North Kingstown Fire Department

Standard Operating Guidelines		2000 Series
Effective Date:	Citizen Feedback Complaints	Human Resources
10/2020		2230
Revision Date:		
10/2020		Page 1 of 4

I. PURPOSE

All North Kingstown Fire Department personnel will respond to the public in a courteous, caring and appropriate manner. Citizen concerns and/or complaints [i.e. Feedback] allow the Fire Department an opportunity to improve service and efficiency. As a policy, the North Kingstown Fire Department will investigate *all* citizen concerns and/or complaints regarding department personnel and/or services. Investigations will be conducted in a prompt, courteous, and positive manner. Regardless of severity, each complaint should be regarded as an opportunity to examine our customer service at the point of contact.

II. POLICY

A. Citizen complaints and/or concerns range from individual performance or nonperformance to the overall level of service delivery provided.

B. All complaints, including those from citizens wishing to remain anonymous, will be documented on a North Kingstown Fire Department Citizen Feedback Form (Feedback Form). The form will be filled out as completely as possible and as soon as possible following the complaint/concerns.

C. Shift Commanders and/or Acting Shift Commanders shall be responsible for the documentation, safeguarding, and preservation of the completed Citizen Feedback Form.

D. Department Command Staff will attempt to service and resolve complaints at the lowest appropriate level within the Department.

III. PROCEDURE

A. Following the receipt of any citizen complaint and/or feedback a Feedback Form shall be completed by either the complainant or the Shift Commander (feedback received via telephone and/or anonymous).

B. The Fire Department Shift Commander may assist the complainant in completing the Feedback Form, however the complainant shall be responsible for the content and completion of the form if possible.

C. The completed form will be forwarded to the Fire Chief's office immediately upon completion/receipt for investigation.

D. All complaints alleging serious administrative or criminal misconduct shall be reported to the Fire Chief immediately upon receipt.

E. The Fire Chief and/or designee shall issue a control number to the Feedback Form in the following manner:
   1. 4 - digit Year Followed - by 3-digit sequential number
      i. Example – Year 2015 & 4th Feedback Form of the year:
         "#2015-004"

F. The Fire Chief shall assign the complaint to a member of the Command Staff and/or outside parties (when deemed appropriate) for investigation.

G. Unless the complainant request "no contact" the investigating officer should contact the complainant as soon as possible to inform the complainant that their concern is being addressed.

H. Upon contact, the following steps should be performed:
   1. Inform the complainant of your name and rank and how you relate to the area of concern.
   2. Restate the complaint as you understand it.
   3. Ask if your understanding of the complaint is correct.
   4. Reconcile any discrepancies.
   5. Ask complainant if they would like you to contact them when investigation is complete.
   6. THANK THE COMPLAINANT FOR BRINGING THE CONCERNS TO YOUR ATTENTION.

I. The investigating officer shall investigate the complaint consistent with Departmental policy.

J. The investigating officer will provide written documentation of his actions, stating the facts that include the statement/s of the individual/crew. In some instances, the investigator will need to obtain written statement/s from the individual/crew, which will be attached to the Feedback Form.

K. At the conclusion of the investigation, the Fire Chief and/or designee shall meet with the crew/individual named in the complaint, along with the shift representative, if requested to discuss findings/recommendations/etc.

L. If requested by complainant, the Fire Chief and/or designee shall contact the complainant and advise them of the outcome.

North Kingstown Fire Department
Citizen Feedback Form

Commendation (_)	Suggestion (_)	Employee Complaint (_)	Service Complaint (_)

Submitter's Name _____ Address _____

Submitter's Phone _____ Email _____

Date/Time of Incident _____ Location of Occurrence _____

Please explain occurrence in your own words: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ *(Continue on back if needed.)*

Witness(es) _____ Address _____ Phone_____

Witness(es) _____ Address _____ Phone_____

Official Use Only -
Receipt By _____ Rank _____ Date _____ Time _____(HRS)

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