

**Report for the Board of Ombudsman Services  
Annual Report of the Independent Assessor for 2019**

This report updates the OS Board on the work of the Independent Assessor in the calendar year 2019<sup>1</sup>.

**1.0 Independent Assessor Caseload**

After a decline in cases escalated to the IA over the last three years, in 2019 the volume jumped back with a 58% increase on 2018 to an overall total of 129 cases.

<b>Month</b>	<b>Cases 2019</b>	<b>Cases 2018</b>	<b>Cases 2017</b>	<b>Cases 2016</b>
January	9	7	8	11
February	3	5	7	15
March	10	3	12	11
April	10	8	10	14
May	16	8	12	13
June	9	9	11	14
6-month total	57	40	60	78
July	13	7	3	15
August	13	8	8	10
September	4	5	5	13
October	17	3	8	13
November	14	11	7	14
December	11	9	9	6
6-month total	72	43	40	71
<b>Annual total cases</b>	<b>129</b>	<b>83</b>	<b>100</b>	<b>149</b>

These case volumes sit in the context of service complaints to the business overall, the largest majority of which never reach the IA, and that entire complaints picture will be more informative than the IA information alone.

The decrease in complaints I saw over previous years appeared to be the product of an overall decrease in incoming service complaints and an improvement in Customer Relations' handling of them, meaning fewer complainants felt they needed to escalate to the IA to have their grievances addressed. This year it seems

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<sup>1</sup> Information about the IA role, scope of work and way of working is in Appendix A 'How the Independent Assessor Works'.

it has been frustration with OS' operational processes that has motivated the increase in complaints to the IA, in which the introduction of CMS has been a factor. In the latter third of the year escalations have been exacerbated by the delay customers have had in getting final reply from Customer Relations themselves, and an apparent wish to have frustration about that validated by the IA.

## 2.0 Case Outcomes

In previous years I have reported both on the number of cases that I have reviewed and my findings on the elements of complaint within them. In doing that I expressed some caution, as complainants may express every concern about their case separately creating teens of elements or present a single overall concern. Vulnerable customers may find it hard to express what might have gone wrong at all, but simply know they are unhappy.

This year I have set aside any similar report as the risk of giving a false sense of accuracy now seems to outweigh any benefit from it. On the one hand the proportion of complainants who were unhappy with their service overall and wanted a whole case review increased, and on the other I received more cases with numerous elements in them; several with 11, one with 16 and one with over 60 separate elements.

I send customers an acceptance letter when I pick up a valid complaint, and explain that my role is to assess whether OS have followed their own processes as they set them out or not, or if there is no specific process in place whether the action taken has been reasonable. For two years now IA findings have been classified as follows:

- Upheld – an element of complaint that has merit and has not been acknowledged until IA review;
- Not upheld – an element of complaint that the IA considers has no merit;
- Justified – an element of complaint that has merit but has already been acknowledged during the preceding complaints process.

I reach a finding on each specific element of the complaint if that is how the complaint is structured or give a more 'narrative' explanation of my findings if an overall review has been requested.

Of the cases I considered this year

- 87 ( 68%) had at least one element upheld or one new valid issue in an overall case review. Many of these are cases in which problems have arisen since Customer Relations' review, often that an action they requested hasn't been fulfilled. These also include cases where a specific complaint hasn't been addressed (it could be a minor issue overlooked amongst much that is

recognised), or sometimes where the overall recognition of what has gone wrong has fallen short of what I think is needed.

- 13 (10%) were not upheld – so neither Customer Relations nor I found any merit in what the customer alleged. These cases often relate to dissatisfaction with the OS decision and are constructed to focus on a perceived process error that would undermine a decision the customer isn't happy with.
- 29 (22%) were justified – so I had seen nothing more in my own review than Customer Relations had already acknowledged, and they had done so appropriately.

This stands against last year when I reported by elements and found 78% to be upheld or justified.

### **3.0 What are Customers Complaining about?**

I have attempted this year to describe the kinds of issues that I have seen to illustrate what is going wrong for customers in the cases I review, in categories capturing the root cause of the customer's dissatisfaction.

#### **3.1 Problems arising from case systems (Peppermint and CMS)**

This is a very broad category and when we step away from the issues arising directly from the technology some of these complaints might also be categorised as process issues. However, given that this year was the first in which I saw complaints about cases on CMS, I have outlined the kinds of issues I am seeing arising from it in my work.

Some of the issues I have seen are very clearly related to the functionality of the CMS system. There was a period when customers were unable to upload evidence, and other cases had CMS messages logged as received but no content in them. OS will be better aware than I am of these types of problems, their causes and solutions.

I have also seen issues apparently arising from the compatibility of home computer systems with CMS, in terms of customers using old operating systems or software which CMS doesn't support.

In another case the provider disputed OS' acceptance of the case and rather than show the case as disputed, the system showed it in error as closed. There were many other aspects to that case, but this CMS error contributed to the case being withdrawn and small claims court action initiated.

Stepping back from the functionality, there have been other issues caused by CMS' design. Customers with more than one case with OS at any given time have complained that they receive an email alert to say there is a CMS message for them, but that it doesn't say which case that is on. As such, they have to open and look at each case they have to find the new message.

It is also a source of anxiety and annoyance for customers that when a CMS case is closed it cannot be re-opened. If that happens by accident or error, a new case has to be created to pick up where the old one ended – though in reality this makes little difference per se, that the customer has a new reference and a second case can become a major dissatisfier for them. One customer had four cases for the same provider complaint as errors and oversights led to one after the other being closed.

In other cases it is clear customers are just struggling to use the system – the case history might show that they simply haven't accessed sections of it – in one complaint the customer had been sent an SIO review of the outcome of his case and it had been attached to a message sent to him on CMS. The case history tracker showed the customer hadn't looked back at the messages, only at the decision page, and so was unaware of the review and the timeframes for reply in that. I have noted that an email address has recently been reintroduced and this will satisfy repeated requests from customers in the cases I have seen to use email, which many of my customers feel more confident with.

In another case deadlines were missed by the complainant as the CMS page with the decision did not contain timeframe information, though the pdf of the decision which was attached to the system for the customer to print if they wished, did. That customer never opened the pdf and as such never received the information about the appeal deadline.

Not wishing to overlook that some cases are still on Peppermint, two complaints this year related to that system sending text alerts about cases late at night when reminders were sent (presumably as a deadline was hit an automated text was sent – apparently around midnight).

### **3.2 Process Error**

Process error has been a growing issue since I started reviewing OS cases (empirically I would say there seemed to be were fewer on the old TK system) and continue to be feature of the cases I have seen this year. Process errors can be minor (failing to alert the IA to a request to refer a complaint on, for example) or may have significant impact on cases; these ones often merit the higher-level awards that are made.

In one complaint I saw on the Peppermint system, two cases were inadvertently created for the same complaint and the evidence sent in was attached to one or the other of those. When the IO came to investigate, that was flawed as all the evidence wasn't available for them and this didn't become apparent until work started on the second case.

In another CMS case, when a customer called OS to open a complaint, she requested postal communication but that wasn't noted, so nothing was sent to her. She didn't ever access CMS (quite possibly unaware she had an online case) and it progressed through to decision and then closed as she didn't reply to the CMS decision. This was realised when she called to check progress and a call back request was made for the IO (who sadly didn't return the call). Eventually the original decision was sent by post, but the dates weren't changed on it so the due date for reply had long passed – the customer was confused with no clear date for response.

A similar case involved a vulnerable customer, represented by her local CAB. That whole case also progressed and closed without the 3<sup>rd</sup> party being alerted to its existence on the system, as the letter of authority for them to act for the customer was overlooked. The third party's information wasn't acknowledged, and communication sent incorrectly to the customer instead, who didn't reply. Again, when the error was recognised a promised call back from the IO wasn't made and a number of emails from the 3<sup>rd</sup> party were noted on the case but received no reply.

In other cases, there have been issues regarding the provider company's resolution offer, which is made before the IO is assigned and a case properly gets underway. Some customers are not sure what they are or of their status – others feel they want nothing more to do with the company without OS intervening and are 'offended' to get such an offer. For another postal customer my case review revealed that he wasn't ever sent notification of the resolution offer – it was processed by the provider through the CMS case, but he couldn't access that, and it wasn't sent on to him. The case progressed to investigation and the OS decision was lower in value than the resolution offer had been. The customer subsequently complained about another matter and it was in the investigation of it that I realised he was unaware of the offer that the company had made before the case started.

A batch of errors of the same type can also arise in my cases when OS operational process changes. Incorrect advice or reassurance was given to customers in a number of cases I saw around the time OS process changed from calls with the IO at the start of the case being standard process, to a routine call not being made.

### **3.3 Communication**

Communication failure (slow or no reply to an email , letter or message, or failure to call back) is a very frequent complaint, though rarely the one that prompts the customer to complain in the first place.

The introduction of CMS seems to have brought with it increased expectations for the speed of reply– some customers seem to consider it almost as an online ‘chat’ rather than a messaging service. The OS service standard for reply on CMS is 5 days though it is usually much quicker – if a reply does take 5 days customers consider it delayed.

Failed call backs continue to be an issue in the cases that I see across the organisation. That can be because a valid call back request isn’t actioned or that a call back commitment is made when it shouldn’t be, so isn’t honoured. This can be a particular issue where service complaints have been completed by Customer Relations and a customer has been signposted on to the IA. They often call again regardless and ask to speak to Customer Relations, and a call back commitment is made on their behalf when it shouldn’t have been, confounding their efforts to disengage.

As last year, I will mention again my concern about cases that progress by post. Aside from that being overlooked at times (as noted in the Process Error section above) I keep seeing examples of postal customers not getting comparable service to those using the online systems. In one case a customer asked for an evidence exchange and said he would send his comments on the decision when he had received that. The evidence was posted to him and the decision was made final immediately afterwards with no opportunity for him to respond as he said he intended. As I have commented before, many of the complainants who choose to use the post are elderly and some, though by no means all, appear vulnerable. It seems a continuing risk that a group of customers who most need OS’ support are in fact getting a poorer service, simply by virtue of their means of communication.

### **3.4 Meeting the needs of vulnerable customers**

Last year I noted my concern about the handling of cases for complainants who needed reasonable adjustment for disability or vulnerability. This year I am pleased to say I have seen fewer cases in which straightforward requests for reasonable adjustment have simply not been met, which suggests success in improving the organisation’s understanding of what needs to be done for these customers.

I do still see cases in which this is an issue though; a case I saw July was upheld in part as a customer had asked at the outset that he be sent MS Word plain text attachments, and not emails, as his assistive technology couldn't read email. He was sent a reply to that request by email and immediately complained (he ran a disability advisory business) which Customer Relations dealt with. More emails were sent as his case was set up and Customer Relations were involved again, then yet more emails were sent, and the case was inexplicably overlooked for four months, before being withdrawn and the service in it escalating to the IA.

Some customers with mental health issues (and those with autistic spectrum diagnoses in particular) can be hard to help, as they may have very particular expectations of how something should be handled and be reluctant to accept alternatives or explanations they disagree with. Customers with these diagnoses often make extremely detailed complaints (one had more than 60 elements to the IA and another 17 to Customer Relations). If each element is not fully addressed the customers often return to that issue until every single aspect of their concerns, which may well seem repetitive, have been addressed.

I had flagged before that customers have in the past seemed to fall foul of the OS Unacceptable Actions Policy as they are persistent and hard for staff to deal with in phone calls. Whilst I have seen incorrect application of the UAP in several cases this year (most usually that the UAP is invoked in the call but this isn't flagged to a manager as should happen for review of that call), I haven't seen it in cases for vulnerable customers.

A few cases have prompted me, at my meetings with Operational and Customer Relations colleagues, to raise the way in which OS reflects failure to meet reasonable adjustment in its own provider case adjudication, in comparison to the way it reflects it in its own service. I have noted customers complain about inconsistency in that, and whilst provider case adjudication is not in my remit, it seems an issue worth OS' consideration.

### **3.5 Remedy Implementation**

I noted last year I had seen a few cases with remedy implementation issues having seen none for a few years and I have seen more again this year. In particular, I have seen an inconsistent use of the failed remedy process by OS Energy, in both Peppermint and CMS cases.

The OS Energy failed remedy process involves, amongst other things, follow up with the company if they have not completed the agreed remedy within 28 days and at 57 days classifying it as a failed remedy. At that point an admin fee should

be charged to the company, other steps taken, and the customer offered a further case to recognise this failure, known as a failed remedy case.

On the Peppermint system I saw cases in April and May where this hadn't happened and the failure of the provider to implement the remedy had drifted. In one case the provider (Economy Energy) stopped trading and as a direct result the agreed remedy was lost to the customer, which may well have been secured had the failed remedy been tackled when it arose and not been left to drift for many months. In that instance my goodwill payment for the service complaint included £135 recognising the financial loss from the provider decision.

In another long running case initiated in May 2017 the customer argued to OS that the remedies had not been properly implemented for two years until a Telecoms Sector Expert agreed with her in May 2019 and acknowledged that OS should have dealt with this sooner.

On the CMS system I saw similar cases in June and July and again in October OS took at face value a company saying the remedy was in place despite the customer's insistence that it wasn't, which proved to be correct. In one of my regular feedback meetings operational staff said there was no provision for the failed remedy process to be carried out in the CMS system, which led me to question why the platform on which the case was managed should influence the business's approach to handling it in relation to its policies.

### **3.6 Issues with the OS decision**

As IA I have not remit at all over the OS decision or remedies, or judgments on evidence or the weighting of it in the investigation. However, I do have remit over the process used in making these decisions and I have seen a number of cases in this category this year.

When customers have raised persistent queries about an OS decision an SIO review is often requested; in the cases that I see this is usually as one aspect of the recommendations made by Customer Relations in their review of a case or I may request one myself if the service issues in the case casts doubt on the validity of the decision that has been reached.

Customer Relations usually give a timeframe for a customer to get an SIO review and in a number of cases this year, this has not been met, sometimes by a large margin. As this is often an outstanding action after final Customer Relations response these case contribute to the upheld rate from the IA. In one case I saw with somewhat confused circumstances the SIO who was asked to carry out the review decided it was not appropriate to do so. Whilst I make no judgment about

that, the customer wasn't told and nor were Customer Relations; it simply didn't happen.

I have also seen several cases in which the handling of a goodwill payment from a provider company as part of the OS decision hasn't been handled consistently. Customers often ask for that by cheque and I understand it is the usual approach for any goodwill payment to be credited against a customer's debt on an account if there is any. I have seen differing approaches though to payment of goodwill when a customer's account is in a credit position, in one instance the IO was adamant the means of payment couldn't be specified in the decision and refused to request a cheque as the customer wanted. When a manager became involved in the case they asked immediately, and the company was happy to send a cheque.

The other issue I receive complaint about is whether OS listen to calls with providers in the cases they consider. It is not for me as IA to say whether they should or not, but customers often extract promises from OS enquiry staff that calls will be listened to, then when they aren't there is a service complaint. I also see cases in which OS resist listening to such calls, usually on the basis that they accept they were handled badly so are going to recognise that in their decisions, only to then later, on review of the case, agree that they will listen to the call by which time the provider has deleted them or they are otherwise not available. Again, I have raised my observation about this issue in my meetings with the Operational Teams.

I have also occasionally seen cases where the OS decision in a case changed a number of times. In one case in January OS' position on the final decision changed four times, the final time the Customer wasn't told that OS had accepted the provider's position, so the provider billed the customer with a new amount prompting them to contact OS, only to learn that way of the final view on the case.

### **3.7 Delay**

Delay with investigation and a decision has been an issue in some cases, but more as a product apparently of isolated error than systemic delay per se.

There has, however, been a marked issue from mid-year with delay in Customer Relations' response to service complaints, with up to four apologies being given for reply deadlines being missed in the cases I have seen. My sense is that this has been a motivating factor in some customers choosing to escalate cases to me, as their service complaint replies when they have been sent have been as thorough as usual, but customers see that final delay as 'the last straw' and seem to want some kind of external validation of that.

In closing Section 3.0, I continue to receive allegations of rudeness though most times I find that a customer has been given a decision or information they don't like rather than that the staff member has been rude. Customer Relations in their reviews before me also readily apologise to customers for the tone of an interaction or if a call has been handled less well than OS might wish.

Finally, I haven't seen a case this year in which data breach was a significant issue.

#### 4.0 Recommendations in IA reports

Each IA report with upheld or justified elements ends with recommendations, intended as far as possible to restore complainants to the position they would have been in had there been no service shortfalls in the case. If complaints have only been found to be justified (so OS have already offered appropriate remedy before IA review), the recommendation may simply be that Customer Relations' previous offer should remain available. Recommendations for may include:

- Apology;
- Goodwill payment;
- Financial loss (rarely);
- Systemic or case specific actions, for example that a report from the Investigation Team be provided – either as already promised and not delivered, or to determine whether a process error has had any impact on the findings of the underlying provider case; and
- Recommendation for IA review with OS operational staff so lessons can be learned.

The complainant is directed to let OS know if they accept or reject the recommendations (they generally, but not always, accept) as it is OS who action them and not the IA.

#### 4.1 Goodwill payments

The total additional sum awarded by the IA in 2019 was £4480 (an increase from the £2845 in 2018, and £2335 in 2017). The distribution of goodwill payments made by the IA in 2019 is noted in the table below – these are the additional amounts recommended above any award that has been made by OS themselves in the case before IA review.

<i>Additional IA goodwill payments</i>	2019		2018		2017	
	No. of cases	% of cases	No. of cases	% of cases	No. of cases	% of cases
None (previous	43	33%	32	39%	39	39%

goodwill sufficient, apology only or none merited)						
£50 or less	59	46%	34	41%	46	46%
£51 to £100	24	19%	13	16%	12	12%
More than £100	3	2%	3	4%	1	1%

The highest IA awards this year were two payments of £150. In one this was on top of £75 from Customer Relations in a case in which, amongst other administrative failings, the OS decision changed after the complainant had accepted it, an 'independent review' was carried out by the same OTM as considered it before, followed by a further review by a sector expert in which a 3<sup>rd</sup> decision was reached which when challenged by the provider was then amended again – the case referred to in section 3.6.

In the other the OS decision was not SMART and the refund and account positions on the energy account remained in dispute when the remedy was in implementation phase; OS were hesitant in enforcing the Ombudsman's view of this and six months later the provider Energy company stopped trading and the remedy was lost to the complainant. As OS were responsible for that I awarded an additional £150 on top of the £100 awarded by Customer Relations for poor administration, recognising in that the £135 financial loss the customer had experienced. I refer to that case in Section 3.5.

## 5.0 Final Observations

Each year my sense of the cases that I see changes – this year I have been struck by the number of complaints I reviewed for customers whose names were familiar to me. On rough assessment about a quarter of the cases I completed were from complainants who had at least one other case with the IA this year or last. Some customers have a 'spike' of cases in a year (one customer brought four complaints to me this year, another three); others are 'regulars' with a steady flow of cases over a number of years. Some of these 'repeat customers' can be recurring complaints on the same provider case which has been particularly difficult to resolve ( I completed my fourth review for a customer of OS' handling of the same complaint with Scottish Power in January – he had received consolatory payment from OS totalling £415 during the course of this case). Other customers are clearly enthusiastic users of complaint systems, not just the OS IA – they also equally do almost always have some valid reason for bringing their cases to me.

In closing, 2019 was clearly a challenging year for OS with substantial organisational change and the implementation of the CMS system and I think the

increase in the number of cases I have seen reflects that. Despite the clear pressures that Customer Relations have been under with an increased volume of complaints and decreased staff, I have not seen any slide in the quality of the work I have reviewed from them. Noting also that their process changed last year; the final replies to customers continue to be thorough and excellent.

Customer Relations also continue to provide patient support to me and explanation when needed, and I am grateful to them and to the wider OS organisation (legal and IT especially) for input to cases when needed and for continuing to be so open to the feedback that I offer. I have been struck by the engagement and interest from managers across the organisation at recent meetings I have had with OS; it feels very positive that managers are so willing to engage with and reflect on what I find in my case reviews and to be able to take learnings from that back into the business.

In closing I must again thank OS' Customers for bringing their concerns to me and as ever for sharing their views on my work for them, which continue as I said last year, to be usually good, sometimes moving and always frank.

**Joanna Wallace**  
**March 2020**

## APPENDIX A

### How the Independent Assessor Works

The Independent Assessor (IA) can review complaints about OS service that Customer Relations have had 'reasonable opportunity' to consider first. This has become a contentious issue as Customer Relations have had significant delays and when customers receive their third or even fourth delay letter, they have approached the IA to say the 'reasonable opportunity' has been missed.

Notwithstanding this at present, it does mean that (almost) every case the IA sees has been scrutinised by the organisation, with the exception of any issues arising after the final OS complaint reply has been sent. Largely the organisation is aware of the issues the IA is considering.

The IA has no jurisdiction over the decisions of the Investigation Team in the underlying provider case from which the service complaint has been generated, as the decision of the Ombudsman, under whose delegation the Investigation Team operates, is final. This includes their decisions on the weighting of evidence and the assessment of what is relevant in a case, as well as the final remedies and awards. Whilst this seems a clear distinction, it can be hard to explain to complainants, and service complaints can be presented as a 'proxy' for concerns about the provider case findings (or more often the weighting of evidence that leads to those decisions). At times the boundary between service and provider complaints can be very fully explored; including a case in which a service complaint was brought about the Chief Ombudsman's decision to invoke the UAP.

The IA assesses whether there has been maladministration in a case – whether OS have applied their stated procedures or customary handling. If there is no stated process or established practice relating to an element of complaint the IA uses 'reasonableness' as a test, in the circumstances of the case. On occasion the IA may make no finding if, when an element of complaint is investigated in detail it becomes apparent that it is not a matter for the IA to consider (usually because the root cause of that element lies in the Ombudsman's purview). Complainants often consider that an aspect of the service they have received could be handled in a 'better' way, and they often make suggestions, but it is always emphasised that the organisation has the right to decide how to organise its own operations.

The IA writes a report for each complaint (and then may audio record that for the complainant if they have problems reading) which outlines the case history, focusing on the facts of the case which speak to the elements of complaint. The findings for each element are then laid out, with an explanation for each and the

recommendations for remedy. The final reports are sent simultaneously to the complainant and to OS. All IA reports have been sent to the complainant this year within 20 working days.

The IA can spend significant time handling enquiries that do not progress to full review. The most common reasons are that:

- The complaint is not within IA terms of reference (most usually as it relates to the Ombudsman's or Investigation Team's finding in some way);
- The complainant has not yet completed the OS internal customer relations complaint process and the IA terms of reference require that they have;
- The complainant has accepted the remedy from OS for a complaint and has misunderstood that they can't therefore also bring it to the IA;
- The case is out of time (I request cases come to the IA within 3 months of the organisations final reply, although I do make exception to this if there is a persuasive reason for delay.)

All of this needs to be explained to complainants and they can find the distinction between service complaints and matters under the purview of the Ombudsman's investigation hard to grasp, especially if they are angry or frustrated at a finding on a case and see the IA as the only possible way to get any of the underpinning issues that they are unhappy with looked at.

There is almost always an exchange of emails or letters with a complainant to pin down the scope of work the IA can do for them. This can be achieved in one letter if the issues are service-based and clear cut but can also take many exchanges and span several months as the process can take some time to explain and negotiate. Experience has shown this it is much better to define what will be considered at the start of the case, rather than produce a report which the complainant then claims has not addressed all the issues of concern, and allows a cleaner 'disengagement' with a complainant at the end of a case. It also makes it very clear before any work starts that issues in the provider case (findings, weighting of evidence etc.) will not be addressed.

In the past the IA declined cases from any complainant who had been placed under the OS Unacceptable Actions Policy, on the basis that any behaviour that the much larger OS organisation has found unacceptable is unlikely to be manageable by the IA. However, I have changed my approach to that as it meant that the complainant just served their period under the UAP and then brought the matter to the IA, making any remedy if there had been maladministration difficult to manage. I now try to address these difficult cases as a final step at the time of the UAP to close them down comprehensively.

The IA has online access to the Ombudsman Services complaint management systems and so can see all the records on a case. Only very rarely do I contact either a complainant or OS regarding a case in investigation – usually to ask for help in finding information that the complainant or the OS record suggests is on the system but isn't apparent. The IA considers a case based on what is on the record – so if an action or decision is not documented and there is no evidence, from my perspective it did not happen. Poor record keeping has featured in reports, although this is less of an issue more recently.

The IA reports lay out as much case history or narrative on the case as is necessary to speak to the adjudications made, although the actual review of the case is often much wider. The reports state that the full details of the case are not recorded as some complainants in the past have expected me to document every action in the case and wanted to use it as a substitute for a Subject Access Request.

The IA makes recommendations for apology and consolatory or goodwill payments (and rarely, if indicated, financial loss) and for any other actions to remedy the maladministration identified and try to return the complainant to a position they would have been in had things not gone awry.

Once finalised, reports go simultaneously directly to the complainant and to OS Customer Relations. If recommendations are made, complainants must contact Customer Relations to accept them. The IA does not enter into correspondence with complainants after a report is sent unless there is a material error of fact, so the report ends our involvement with a case. In practice it can take quite a few exchanges to 'disengage' from a persistent complainant.