

QHP401

CUSTOMER FEEDBACK POLICY AND PROCEDURES



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1. POLICY INTRODUCTION

National Ambulance Feedback Function's role is to receive, review, and respond to all customers feedback when received, irrelevant if it is negative (complaint), positive (compliment), request, enquiry, or a suggestion. This is a part of National Ambulance growth and ongoing development. This policy is applied alongside the following National Ambulance policies:

- CGP105 Consent Policy and Procedure
- CGP103 Patients' Rights and Responsibilities Policy and Charter
- CGP149 Clinical Incident Reporting and Investigation Policy

This policy and procedure ensure compliance with Regulatory Requirements including, but not limited to, DOH Standard for Clinical Complaints Management in Healthcare Facilities DOH/CMHF/SD/1.3 and DOH/SD/SS/PHDP/0.9 Standard on Patient Healthcare Data Privacy.

This directly supports the Continuous Improvement and Implementation Monitoring and Reporting management system components.

2. SCOPE

This policy and procedure applies to patients and people enquiring about healthcare services from National Ambulance. to ensure that there is sufficient access to methods and means of communication with National Ambulance feedback function and that actions are taken upon the receipt of the communications

- Customers are patients, their relatives, by standers, colleagues etc.
- It will identify the timeframes for initiation and responses including any outcome reports
- National Ambulance internal processes will also be included to ensure quality and safe information management.

3. ROLES AND RESPONSIBILITIES

CHIEF ADMINISTRATION & MEDICAL OFFICER

CAMO Is responsible for:

- Oversight of any investigation of complaints and outcomes.
- Support the feedback team with escalated items to other departments.
- Support & assess the feedback team reports and investigations made by the feedback team.
- Lead all clinical complaints investigations.

QHSE & BC MANAGER

The QHSE & BC Manager (or their designee) has overall responsibility for:

- Analyzing risks using QHP201 Risk Management Policy and Procedure's risk matrix where relevant
- Where appropriately identified, implementing Non-Conformance Procedures (highlighting areas that need further investigation)
- Identifying any communications (Feedback, enquiries, and complaints..etc) that may result in the need to review/revise policies and procedures

FEEDBACK TEAM

- Receive, respond, and acknowledge promptly to customers.
- Handle and resolve customer complaints and issues on time.
- Deal with customers directly by telephone, smart phones or electronically.
- Maintain the External Feedback Register and identify key trends to inform the need for future development and improvement.
- Investigate and respond to patients and customer complaints under the direction of QHSE & BC Manager.
- Provide root cause analysis and investigations on complaints and close them properly.
- Handle PCR requests, corrections, and medical report from customers along with Clinical Governance and ensure its encrypted for legal purposes and maintain its confidentiality.
- Communicate and coordinate with internal departments accordingly.
- Provide feedback on the investigation results to the customers and to feedback team.

- Coordinate and participate in audits carried out by Regulators, Authorities, and Clients in regards to feedback function.
- Provide detailed summaries of complaints issues for reporting and audit purposes.

CLINICAL GOVERNANCE

- Address and provide overview for any significant Clinical Complaints with proper investigation.
- Report to regulatory bodies in accordance with the DOH or MOH requirements, including but not limited to the DOH Standard for Clinical Complaints Management in Healthcare Facilities

MANAGERS

Are responsible for:

- Escalating unresolved cases to executives as required
- Participating and responding to feedback requests and investigations following the provided timelines.
- Following this policy and procedures to ensure customer feedback are dealt with correctly.
- Implementing corrective action identified as a result of investigations.
- provide valid and accurate statements from staff which are involved in the complaint.
- Provide root cause analysis if needed.

ALL NATIONAL AMBULANCE EMPLOYEES

All NA Employees must adhere to this policy and procedure and are responsible for:

- Assisting customers and patients with recording and submitting feedback or complaints by explaining the means of communication with Feedback department via surveys, cards, email or phone where relevant.
- Cooperating with any further investigation of the feedback, enquiry or complaint

This document defines the responsibilities and scope for each department:

DEPARTMENT	SCOPE AND RESPONSIBILITY IN FEEDBACK
RECEPTIONIST	Document the feedback with all details, and send it to feedback department using the approved form
MEDIA	Document the feedback and gather information from the media with all details (images) and send it to feedback department using the approved form Media will respond to any media related enquiry if required All investigations are centralized and lead by feedback team, all investigation information captured should come through feedback team as a valid source of information
CLINICAL GOVERNANCE	Review the PCR based on the nature of complaint and update the Feedback team Advise if it is the correct treatment or need further action Investigate and recommend if any action plan is required and outcome communicated.
OPERATIONS	Review the complaint, take statements from the staff involved Provide honest and transparent investigation outcome Update feedback team and provide the information in timely manner
STAKEHOLDER	All stakeholder's complaints will be handled by stakeholder relations manager update the feedback team with any complaints and outcome that was handled by higher authority / stakeholder relations manager if the complaint has reached to a higher authority, it will be closed internally with investigation and approval from the top management Update the Feedback team about the outcome and action taken

4. POLICY STATEMENT

National Ambulance believes that everyone who is in contact with our services has the right to express their feedback. Positive Feedback includes compliments, negative feedback includes complaints, and other feedback includes enquiries, requests, suggestions.

- Feedback team are committed to seek communications from all users and actively promote customer and patient communications.
 - Where appropriate, staff should be supported with the establishment of a “No Blame” culture.
 - A key aspect of good feedback handling is to communicate in a timely, consistent, and comprehensive manner; National Ambulance understands that customers and patients should be kept up to date with investigation progress.
 - Means of documenting feedback are available in at least English and Arabic.
 - All complaints documentation will be stored and retained in accordance with the COP402 Document Retention Policy, COP403 General Confidentiality Policy, and with all regulatory requirements
- National Ambulance is committed to ensure that feedback and complaints are dealt with in a timely and confidential manner and take actions to rectify and improve any findings.



4.1 FEEDBACK MANAGEMENT

Means of documenting Feedback are available in at least English and Arabic and should be obtained and captured using the following methods:

- Patient Satisfaction Survey (Patient based) to provide positive or negative feedback about our service provided to public.
- Strategic Stakeholder Survey Conducted once a year or more if required, it captures stakeholders including Civil Defense, Police, and individual contract stakeholders.
- Hospitals Satisfaction Survey - Conducted once a year or more if required, it captures stakeholders from hospitals.
- Telephone communications (via Feedback desk/mobile, ACC or National Ambulance reception) .
- Feedback cards are provided to transported patients to obtain their feedback on our provided services.

الإسعاف الوطني National Ambulance

الرقم التعريفي لسجل رعاية المرضى
PATIENT CARE RECORD IDENTIFICATION CODE:

نرحب بالملاحظات والشكاوي
For feedback and complaint

Website:	www.nationalambulance.ae/feedback	الموقع:
Email:	feedback@nationalambulance.ae	البريد الإلكتروني:
Telephone:	+971 2 596 8689	الهاتف:
WhatsApp:	+971 50 899 8764	الواتس أب:

www.nationalambulance.ae



Feedback Card

- Customers can submit a feedback review on the NA 998 App where this is captured during the periodic review of the App store.
- Patient Care Record request/Patient Care Records Request and corrections is provided by the clinical governance in accordance with the COP401 Information Management Policy, CGP119 Patient Care documentation and patient care record policy and procedure, and CGF137 Patient Care Records Request Form. These requests are provided to patients once its by Clinical Governance and Chief Administrative Medical Officer (CAMO).
- Feedback box is placed at any National Ambulance licensed facility – boxes are inspected by the QHSE Team/contract manager with each visit to collect Feedback forms.
- If the staff were harassed or verbally/physically abused, they have to submit the report to feedback with all details regarding the harassment
 - Staff are supported by the company if the case was justified with proper evidence



Feedback Box

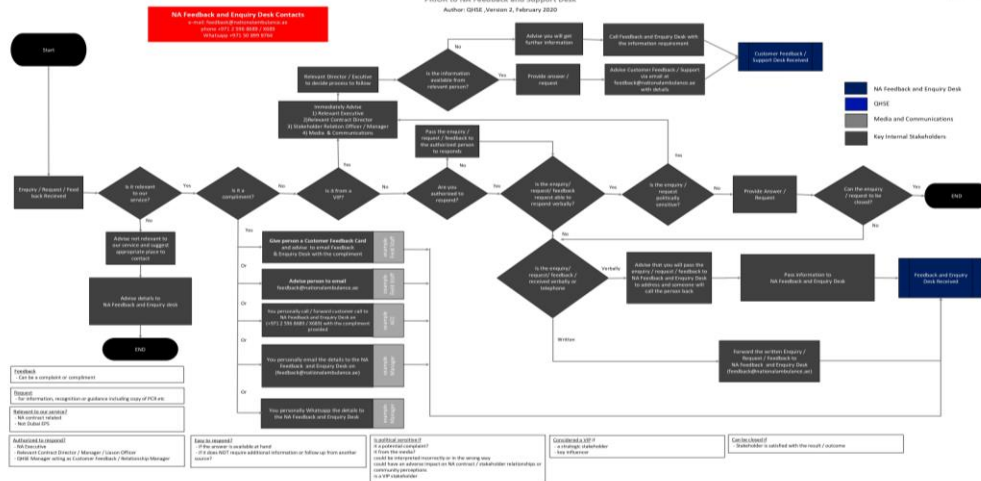
- Calls or messages are received through the ACC, Feedback team, Reception, events, media or top management.
- Document the feedback using the QHF413 Feedback Form – by the receiver of the feedback
- Send the filled QHF413 Feedback Form to Feedback@nationalambulance.ae
- All feedback can be submitted through National Ambulance website

All investigations are centralized and lead by feedback team. All information captured should come through feedback team as a valid source of information. The process when dealing with positive or negative feedback received from Patients and Clients is shown in the flowchart QHW101 Feedback and Enquiry Process (Flowchart). It consists of two high level process maps. This initial process map looks at operational staff in the field receiving the feedback or enquiry. The second process map looks at the NA Feedback and Enquiry Desk processes.

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National Ambulance

QHW101 Feedback / Complain and Enquiry Process Map (Page 1/2)

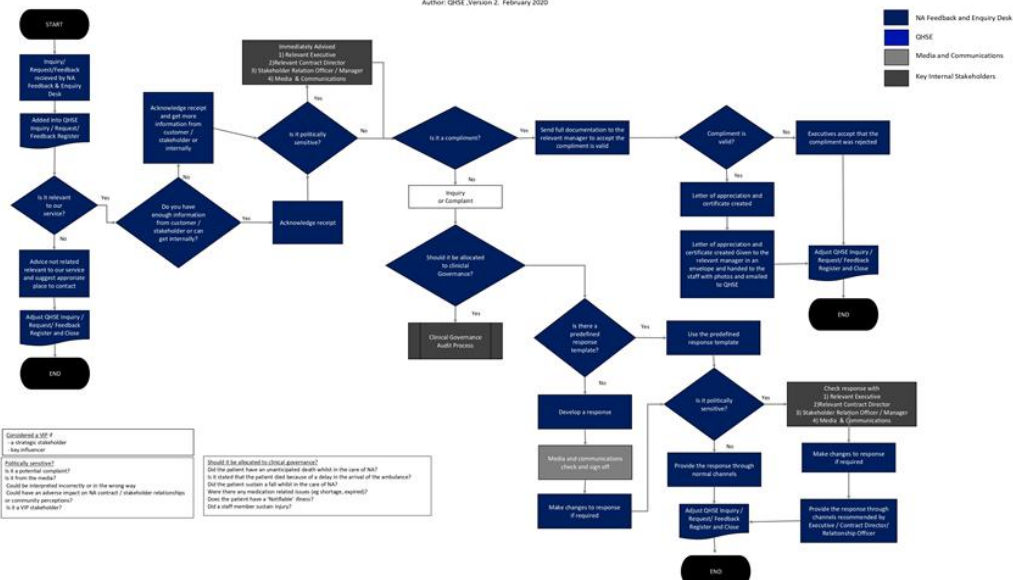
PRIOR to NA Feedback and Enquiry Desk
Author: QHSE, Version 2, February 2020



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QHW101 Feedback / Complain and Enquiry Process (Page 2/2)

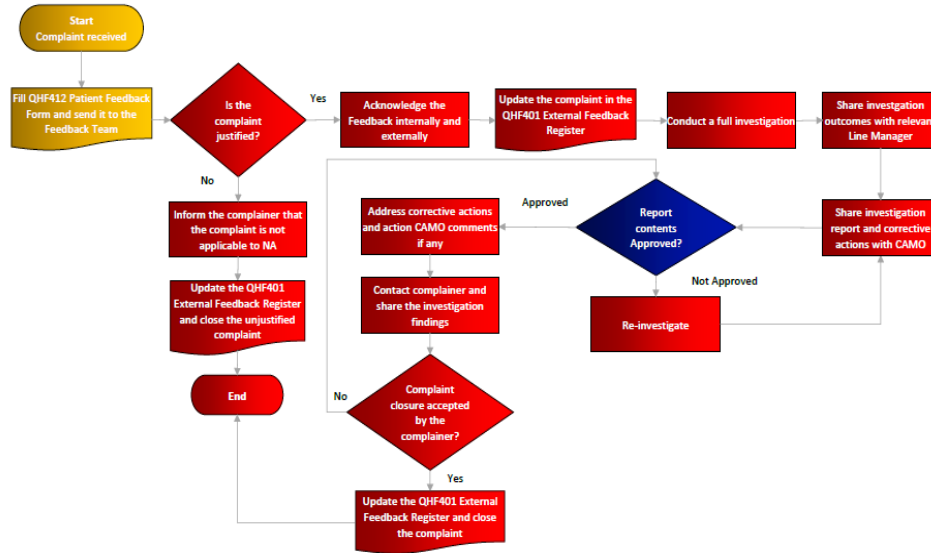
Feedback and Enquiry Desk RECEIVED
Author: QHSE, Version 2, February 2020



DETAILED PROCESS MAPS - COMPLAINT

COMPLAINT PROCESS MAP - COMPLAINT AND FEEDBACK DESK

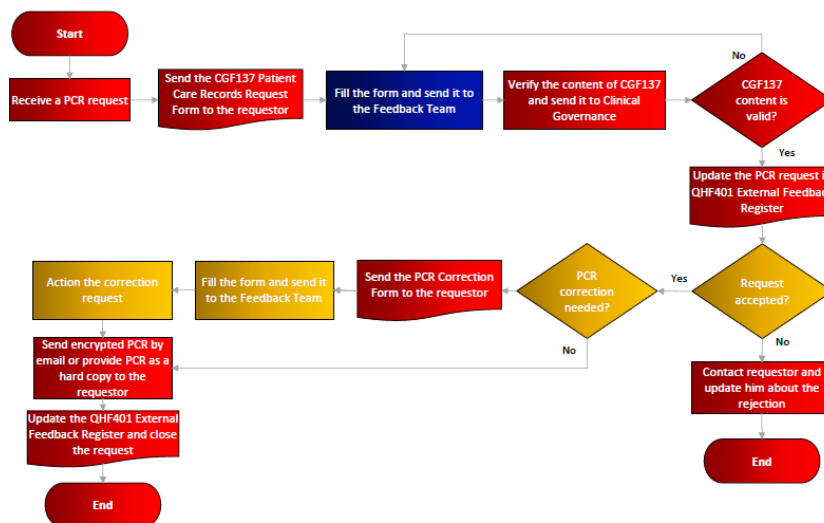
QHSE
VERSION : 1 DATE: August 2021



DETAILED PROCESS MAPS - PCR REQUEST

Feedback - PCR Request Process Map

QHSE
Version 1 September 2021



DETAILED PROCESS MAPS - COMPLIMENT

Feedback - Compliment Process Map

QHSE
Version 1, September 21



4.2 CUSTOMER FEEDBACK REGISTER

FEEDBACK TYPES:

CLASSIFICATION	DEFINITION	PROCESS
COMPLAINT	<p>An expression of dissatisfaction by, or on behalf of, an individual Patient/care giver regarding any aspect of a service delivered by National Ambulance, where a response or resolution is expected.</p> <p>Minor Complaints: Complaints that can be resolved immediately without the involvement of top management.</p> <p>Moderate complaints: Complaints that can be resolved only with the assessment/approval of CAMO.</p> <p>Major complaints: Complaints that have to be escalated to top management and investigated immediately.</p>	<ul style="list-style-type: none"> Acknowledge receipt of the complaint within 3 working days Obtain additional information from the caller Assess if the complaint is related to National Ambulance If not related, advise the caller that the complaint is not relevant to our service and suggest appropriate contact as needed If related, allocate the investigation team and contact relevant departments Conduct the investigation, allocate the owner for investigation Root cause analysis can be conduct by the owner and the feedback team. Share the investigation results with the relevant departments Determine the corrective actions needed. Involvement of the legal, occupational health and clinical governance if needed. Update the complainer about the investigation results/outcome. Update the Feedback Register.
ENQUIRY	<p>Enquiry is an act of asking for information.</p>	<ul style="list-style-type: none"> Acknowledge receipt of enquiry within 3 working days Obtain additional information from the caller if required Assess if the enquiry is applicable to NA. If not applicable, advise the caller/ requester that this is not applicable. If applicable, begin the process and contact relevant departments. Update the caller / requester. Update the feedback register.

PATIENT CARE RECORD (PCR) REQUESTS	A request of patient care record	<ul style="list-style-type: none">• Acknowledge receipt of request within 3 working days• Obtain additional information from the requester• Send CGF 137 Patient Care Records Request Form to the requestor• Once received, ensure filled form has full details, signature, and correct attachments• A request is sent to clinical governance• Once the request is approved, send an encrypted copy of the PCR to the patient through email• Send a separate SMS to the patient with the password of the encrypted PCR, or receive it by hand from the HQ and taking additional signature in CGF137 that it was received by hands.• Contact the patient to ensure PCR is received								
MEDICAL REPORT REQUESTS	A request of Patient Medical report summary	<p>To get a copy of the Medical Report, AED 50 should be paid for each report by the requestor.</p> <table><tr><th>Amount in AED</th><th>VAT</th><th>VAT in AED</th><th>Net Amount in AED</th></tr><tr><td>50</td><td>5%</td><td>2.50</td><td>52.50</td></tr></table> <ul style="list-style-type: none">• Provide the caller with National Ambulance account details to pay the cost of creating a Medical Report• Send CGF 137 Patient Care Records Request Form to the requestor• Once received, ensure filled form has full details, signature, and correct attachments• If approved by Clinical Governance and the amount is paid, the report is sent to the requestor (Encrypted Report)• If not approved, the requester will be informed that the request was rejected with justification	Amount in AED	VAT	VAT in AED	Net Amount in AED	50	5%	2.50	52.50
Amount in AED	VAT	VAT in AED	Net Amount in AED							
50	5%	2.50	52.50							
PATIENT CARE RECORDS (PCR) CORRECTION REQUEST	Patient care records (PCR) correction is a request to change patient identifiers information from the original PCR	<p>Enquiries regarding copies of patient related documentation should be managed in accordance with COP401 Information Management Policy . The CGF156 Patient Care Records Correction Form is used to change the patient identifiers part in the PCR. Records of PCR correction requests are updated in the Feedback Register.</p> <ul style="list-style-type: none">• Request the patient to fill CGF156 Patient Care Records Correction Form and to provide the necessary documentation• Save the filled CGF156 Patient Care Records Correction Form• Find the CAD number of the PCR• Forward the request to Clinical Governance• Advise the patient if his request is approved or not• Update the Feedback Register <p>The filled CGF137 Patient Care Records Request and CGF156 Patient Care Records Correction Form to be stored in a confidential manner in accordance with COP401 Information Management Policy and COP403 General Confidentiality Policy and in accordance with the retention requirements COP402 Document Retention Policy and Procedure.</p>								
COMPLIMENT	Praise (someone) for something done.	<ul style="list-style-type: none">• Acknowledge the receipt of the compliment.• Obtain additional information (from the caller or internally).• Assess if the compliment is applicable to National Ambulance.• Provide the names of the staff to Human Resources department after QHSE & BC Manager approval.• Once approved by the Human Resources department;• Gain CAMO & CEO approval.• Create a Letter of Appreciation and certificates and get signatures .• Send the signed Letter of Appreciation and certificate to staff/public.• Update the Feedback register								
ABUSIVE CALL	A call involving sexist, racist or harsh language, direct threats, or swearing or angry (abusive language)	<ul style="list-style-type: none">• If the caller was abusive to the call taker/staff in the field/ACC, an email has to be sent to feedback team using the QHF413 Feedback Form encrypted with the call records if available								

		<ul style="list-style-type: none"> Feedback department will send an acknowledgement within 3 working days, document all the details in the register, extract the calls and save them in the system for feedback reference. Call the abusive caller by using the "Apology call dialogue". If abusive caller apologized, an official email to be sent to staff that the caller apologized and the report is closed. If the caller did not want to apologize, staff will be asked if he wants to pursue and open a case against him, HR/Legal to be informed. Case to be closed in the feedback register once it reaches the police/court.
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FEEDBACK CATEGORIES:

COMPLAINT CATEGORY	DEFINITION
CALL TAKER/DISPATCHER	Refers to feedback about ACC staff
COMMUNICATION ISSUES	Refers to misunderstanding and misinterpretation of either the staff or the patient/patient family.
DRIVING	Refers to the driving the ambulance / or NA Vehicles s
HOSPITALS	Refers to the availability of treating hospital.
LANGUAGE	Refers to language barrier
MISSING ID	Refers to the patient missing ID inside the ambulance during transport to the hospital
MISSING PT. BELONGING THINGS	Refers to missing belongings of the patient inside the ambulance
N/A	Refers to complaints not covered by National Ambulance
OPERATIONAL PROCESS	Refers to operational process from dispatching, treating and transport to the hospital
MULTI-CATEGORIES	Refers to having more than a category
PTS	Refers to Patient Transport Service "Event Category" to cover payment and the process issue
RESPONSE TIME	Refers to complaints in regards to the response time from dispatching to arrival to the scene
SIREN	Refers to complaints using the siren
STAFF BEHAVIOR	Refers to employee behavior, the way in which employees respond a patient or customer.
MEDICAL MANAGEMENT	Refers to issues related to patient treatment
998 APP	Refers to technical issues with 998 Application

CHANNEL OF FEEDBACK	DESCRIPTION
WHATSAPP	Any feedback received by WhatsApp (Feedback Mobile WhatsApp)
SURVEY MONKEY	Any feedback received by Survey Monkey
PHONE	Any feedback received by Feedback phone or Reception
FEEDBACK FORM	Any feedback received by Feedback form
MEDIA	Any feedback received by Media (Social Media, radio, tv, and newspaper)
FORMAL LETTER	Any feedback received by stakeholder MOI/MOH about patient complaint
998 APP FEEDBACK	Any feedback received by 998 APP
ACC PHONE	Any feedback received from the hotline 998
E-MAIL	Any feedback received by email
FEEDBACK E-MAIL	Any feedback received by email From Public to feedback
VERBAL FEEDBACK	Any feedback received by verbally to NA Staff

SOURCE OF FEEDBACK	DESCRIPTION
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PATIENTS	The recipient of health care services that is performed by healthcare professionals in National ambulance
STAKEHOLDERS	A stakeholder is a party that has an interest in National Ambulance services and can either affect or be affected.
PATIENTS' RELATIVES	Person related to the patient.
PUBLIC	Any person from the public (not related to the patient)
EVENT	The event which is medically covered by National Ambulance
PTS	Patient transport service (paid service to transport from home to hospital and vice versa)

APOLOGY CALL DIALOGUE (USED FOR ABUSIVE CALLERS)

- A note was received from one of our call takers from the Ambulance call center operations room who was in contact with you (specify the day, date, and time)
- Please note that all calls are recorded for quality and training purposes.
- Ask and check on the health of the patient concerned in that call and wish him health and wellness time.
- After listening to the call between you and the call taker, it was found that the our employee had completed his work in accordance with National Ambulance internal policies and in accordance with the instructions and directives assigned to him.
- We understand that you are going through difficult times and your concern for the health of the patient and we ask God not to return this circumstance to you.
- We found out from the phone call that there were inappropriate words / insults directed to our employee that could not lead to the resolution of any forms or misunderstanding.
- Please note that the use of such words and insults may adversely affect the staff member's psyche and the mechanism of his or her work.
- Our employees work 24 hours a day to serve you, serve the community, ensure your comfort and safety and help all members of the community in accordance with the highest standards of health care.
- We understand that such words were due anger and frustration ; which may be unintentional from your side , so retracting and apologizing for what has been said never diminishes your value and your destiny, but rather it will contributes to raising the morale of our employees and relieving them.
- National Ambulance Wishes for the best health and wellness for all.

- وصلتنا ملاحظة من قبل أحد متلقي البلاغات في غرفة عمليات الإسعاف الوطني و الذي تبين أنه كان على تواصل معك (في اليوم , الموافق لتاريخ الساعة)
- يرجى العلم أن جميع المكالمات مسجلة لضمان الجودة والتدريب.
- السؤال والإطمئنان على صحة المريض المعني في تلك الحالة والتمني له بدوام الصحة والعافية.
- بعد الإستماع إلى المكالمة التي دارت بينك وبين متلقي البلاغ، تبين أن الأخير قد أتم عمله وفق ماتجري عليه السياسات الداخلية للإسعاف الوطني و حسب التعليمات والتوجيهات المكلف بها .
- نتفهم الظرف الصعب الذي تمررون به وقلقكم على صحة مريضكم ونسأل الله أن لا يعيد هذا الظرف عليكم.
- تبين لنا من المكالمة الهاتفية وجود بعض الألفاظ و الشتائم غير اللائقة والتي لا يمكن أن تؤدي إلى حل أي اشكال أو سوء فهم.
- يرجى العلم أن استخدام مثل هذه الألفاظ والشتائم قد تؤثر سلباً على نفسية الموظف وعلى آلية سير عمله.
- يعمل موظفينا على مدار الساعة لخدمتكم وخدمة المجتمع والسهر على راحتكم وسلامتكم وتقديم يد العون لجميع أفراد المجتمع وفق أعلى معايير الرعاية الصحية .
- نحن نتفهم أنه قد تصدر مثل هذه الألفاظ وقت الغضب والتي قد تكون غير مقصودة من طرفكم , لذا التراجع والاعتذار عما قيل لا ينقص أبداً من قيمتكم وقلوبكم شي، بل ذلك يساهم في رفع معنويات موظفينا والتخفيف عنهم.
- مع تمنيات الإسعاف الوطني لكم بدوام الصحة والعافية للجميع

RELATED POLICIES AND FORMS

List related policies and procedures to the created/updated policy.

Policy & Procedure /Form
CGP105 Consent Policy and Procedures
CGP110 Patient Assessment/Reassessment Policy and Procedures
CGP115 Patient Transport Policy and Procedure
CGG101 Patients' Rights and Responsibility Charter Poster
QHF305 Root cause analysis template
QHP201 Risk Management Policy and Procedure
QHW101 Feedback and Enquiry Process (Flowchart)
QHF413 Customer Feedback Form
QHF402 Valued Customer Survey
QHF403 Valued Customer Survey Response Analysis
QHF407 Patient Feedback Survey Response Analysis
QHG101 Feedback & Enquiry Process
QHF305 Root Cause Analysis Template

5. RELEVANT LEGISLATION

International, federal or local legislation and circulars relevant to this Policy. Full detail on this legislation can be found in QHP109 Legal Register.

Code, Name of Legislation	Jurisdiction
DOH Standard on Patient Healthcare Data Privacy	Abu Dhabi
DOH/SD/SS/PHDP/0.9	
DOH Standard for Clinical Complaints Management in Healthcare Facilities DOH/CMHF/SD/1.3	Abu Dhabi

6. FEEDBACK

Any feedback or suggestions for improvement to this Policy, Processes or Procedures can be submitted to Feedback@nationalambulance.ae

7. DOCUMENT CONTROL AND OWNERSHIP

A review and update of this document will take place as necessary, when changes occur that identify the need to revise this Policy such as changes in roles and responsibilities, release of new legislative or technical guidance, or identification of a new policy area.

This document ownership for editing is identified as:

- QHSE & BC Manger

Change Brief

Version No.	Date	Changes
1	August 2012	New Document
2.0	December 2021	Change name to Feedback and Complaints Policy and Procedure, add feedback card into process.
3.0	Feb 2016	Ensure meets regulatory requirements, clarity for complaints process including recording, timeframes, , management of clinical complaints and roles and responsibilities Incorporation of process maps and updated response timelines.

4.0	July 2016	Change name to remove "Customer, Patient Feedback enquiries and Complaints Policy and Procedure to "Customer Enquiries and Feedback (Compliments / Complaints) Policy and Procedure
6.0	December 2021	<p>Changes made:</p> <ol style="list-style-type: none"> 1- change in the name of the document to – (Customer Feedback Policy) 2- Addition of Abusive caller process 3-Process Maps revision to reflect the current status 4- addition of ADHICS standard 5- revision of roles and responsibilities 6- Addition of National Ambulance website portal for Feedback 7-addition of department responsibilities and Medical report /correction process <ul style="list-style-type: none"> • rewrite of the Policy and Procedure

CEO Approval

Board Member Verification

APPENDIX 1 – FEEDBACK OR ENQUIRY MANAGEMENT TIMEFRAMES

EVENT/ACTION	RESPONSIBLE	TIMEFRAME
Sending Acknowledgement	Feedback Team member	Three working days of receipt
Enter into Feedback Register	Feedback Team member	One working day of receipt
IF A COMPLAINT		
Calling the caller for more detailed	Feedback Team member	Three working days of receipt
Escalate it to the relevant department/ manager	Feedback Team member	Three working days of receipt
Receive the actions or the outcomes from relevant department	Relevant Department/ manger	Five working days of receipt
Initial investigation & Report to Overseeing Executive	Lead Investigator	Ten working days of receipt
Respond to the customer with Action Plan	Feedback Team member	Maximum of twenty working days
Public Complaints acceptance period, if exceeded, complaint wont be accepted unless approved by CAMO	Feedback Team member	Maximum of twenty working days
Once a Complaint is closed, it cant be re-opened if it exceeded the allocated timeline, unless approved by CAMO	Feedback Team member	Maximum of twenty working days
IF A REQUEST		
Inform the caller about the deadline to submit his documents required for investigations	Feedback Team member	Maximum of thirty working days from the date of the request

Clinical related complaints have to be closed within 25 working days from the day the complaint is received.