff member as process owner.
[3]	<p>In considering who should investigate the complaint, the following aspects should be covered:</p> <ul style="list-style-type: none"> <li>- The (potential) impact of the matter of the complaint to the complainant, other persons involved and ZOA.</li> <li>- Closely related to the previous: the level of complexity of the complaint.</li> <li>- Safeguarding an appropriate level of objectivity and competence in the investigation as well as the protection of the safety and privacy of the complainant and other persons involved (including accused persons), should be leading in choosing who should investigate. This can include setting up an investigation team.</li> </ul>
[4]	<p>Separate investigation guidelines are available in the Quality Library for different types (nature) of complaints and grievances.</p> <ul style="list-style-type: none"> <li>- For SEAH and other complaints of interpersonal nature</li> <li>- For Fraud and other complaints of material nature</li> <li>- For operational and other programme related complaints</li> </ul> <p>In several of these procedures, a distinction is made between a pre-investigation and a full investigation. A pre-investigation can be started when there is uncertainty about the completeness and/or validity of a complaint and to prevent unnecessary negative impact of a full investigation to the complainant and/or the accused.</p>
[5]	Depending on the level at which the investigation was managed, the decision on outcome and consequences is taken by the CD or another manager, as mandated by the CD.
[6]	<p>When informing the complainant about the outcome of the complaint investigation and corresponding decisions, the option of appeal and corresponding route to follow should always be included.</p> <p>Depending on specific donor requirements, donor(s) may have to be informed too. If so, this should be done in general terms only, and with due respect for confidentiality.</p>
[7]	Content information and documentation related to the investigation of the complaint is not filed in the complaints database, but kept and filed by the investigation process owner. He/she ensures that such information is archived with restricted access in the common ZOA archiving structure (i.e. not on individual computers).
[8]	Any documentation resulting from the implementation of the decision made, such as warning letters, operational decisions, etc., are kept in the respective files of the persons or projects involved.

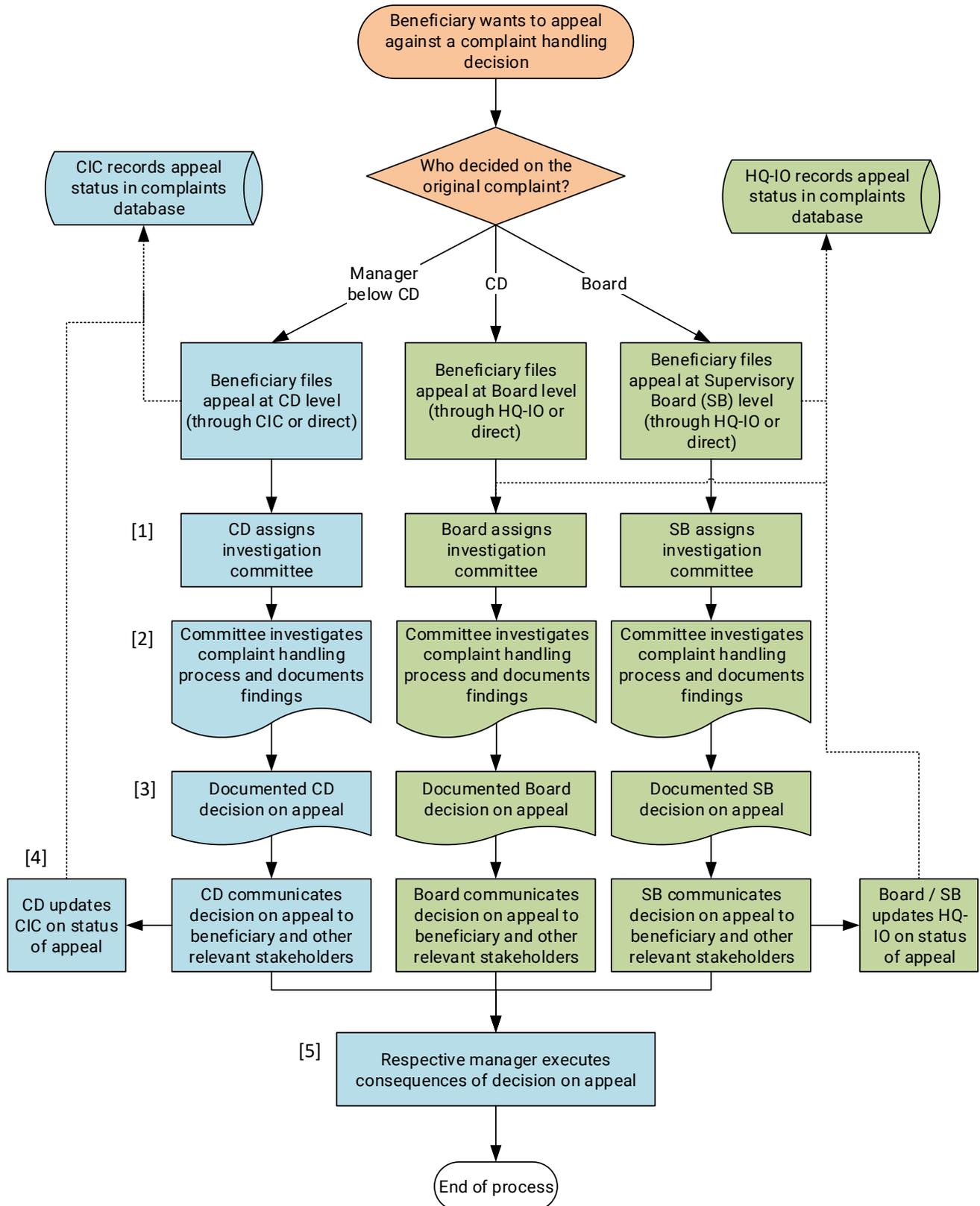
### 3.3 BENEFICIARY COMPLAINTS - HANDLING AT HQ



Notes on beneficiary complaints – Handling at HQ

Ref.	Note
[1]	<p>All complaints are registered in the complaints database that is managed by ZOA HQ, with specific sub-databases per country. The content of sub-databases can only be seen by the respective Country Integrity Coordinators and by the Integrity Coordinator of ZOA HQ.</p> <p>Information registered in the database includes:</p> <ul style="list-style-type: none"> <li>- date, country, complaint identification number, project code (where relevant);</li> <li>- (content of the) original complaint form;</li> <li>- place of handling complaint (country or HQ) with name and contact details of complaint;</li> <li>- complaint handling process owner;</li> <li>- status of complaint.</li> </ul> <p>The database does not contain information related to the actual handling of the complaint.</p>
[2]	<p>In considering who should investigate the complaint, the following aspects should be covered:</p> <ul style="list-style-type: none"> <li>- The (potential) impact of the matter of the complaint to the complainant, other persons involved or ZOA. The larger the (potential) impact, the more reason there is to involve an internal or external committee.</li> <li>- Closely related to the previous: the level of sensitivity of the complaint. The more sensitive it is, the more reason for involving an internal or external committee.</li> <li>- Safeguarding an appropriate level of objectivity and competence in the investigation as well as the protection of the safety and privacy of the complainant and other persons involved (including accused persons), should be leading in choosing who should investigate.</li> </ul>
[3]	<p>Separate investigation guidelines are available in the Quality Library for different types (nature) of complaints and grievances.</p> <ul style="list-style-type: none"> <li>- For SEAH and other complaints of interpersonal nature</li> <li>- For Fraud and other complaints of material nature</li> <li>- For operational and other programme related complaints</li> </ul> <p>In several of these procedures, a distinction is made between a pre-investigation and a full investigation. A pre-investigation can be started when there is uncertainty about the completeness and/or validity of a complaint and to prevent unnecessary negative impact of a full investigation to the complainant and/or the accused.</p>
[4]	<p>At global level, ZOA does not have an external committee or body permanently available for undertaking external investigation of complaints. If needed, a suitable external party has to be identified.</p>
[5]	<p>When informing the complainant about the outcome of the complaint investigation and corresponding decisions, the option of appeal and corresponding route to follow should always be included.</p> <p>Depending on specific donor requirements, donor(s) may have to be informed too. If so, this should be done in general terms only, and with due respect for confidentiality.</p>
[6]	<p>Content information and documentation related to the investigation of the complaint is not filed in the complaints database, but kept and filed by the investigation process owner. He/she ensures that such information is archived, with restricted access.</p>
[7]	<p>Any documentation resulting from the implementation of the decision made, such as warning letters, operational decisions, etc., are kept in the respective files of the persons or projects involved.</p>

### 3.4 BENEFICIARY COMPLAINTS - APPEALS



Notes on beneficiary complaints – Appeals

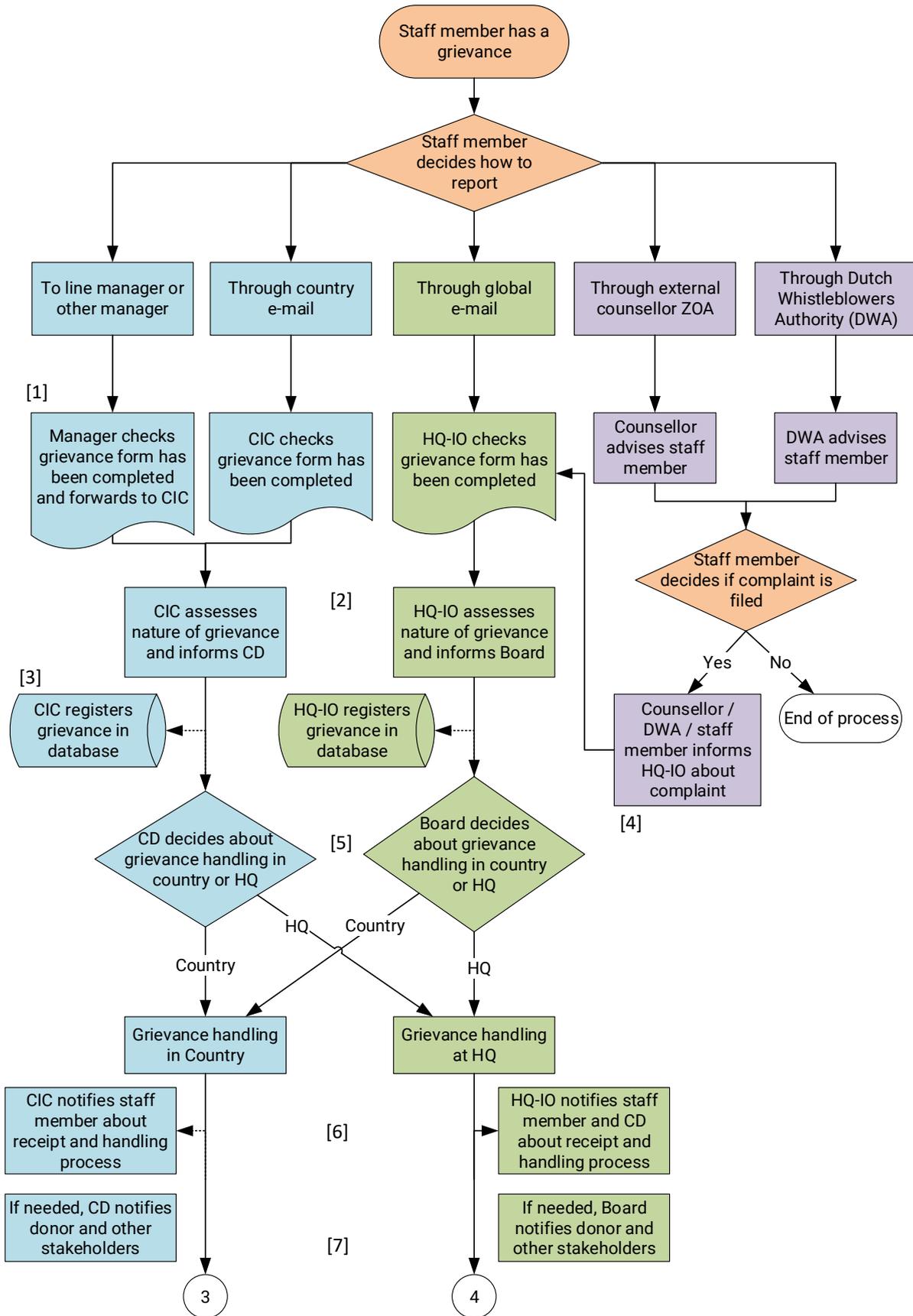
Ref.	Note
[1]	Per situation, an ad-hoc investigation committee is formed. Consideration should be given to the complexity and sensitivity of the situation in deciding who should be a member of the committee. The committee has at least two members.
[2]	The appeal investigation process focuses on the accuracy and completeness of the original complaint handling process and the consistency of that process with the conclusions drawn. In principle, it does not repeat or replace the content of the investigation.
[3]	Given the nature of the appeal investigation process (see above), decisions will usually be in accordance with one of the following options: <ul style="list-style-type: none"> <li>- the investigation process was performed correctly; appeal rejected;</li> <li>- the investigation process was not performed correctly; the investigation process should be (partly) redone, either at the level where it was initially done or at an alternative level;</li> <li>- the investigation process was performed correctly, but the conclusions drawn were not (fully) consistent; the conclusions are modified.</li> </ul>
[4]	Content information and documentation related to the appeal investigation is not filed in the complaints database, but kept and filed by the appeal investigation process owner. He/she ensures that such information is archived with restricted access.
[5]	Any documentation resulting from the implementation of the decision made, such as warning letters, operational decisions, etc., are kept in the respective files of the persons or projects involved.



## 4 HANDLING STAFF GRIEVANCES

In this chapter, the process of handling staff grievances is described. The different parts of the process are presented as flowcharts, using commonly used symbols for each of the main steps in the process. Per flowchart, some explanatory notes have been added on the opposite page.

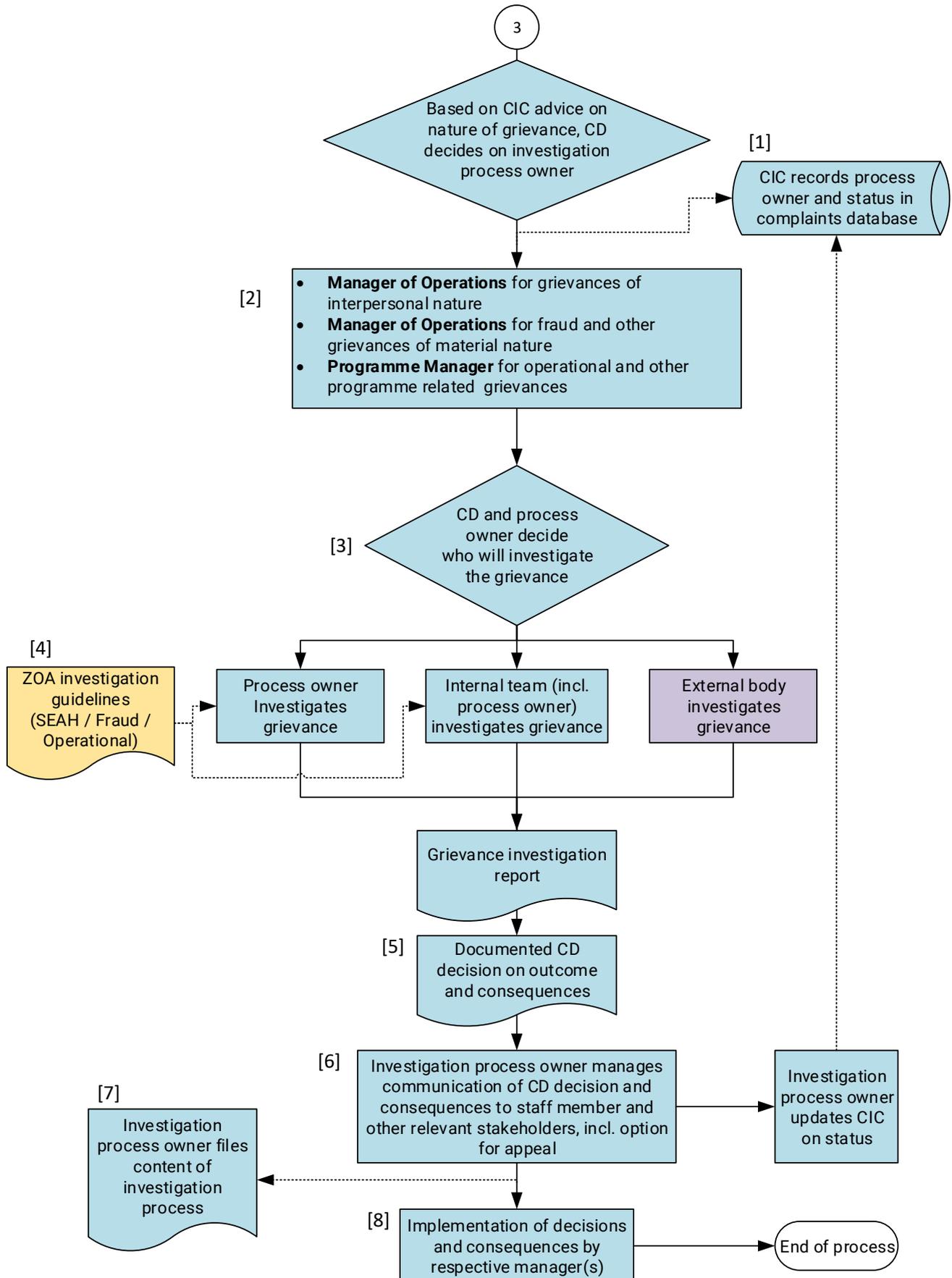
**4.1 STAFF GRIEVANCES - ENTRY PROCESS**



Notes on staff grievances – Entry process

Ref.	Note
[1]	The standard complaints form as attached to the Grievance procedure must be used. The manager receiving the complaint must ensure that the complaints form is completed as accurate as possible, without making changes to the original content of the complaint.
[2]	CIC or HQIC makes an (initial) assessment of the nature of the grievance received in terms of: <ul style="list-style-type: none"> <li>- the nature of the content of the grievance (SEAH or other interpersonal nature, fraud or other material nature, operational or other programme related);</li> <li>- the level of complexity and sensitivity of the grievance.</li> </ul>
[3]	All grievances are registered in the complaints database that is managed by ZOA HQ, with specific sub-databases per country. The content of sub-databases can only be seen by the respective Country Integrity Coordinators and by the Integrity Coordinator of ZOA HQ. Information registered in the database includes: <ul style="list-style-type: none"> <li>- date, country, grievance identification number, project code (where relevant);</li> <li>- (content of the) original grievance form;</li> <li>- place of handling grievance (country or HQ) with name and contact details of grievance handling process owner;</li> <li>- status of grievance handling.</li> </ul> The database does not contain information related to the actual handling of the grievance.
[4]	Depending on the outcome of the consultation between counsellor / DWA and staff member, either one of these informs the HQIC on behalf of the staff member. Alternatively, another ZOA manager or other person representing ZOA may be informed about the grievance, as preferred by the staff member. In case the counsellor or DWA was requested to treat the grievance anonymously, limited or no information may be shared with ZOA. In case of sensitive situations, the counsellor may decide to inform the Investigation process owner directly, and inform the HQIC in general terms only.
[5]	The following types of grievances should always be handled at HQ level: <ul style="list-style-type: none"> <li>- grievances related to SEAH or child protection;</li> <li>- grievances related to (suspicion of) fraud of material value;</li> <li>- grievances involving the CD or any other member of the Country Management Team ;</li> <li>- any other grievances that have a serious (potential) impact on staff members and / or ZOA.</li> </ul> The HQ-IO can always challenge a CD's decision to handle a grievance at Country level, triggered by information in the complaints database.
[6]	Notification is done by the CIC or HQIC, depending on the original place of receipt of the grievance. For instance: in case the grievance is received at country level, though handled at HQ level, the notification of initial receipt is still done by the CIC. The CD is informed as well, unless the complaint relates to the CD.
[7]	Depending on the nature of the grievance and the specific donor requirements for the project that it relates to, the donor(s) may have to be informed about the grievance at an early stage. Similarly, authorities or other stakeholders may have to be informed. By all means, this should be done in general terms only and with due respect for confidentiality of all involved.

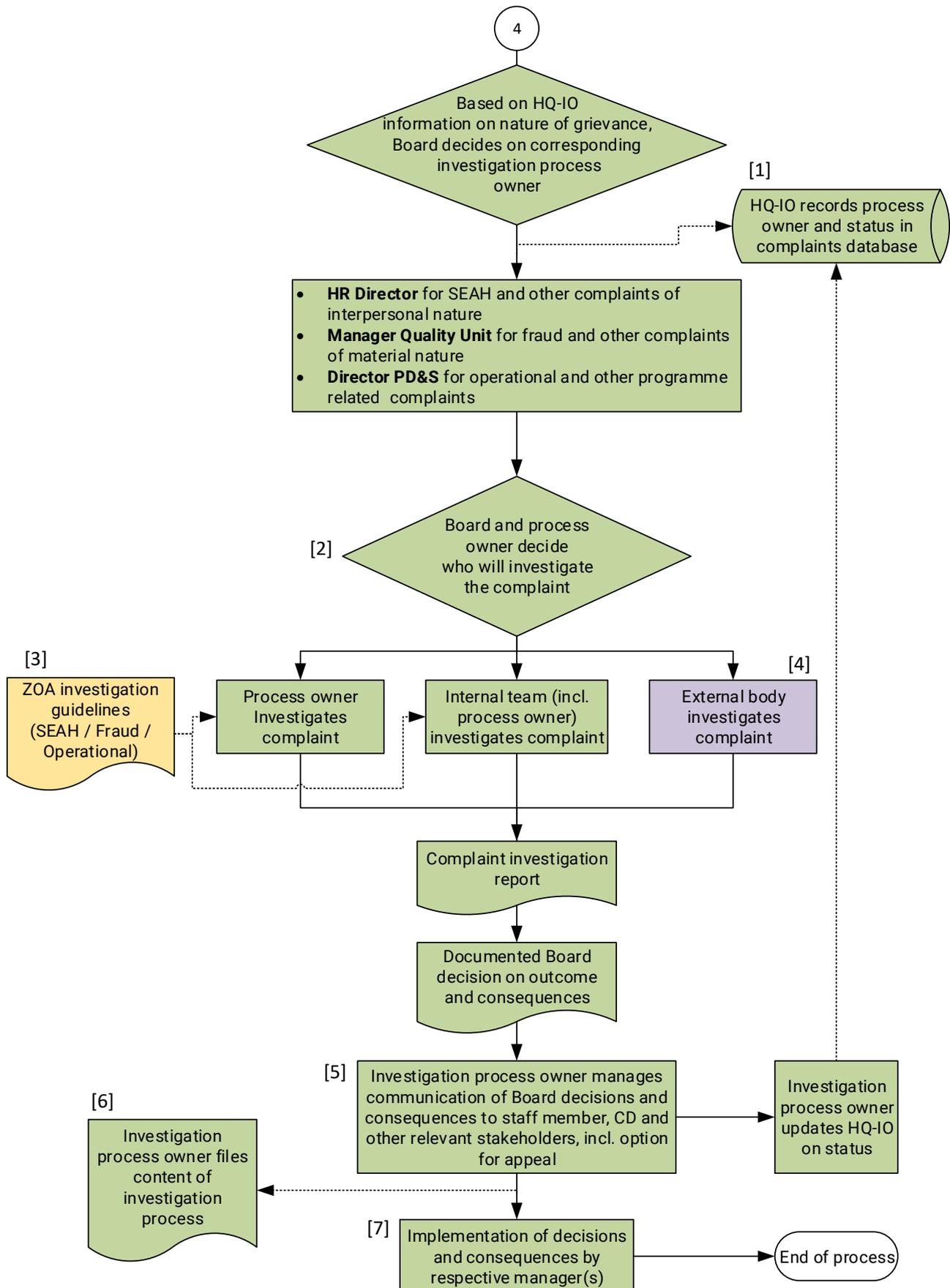
**4.2 STAFF GRIEVANCES - HANDLING IN COUNTRY**



Notes on staff grievances – Handling in Country

Ref.	Note
[1]	<p>All grievances are registered in the complaints database that is managed by ZOA HQ, with specific sub-databases per country. The content of sub-databases can only be seen by the respective Country Integrity Coordinators and by the Integrity Coordinator of ZOA HQ.</p> <p>Information registered in the database includes:</p> <ul style="list-style-type: none"> <li>- date, country, grievance identification number, project code (where relevant);</li> <li>- (content of the) original grievance form;</li> <li>- place of handling grievance (country or HQ) with name and contact details of complaint;</li> <li>- grievance handling process owner;</li> <li>- status of grievance.</li> </ul> <p>The database does not contain information related to the actual handling of the grievance.</p>
[2]	In all cases the CD can decide to appoint a different staff member as process owner.
[3]	<p>In considering who should investigate the grievance, the following aspects should be covered:</p> <ul style="list-style-type: none"> <li>- The (potential) impact of the matter of the grievance to the complainant, other persons involved and ZOA.</li> <li>- Closely related to the previous: the level of complexity of the grievance.</li> <li>- Safeguarding an appropriate level of objectivity and competence in the investigation as well as the protection of the safety and privacy of the complainant and other persons involved (including accused persons), should be leading in choosing who should investigate. This can include setting up an investigation team.</li> </ul>
[4]	<p>Separate investigation guidelines are available in the Quality Library for different types (nature) of complaints and grievances.</p> <ul style="list-style-type: none"> <li>- For SEAH and other complaints of interpersonal nature</li> <li>- For Fraud and other complaints of material nature</li> <li>- For operational and other programme related complaints</li> </ul> <p>In several of these procedures, a distinction is made between a pre-investigation and a full investigation. A pre-investigation can be started when there is uncertainty about the completeness and/or validity of a grievance and to prevent unnecessary negative impact of a full investigation to the complainant and/or the accused.</p>
[5]	Depending on the level at which the investigation was managed, the decision on outcome and consequences can be taken by CD or another manager, as mandated by the CD.
[6]	<p>When informing the staff member about the outcome of the grievance investigation and corresponding decisions, the option of appeal and corresponding route to follow should always be included.</p> <p>Depending on specific donor requirements, donor(s) may have to be informed too. If so, this should be done in general terms only, and with due respect for confidentiality.</p>
[7]	Content information and documentation related to the investigation of the grievance is not filed in the complaints database, but kept and filed by the investigation process owner. He/she ensures that such information is archived with restricted access.
[8]	Any documentation resulting from the implementation of the decision made, such as warning letters, operational decisions, etc., are kept in the respective files of the persons or projects involved.

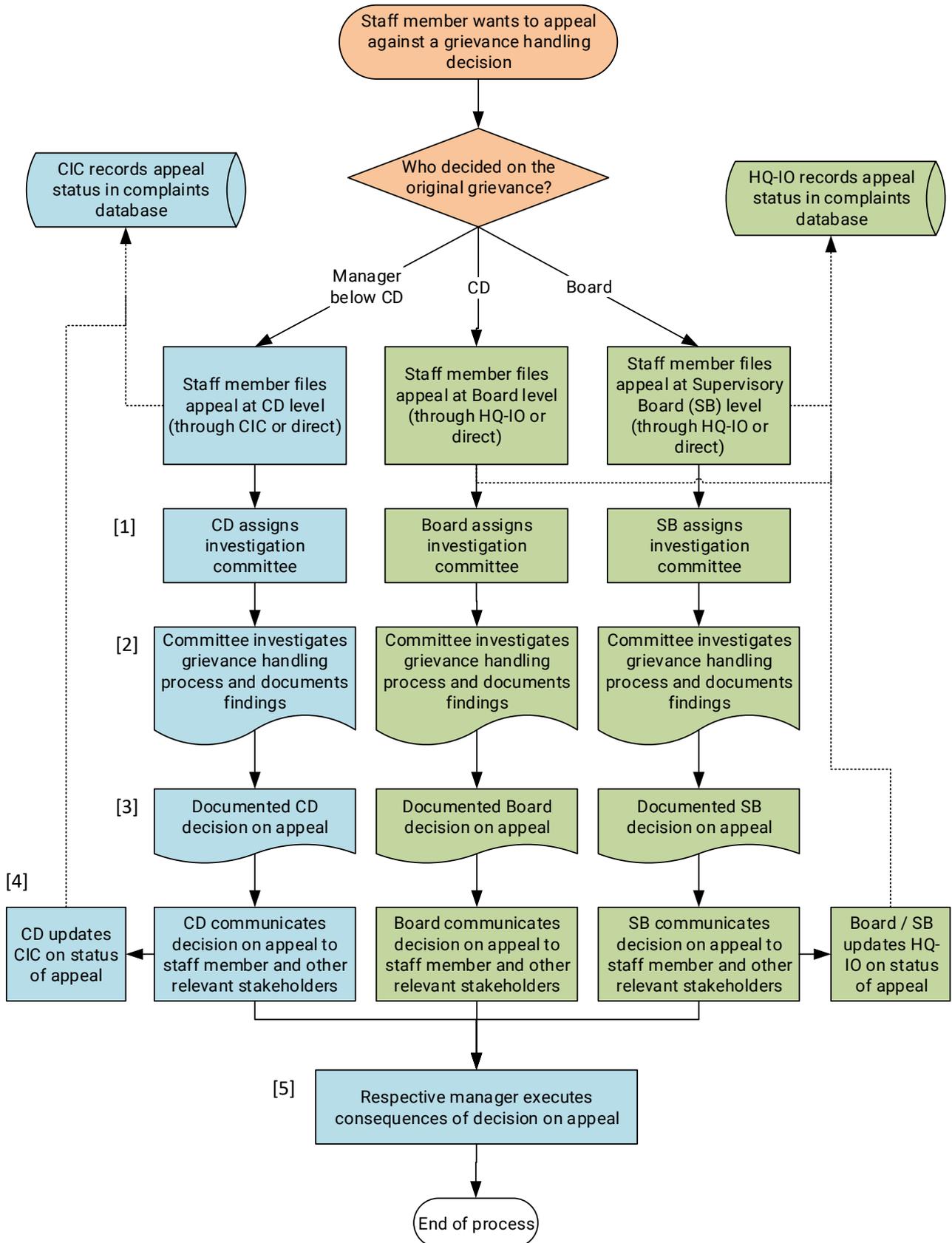
4.3 STAFF GRIEVANCES - HANDLING AT HQ



Notes on staff grievances – Handling at HQ

Ref.	Note
[1]	<p>All grievances are registered in the complaints database that is managed by ZOA HQ, with specific sub-databases per country. The content of sub-databases can only be seen by the respective Country Integrity Coordinators and by the Integrity Coordinator of ZOA HQ.</p> <p>Information registered in the database includes:</p> <ul style="list-style-type: none"> <li>- date, country, grievance identification number, project code (where relevant);</li> <li>- (content of the) original grievance form;</li> <li>- place of handling grievance (country or HQ) with name and contact details of complainant;</li> <li>- grievance handling process owner;</li> <li>- status of grievance.</li> </ul> <p>The database does not contain information related to the actual handling of the grievance.</p>
[2]	<p>In considering who should investigate the grievance, the following aspects should be covered:</p> <ul style="list-style-type: none"> <li>- The(potential) impact of the matter of the grievance to the complainant, other persons involved and ZOA.</li> <li>- Closely related to the previous: the level of complexity of the grievance.</li> <li>- Safeguarding an appropriate level of objectivity and competence in the investigation as well as the protection of the safety and privacy of the complainant and other persons involved (including accused persons), should be leading in choosing who should investigate. This can include setting up an investigation team.</li> </ul>
[3]	<p>Separate investigation guidelines are available in the Quality Library for different types (nature) of complaints and grievances.</p> <ul style="list-style-type: none"> <li>- For SEAH and other complaints of interpersonal nature</li> <li>- For Fraud and other complaints of material nature</li> <li>- For operational and other programme related complaints</li> </ul> <p>In several of these procedures, a distinction is made between a pre-investigation and a full investigation. A pre-investigation can be started when there is uncertainty about the completeness and/or validity of a complaint and to prevent unnecessary negative impact of a full investigation to the complainant and/or the accused.</p>
[4]	<p>At global level, ZOA does not have an external committee or body permanently available for undertaking external investigation of grievances. If needed, a suitable external party has to be identified.</p>
[5]	<p>When informing the staff member about the outcome of the grievance investigation and corresponding decisions, the option of appeal and corresponding route to follow should always be included.</p> <p>Depending on specific donor requirements, donor(s) may have to be informed too. If so, this should be done in general terms only, and with due respect for confidentiality.</p>
[6]	<p>Content information and documentation related to the investigation of the grievance is not filed in the complaints database, but kept and filed by the investigation process owner. He/she ensures that such information is archived with restricted access.</p>
[7]	<p>Any documentation resulting from the implementation of the decision made, such as warning letters, operational decisions, etc., are kept in the respective files of the persons or projects involved.</p>

**4.4 STAFF GRIEVANCES - APPEALS**



Notes on staff grievances - Appeals

Ref.	Note
[1]	Per situation, an ad-hoc investigation committee is formed. Consideration should be given to the complexity and sensitivity of the situation in deciding who should be a member of the committee. The committee has at least two members.
[2]	The appeal investigation process focuses on the accuracy and completeness of the original grievance handling process and the consistency of that process with the conclusions drawn. In principle, it does not repeat or replace the content of the investigation.
[3]	Given the nature of the appeal investigation process (see above), decisions will usually be in accordance with one of the following options: <ul style="list-style-type: none"> <li>- the investigation process was performed correctly; appeal rejected;</li> <li>- the investigation process was not performed correctly; the investigation process should be (partly) redone, either at the level where it was initially done or at an alternative level;</li> <li>- the investigation process was performed correctly, but the conclusions drawn were not (fully) consistent; the conclusions are modified.</li> </ul>
[4]	Content information and documentation related to the appeal investigation is not filed in the complaints database, but kept and filed by the appeal investigation process owner. He/she ensures that such information is archived with restricted access.
[5]	Any documentation resulting from the implementation of the decision made, such as warning letters, operational decisions, etc., are kept in the respective files of the persons or projects involved.