

How to Complain to Dartford Borough Council

We are committed to offering a high standard of service. We take complaints about our service seriously and aim to address any areas where we have not delivered to the standards we expect of ourselves.

In providing our services, we aim to:

- Deal with you courteously, efficiently and promptly
- Provide appropriate advice and information
- Deliver in line with your requirements and expectations
- Keep you informed
- If we are not able to provide what you want, explain why. Your complaint or concerns are important to us.

It is important to us that our customers value us and the services we provide. If something goes wrong or you are not satisfied with our service, please tell us. You have the right to complain if you feel we have failed in the service we have provided to you. Your feedback helps us to put things right and improve our service.

When considering complaints we aim to:

- Be helpful and open-minded
- Investigate your complaint thoroughly
- Respond in a clear and timely manner
- Put matters right if we have made a mistake
- Learn lessons for the future

What can you complain to us about?

A service complaint is an expression of dissatisfaction from someone who has used our service. Broadly, you can complain to us about:

- Not providing a service or inadequate standard of service
- How we met your needs
- How we communicated with you
- Treatment by or attitude of our staff
- Not following the appropriate administrative process

Appeals against, or objections to, our decisions, should generally be pursued by way of the appropriate statutory or appeals procedure.

Submit your complaint to us by:

- Completing our [online form](#)
- Calling 01322 343434 or using [Relay UK](#) (a national service), which helps people with hearing and speech difficulties communicate with anyone over the phone
- Emailing complaints.officer@dartford.gov.uk
- Or writing to Corporate Complaints Officer, Dartford Borough Council, Civic Centre, Home Gardens, Dartford, Kent, DA1 1DR.

What can you do if you have a complaint?

If you have a complaint about a service you have received from us:

- We encourage you to try to resolve the matter informally, by speaking to the member of staff you have been dealing with - most problems can be resolved this way
- You can ask for your complaint to be dealt with under our Stage One process and if the Stage One decision does not resolve your complaint, ask for a review of the decision under our Stage Two process

Is there a time limit for complaining?

You should complain to us within three months. We will not normally take action on your complaint after this time. However, we will consider any exceptional reasons you may give us for not meeting this time limit.

How long will it take?

Acknowledgement – complaints are generally acknowledged within 7 working days' of receipt.

Stage One decisions are issued within 15 working days' or if we are your landlord, within 10 working days' of us receiving your complaint

Stage Two decisions are issued within 20 working days' of us receiving your Stage Two review request

If your complaint raises complex issues that cannot be answered within the time referred to above, we will keep you informed of progress, until we can fully respond.

Once we have issued a decision under Stage Two, there will be no further internal review of the same matter and unless you raise new issues that we consider significant, we will not respond to you further.

What can you do if you remain dissatisfied with the Stage Two decision?

You may complain to the Local Government and Social Care Ombudsman - complete the form on the [Ombudsman's website](#) or call the advice line on 0300 061 0614 or email advice@lgo.org.uk

If we are your landlord, you may complain to the Housing Ombudsman - complete the form on the [Ombudsman's website](#) or call the advice line on 0300 111 3000 or email info@housing-ombudsman.org.uk

You will be told in the Stage Two decision which Ombudsman to complain to.

Do you need help to use our complaints service?

As a public sector body, the Equality Act 2010 requires us to consider making adjustments if people with disabilities have problems using our service. If those adjustments are reasonable, we must make them. We are committed to making sure the way we work does not disadvantage disabled people and meets our legal obligations.

If you need any help or support in using our service, please let us know and we will consider what changes we can make to assist you. If you want this information in another language or format (such as large font or Braille), please contact us on 01322 343434 or use [Relay UK](#) to communicate with us over the phone.

Fluency duty

As a public authority, we are subject to the fluency duty. A legitimate complaint is one about the standard of spoken English by our staff in a customer-facing role and not about their accent, dialect, manner or tone of communication, origin or nationality.

Anonymous complaints

Anonymous complaints are discouraged, as anonymity makes it more difficult for us to properly investigate and understand a complaint and to provide appropriate responses or redress.

Data protection

In order to deal with your complaint, it is necessary for us to collect and hold personal information about you. [Our Complaints Process Privacy Notice](#) explains how we will process your personal information.

Equalities and diversity

We strive to ensure that our complaints service is accessible to all and that we do not inadvertently discriminate against members of any particular group in society. We respect our public sector equality duty obligations under section 149 of the Equality Act 2010, as reflected in our [Equality and Diversity Document Framework](#).

Please complete this form as clearly and accurately as you can

1. Mr Ms Mrs Miss Other (please insert)

First name:

Surname:

2. Address:

.....
.....
.....

Postcode:

Email:

3. Daytime contact phone number:

Note: Please put in the telephone number where we can contact you between 9am and 5pm. Tell us if it is your home or work, or the number of a neighbour or friend. If you do not have a daytime contact number, please put down a number with an answerphone where we can leave a message during the day. If you do not have any of these, please leave this section blank.

4. Your special requirements:

If anything makes it difficult for you to use our service, for example if English is not your first language or you have a disability, please use the space above to tell us how we might help you.

5. Is your complaint about a particular person or department?

Name of person:

Name of department:

6. What is the nature of your complaint?

Please complete this form as clearly and accurately as you can

7. How has this affected you?

8. What do you think the Council should do to put things right?

It will help us to deal quickly with your complaint if you send us copies of any letters or documents about it.

Your signature:

Date:

To be signed by the person making the complaint or by the person representing the complainant.

Note: You can ask someone to help you with your complaint: this can be the Citizen's Advice Bureau or other organisations (see the leaflet 'How to complain to Dartford Borough Council'), or your local Councillor, or a friend or relative as long as they have your permission to represent you. We will help you to complete the form if you ask us.

This section is for Dartford Borough Council use only

If completed by Customer Services, or another Council Officer, nature of the complaint must be confirmed with the complainant and a copy of this form sent/given to the complainant.

Nature of complaint confirmed with the complainant? Yes No

Date:

Copy of this complaint form to the complainant? Yes No

Date:

If you or anybody you know requires this or any other council information in another language please contact us and we will do our best to provide this for you. Braille, Audio tape and large print versions of this document are available upon request.



Tel: 01322 343434

Calls are welcome via Relay UK



ਪੰਜਾਬੀ

Punjabi

01322 343610

தமிழ்

Tamil

01322 343611

Polski

Polish

01322 343612

česky

Czech

01322 343613

简体中文

Mandarin

01322 343614

Français

French

01322 343615

DARTFORD
BOROUGH COUNCIL

The Corporate Complaints Officer, Civic Centre, Home Gardens, Dartford, Kent, DA1 1DR
Tel: 01322 343434

E-mail: complaints.officer@dartford.gov.uk Website: www.dartford.gov.uk

RM/03/2023

Monitoring our Comprehensive Equality Policy

We want to find out if we are giving as good a service as we can to all service users. To help us do this, you are encouraged to complete this form. The information you provide, will help us review and decide how we can assist as many people as possible. The information will not be sent to any service department and will not affect the way you receive services from us. If you would rather not answer some or all of these questions, you do not have to.

The information you provide will be converted into statistical or aggregated data in such a way that ensures that you cannot be identified from it. Aggregated data cannot, by definition, be linked back to you as an individual and may be used to conduct research and analysis, including the preparation of statistics for use in our reports.

Please refer to our **Equalities Questionnaire - Service Provision Privacy Notice** for further details of how we process your personal information and for details on your additional rights.

1. What is your ethnic group?

Choose **one** section from A to E, then tick **one** box to best describe your ethnic group or background. Note: Ethnic groups are not about nationality, place of birth or citizenship. They are about culture and cultural background.

A: White

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Any other white background, write in

.....

B: Mixed/multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background, write in

.....

C: Asian/Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background, write in

.....

D: Black/African/Caribbean/Black British

- African
- Caribbean
- Any other Black/African/Caribbean background, write in

.....

E: Other ethnic group

- Arab
- Any other ethnic group, write in

.....

- Prefer not to say

Monitoring our Comprehensive Equality Policy

2. What is your age?

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Under 16 | <input type="checkbox"/> 60-64 |
| <input type="checkbox"/> 16-24 | <input type="checkbox"/> 65-74 |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 75-84 |
| <input type="checkbox"/> 35-49 | <input type="checkbox"/> 85 and above |
| <input type="checkbox"/> 50-59 | <input type="checkbox"/> Prefer not to say |

3. Do you consider yourself to be disabled?

- | | |
|--|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Prefer not to say | |

If **yes**, please tick the box(es) that best describes your disability

- | | |
|--|---|
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Other, write in
..... |
| <input type="checkbox"/> Sight impairment | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Hearing Impairment | |

4. What is your gender?

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| <input type="checkbox"/> Prefer not to say | |

Is your gender identity the same as the gender you were assigned at birth?

- | | |
|--|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Prefer not to say | |

5. What is your religion or belief?

- | | |
|------------------------------------|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Other, write in
..... |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Jewish | |

6. What is your sexual orientation?

- | | |
|--|---|
| <input type="checkbox"/> Heterosexual/straight | <input type="checkbox"/> Other, write in
..... |
| <input type="checkbox"/> Gay woman/lesbian | |
| <input type="checkbox"/> Gay man | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Bisexual | |