

GPP Complaint Policy



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I. Purpose

The purpose of this Complaints Policy is to define a process for handling allegations or evidence of misconduct by a Certified NGO (CNGO). The policy intended to ensure that all allegations are dealt with fairly and efficiently. While consistency is important, different kinds of complaints require different treatment; the policy provides decision-makers with the necessary flexibility to tailor the process to fit the circumstances.

II. Scope

The complaints handling processes apply to any allegations or evidence of **misconduct** by:

- **Certified NGOs**

There is a separate process for each organization type, although the principles are the same. GPP Applicant NGOs (ANGOs) are treated the same as other NGOs due to the confidentiality requirements of the NGO GPP code; the ANGOs application is considered confidential until they are certified.

The allegation timeframe is limited to the last three years.

2.1. Information sources

There is a variety of possible sources of information, including but not limited to:

1. A member of the NGO GPP Team discovers potential misconduct while conducting an Assessment or during Field Monitoring with a Certified NGO;
2. A stakeholder of any NGO or a member of the public makes a complaint about a CNGO;
3. The donor of any CNGO advises that it has discovered potential misconduct;
4. Potential misconduct is reported by a news source;
5. A complaint is received via NGO GPP's email or through social media;
6. A complaint is dropped in NGO GPP's secure Complaints Box.

2.2. Anonymous Complaints

We believe that our complaints handling system is safe and trustworthy. Thus, we encourage the complainant to file his/her complaint non-anonymously by all means such as by website, email, letter, report, meeting, calling, etc. since it is difficult to investigate anonymous complaint; but if the complainant sees no other option than to maintain anonymity, he/she can raise a case through NGO GPP focal persons who file the case in the complaints handling system without revealing the name of the complainant.

❖ **NGO GPP focal persons: GPP Manager and/or Quality Assurance Specialist**

2.3. Means of receiving complaints

- NGO GPP Complaints locked box placing on the front gate of CCC office
- Email: ngogpp@ccc-cambodia.org
- website: N/A
- Phone: (855-23) 214 152 / 216 009 / 012 875 160

- Face to face meeting with NGO GPP focal persons above

2.4. Timeline

All complaints will be responded to within 2 working days, describing the process to be followed and the expected timeline of the Final report. (Annex 2: Response of Receiving Complaints).

In rare cases, complaints against certified NGOs (CNGOs) require an immediate response¹, for example:

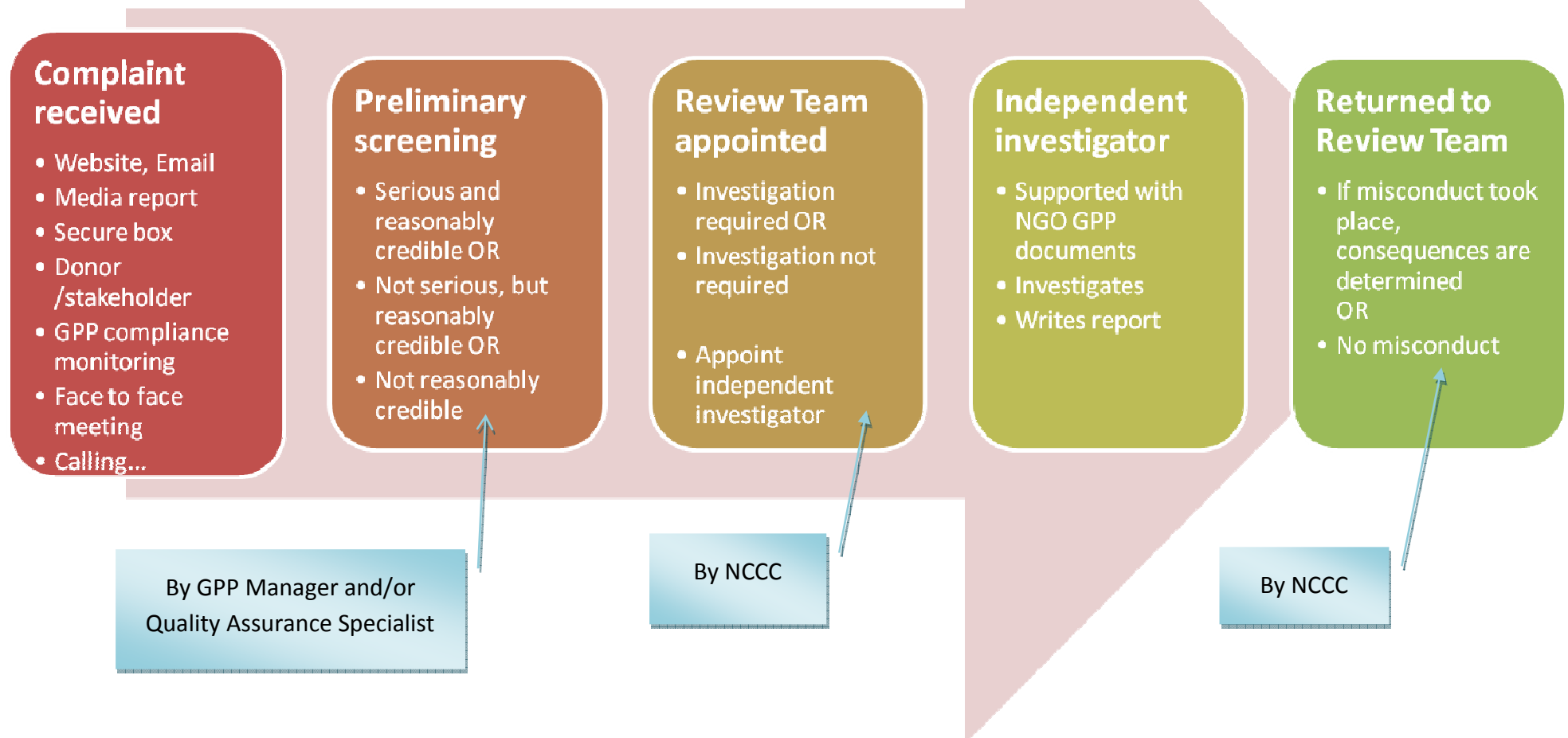
- Where the issue has been or may about to be reported in the media;
- Where donors require an immediate report and/or have called a donor meeting;
- Where there is significant chance of damage to the reputation of an NGO through mass email or other communication methods;
- Where there is significant risk of damage to the reputation of the GPP certification program.

In all other cases, the Final report will be completed as soon as possible depending on cases but we commit issuing the final report within two months after the complaint received.

If the appointed independent reviewer cannot complete the investigation on time, NCCC may appoint a NGO GPP staff member to support or complete the investigation.

¹ NGO GPP provides fast reporting in exceptional cases a few times per year, normally with 1-2 days. This “critical response process” is in the annex. It bypasses the NCCC independent review to produce a fast report for donors, then returns to the normal process for the NCCC to determine next steps as applicable.

III. Five - step process diagram



IV. Process for CNGOs

The five-step process below applies to CNGOs:

4.1. Preliminary Screening

Conduct a preliminary screening of the allegation.

- For allegations against CNGOs/CCC, the GPP Manager (GPPM) and the GPP Quality Assurance Specialist (GPP QAS),
- For allegations against the GPP team, CCC's grievance procedure and disciplinary policy shall be applied.

The informal investigation is necessary to understand the general details of the allegations. They make a determination as to the seriousness and credibility of the allegation.

4.1.1. Serious and Reasonably Credible

If it is determined that the allegation is both **serious and reasonably credible**, the team refer it to:

- For CNGOs, CCC: the NCCC

A **serious** allegation is one that, if proved true, would undermine the reputation of the NGO. For example, an allegation that an NGO has **COI** is serious; an allegation that it completed its annual performance appraisals **two months** late is not serious.

A **reasonably credible** allegation is one that a reasonable person could believe to be true. For example **NGO stealing money**, an allegation that an NGO is sending children to the moon is not credible.

4.1.2. Not Serious, but Reasonably Credible

If the allegation is not serious, but it is reasonably credible, the team decides on an **appropriate response and informs the review team**. This is:

- For CNGOs, CCC: the NCCC

Potential responses could include, but are not limited to:

- Alerting the Certified NGOs to the allegation;
- Capacity building with the Certified NGOs, (depending on resource availability).

This is the end of the process.

4.1.3. Not Reasonably Credible

If the team determines that the allegation is not reasonably credible, they take no further action. There is no escalation. This is the end of the process.

4.2. Review team (NCCC)

4.2.1. Review team meets to consider the allegation

The review team decides what further investigation, if any, is necessary

They meet to consider serious and reasonably credible allegations. This can take place in a special meeting or a regularly scheduled meeting. Quorum requirements must be met. Decisions are made by a **majority vote (50%+1) of all NCCC members**.

The review team determines what further investigation, if any, is necessary in the circumstances. In making this decision, it will consider the following questions, among others:

1. How serious are the allegations?
2. How credible are the allegations on their face value?
3. Have the allegations already been investigated by another party (e.g. a donor)?
4. Has the CNGO already had the opportunity to tell its side of the story?
5. Has the CNGO already admitted the misconduct?
6. Are there likely to be additional complainants or witnesses to the misconduct?
7. Is some particular expertise required to understand the allegations (e.g. an auditor)?

If the review team decides that some kind of investigation is necessary, it considers the following factors, among others:

4.2.1.1. Who will investigate? (The independent investigators formed)

- For CNGO, CCC: An NCCC or GPP Working Group member? NGO GPP Team member? Donors? A neutral third party? Someone with a particular area of expertise (e.g. an auditor)? A group of investigators? NGO GPP Team will act as a support to the investigator during the process, if required.

4.2.1.2. What will the investigation consist of?

- **Some options:** A review of documents? Interviews with the parties involved? Interviews with other interested individuals?

4.2.1.3. How will the investigator(s) report to the review team?

- Written report and Presentation of all relevant documents

Is it necessary to protect the confidentiality of the complainant or other parties?

- Yes, it is required. The investigators and review team to determine how confidentiality will be maintained.

In deciding on whether to carry out an investigation and what form it will take, the review team ensures that the following principles are respected:

Fairness to both the complainant, if any, and the CNGO

- The process should be fair to all parties. All parties should be given the opportunity to tell their side of the story.

Accuracy

- The process should be designed to assess accurately whether misconduct took place or not.

Efficiency

- The process should be designed to require the minimum resources (staff, budget, time) necessary to ensure fairness and accuracy.

4.2.2. Review team decides an investigation is necessary

If the review team decides that an investigation is necessary, then the team appoints an independent investigator(s). If it would be helpful, the review team drafts **Terms of Reference for the investigator(s)**.

4.2.3. Review team decides an investigation is not necessary

The review team moves to the next step.

4.3. The Investigator(s) conducts an investigation

Following the instructions of the review team, the Investigator(s) conducts the investigation, and then reports back to the review team.

4.4. Review team decides whether the alleged misconduct took place

The review team decides whether the misconduct took place. This can take place in a regularly scheduled meeting or a special meeting. Quorum requirements must be met. Decisions are made by **majority vote (50%+1) of all NCCC members**.

The review team determines the appropriate process for making the decision, depending on the circumstances. It may include, but is not limited, to the following:

- Reviewing the report of the investigator(s);
- Asking questions of the investigator(s);
- Reviewing documents collected by the investigator(s);
- Reviewing written submissions from the parties;
- Hearing from the parties and/or other interested third parties.

Again, the principles of fairness, accuracy, and efficiency will guide the review team's decision-making process.

a) The review team decides that the misconduct took place

If the review team decides that the misconduct took place, it moves to the next step of the process.

b) The review team decides that the misconduct did not take place

If the review team decides that the misconduct did not take place, this is the end of the process.

4.5. Final decision making by review team

4.5.1. Review team decide on the consequences of the misconduct

Where the review team finds that misconduct took place, it decides on the consequences of the misconduct. This can take place in a regularly scheduled meeting or a special meeting. Quorum requirements must be met. Decisions are made by **majority vote (50%+1) of all NCCC members**.

Consequences can include, but are not limited to:

1. Warning to the CNGO
2. Temporary suspension of the Certified NGO, pending specified remedial action
3. De-certification for very serious cases².
4. Donor report
5. Anti-Corruption Unit (ACU)
6. Capacity building (depends on resource available).

Who is the report shared with? Depends on who already knows about the issue. (It depends on discretion of the review team).

² GPP decertification process is included in Annex, for very serious cases.

Annex 1: COMPLAINT FORMAT

COMPLAINT FORMAT

1. OBJECTIVE OF THE FORM

The objective of the form is to offer the complainants made their complain as the evidence of misconduct by a certified NGO. This form will help the GPP team or NCCC to define the a process and take action to deal with based on the existed complain policy. It's also intended to use for investigate to ensure that all allegations are dealt with fairly and efficiently.

2. COMPLAINANT

Name:

E-mail, address or phone number:

Place and date for filing the complaint:

Who or which organization you want to complain to (individual or organization)?

Individual

☐

Name:

Position:

Organization:

Address:

Organization

☐

Name of Organization:

Address:

3. SENSITIVE COMPLAINT

Do you consider this to be a sensitive complaint?

A sensitive complaint is typically a complaint about corruption, sexual exploitation or another gross violence of our staff rules.

Yes ☐

No ☐

4. CONFIDENTIALITY

Do you want us to treat your complaint with confidentiality meaning that only a very limited number of persons who need to know about the complaint will be involved in the process?

Yes ☐

No ☐

5. TYPE OF COMPLAINT

What type of complaint do you consider this to be?

1. ☐ Operational (breach of standards, implementation, quality etc.)

2. ☐ Staff behaviour (sexual exploitation, discrimination)
3. ☐ Corruption or fraud
4. ☐ Crime (according to national law)
5. ☐ Related to relative or nepotism
6. ☐ Other – please state what kind:

6. DESCRIPTION OF THE COMPLAINT

Please describe in detail your complaint (place, date, causes, what happened, who were involved and the consequences) and what you consider to be a fair resolution to the complaint as detailed as possible:

.....

.....

.....

.....

.....

.....

7. Have you attached or sent additional documents or papers to support your description?

Yes ☐

No ☐

What kind of documents?

8. ACCEPTANCE

By submitting this complaint, you accept the GPP's Complaint policy by which the complaint will be processed as soon as possible. Please find more information from GPP's Complaint Policy through this link:

www.ccc-cambodia.org/downloads/gpp/ComplaintsPolicy.pdf

or Send to ngogpp@ccc-cambodia.org, or anyone in GPP team as below:

No.	Name of GPP team	Position	Personal Phone	Email address in workplace	Personal Email address
1	Mr. Chhorn Vatanak	GPPM	012 323 767	vatanak.chhorn@ccc-cambodia.org	
2	Ms. Mara Keo	QAS	012 675 926	mara.keo@ccc-cambodia.org	marakeo2@gmail.com
3	NGO Governance & Professional Practice	GPP team	012 875 160	ngogpp@ccc-cambodia.org	

Annex 2: Response of Receiving Complaints**D/M/Y****From: NGO Governance & Professional Practice (NGO GPP)****To: Ms./ Mr.****Subject: Response of Receiving Complaints****Dear Ms. A/ Mr. A,**

The NGO Governance & Professional Practice (NGO GPP) Team would like to thank you for your information sharing or complaining of the certificated NGO who in the Voluntary Certification System. We are pleased to inform you that we have received your complaining through email/letter/called phone on d/m/y and other supporting materials, if they have. GPP team will conduct the next step by following the complaint policy procedures based on the situation of the case (e.g. serious or non-serious case). Your information will be kept confidentially.

The NGO GPP team will keep inform you the progress of the respond case. Would you please need further information , please contact focal persons as listed below. We would like to thank you for your commitment to improve the internal governance within NGO sector in Cambodia.

The focal persons:

No.	Name of GPP team	Position	Personal Phone	Email address in workplace
1	Mr. Chhorn Vatanak	NGO Governance & Professional Practice Manager (GPPM)	012 323 767	vatanak.chhorn@ccc-cambodia.org
2	Ms. Mara Keo	GPP- Quality Assurance Specialist (QAS)	012 675 926	mara.keo@ccc-cambodia.org
3	NGO Governance & Professional Practice	GPP team	012 875 160	ngogpp@ccc-cambodia.org

Sincerely yours,

Name:.....

Critical Response Process (GPP team), 1-2 days



Annex 3: Critical Response Report Template (GPP)

NGO Governance & Professional Practice (NGO GPP)

GPP's Response to the Case of <Organization Name>

Day/m/y

Summary

A- Complaint details

<Organization Name> is a Certified NGO (CNGO) in <City and Province>, with <number of donors> donors: <write the names of donors in a list here>. On <date of complaint>, a complainant made a complaint through <complaint mechanism, e.g. email, website> to <which person>, against <Organization Name>. The allegation was for non-compliance with <donor's policy name, e.g. USAID's Financial audit requirements, Conflict of Interest, etc> and /or the NGO GPP code on <broad name of code area, e.g. Financial management, operation of the Board, Conflict of Interest, etc>. The most important charge/s against <Organization Name> is/are <concise list of allegations, e.g. fraud and CoI>. The complainant was also concerned that <add other issues - may not be any>.

B- Donor's initial response

The Governance and Professional Practice (GPP) team has investigated the case by reviewing relevant documents and meetings with <organization name> and its related stakeholders. In particular, donors of <organization name> were consulted regarding the complaint.

- <donor name1> expressed <issues, e.g. no malpractice has been found >.
- <donor name2> expressed <issues>....
- <donor name3> expressed <issues>....
- Etc, other donors.

C- GPP response

For this report, NGO GPP who manage the GPP certification process have compiled all files related to the GPP application process and field follow-up of <organization name>. Given that this is the sensitive case, it is worthwhile for GPP to share some relevant findings with the stakeholders of <organization name>. These include a summary of <organization name>'s GPP certification process and recommendations proposed by GPP to all stakeholders to collectively manage the case.

<Organization name>'s GPP Certification Process

1. Application for certificate

<organization name> first applied for GPP certification in <month, year>. At that time, the <year, e.g. 2008> version of the code applied, which contained <six> elements, <25> standards, <71> indicators, and <65> guidelines. Following a desk review, GPP found that <organization name> met <most, all, some> of the requirements. It was recommended that <organization name> should <list of recommendations, e.g. have in place its Conflict Of Interest (COI) policy as mentioned in Standard 4.3, although that policy was not yet required as a mandatory element>. The field assessment also found that <organization name> staff knew there was <something about policy or practice, e.g. no CoI policy in place>. (Note: the Conflict of Interest Policy (COI) became a mandatory element under later revisions of the GPP code).

In <month, year>, for certification, GPP found that <organization name> had met <# of the requirements>. It was recommended that <organization name> should have in place <# and name of policy> as mentioned in the Standard <standard number>. The assessment also found that <organization name> staff knew <something about the issue or policy>. The certificate was awarded on <date>.

2. Field Monitoring

During the period of certification, the first field monitoring occurred on <date>. GPP found that <organization name> had met <# of the requirements>. It was recommended that <organization name> should have in place <# and name of policy> as mentioned in the Standard <standard number>. From the self-assessment survey with staff and management teams, there were <findings, e.g. no relatives working>. The <name of policy, e.g. CoI policy> was reviewed during this field monitoring. <Organization name> remained fully compliant with the code.

On <date>, for second field monitoring, GPP found that <organization name> had met <# of the requirements>. It was recommended that <organization name> should have in place <# and name of policy> as mentioned in the Standard <standard number>. From the self-assessment survey with staff and management teams, there were <findings, e.g. no relatives working>. The <name of policy, e.g. CoI policy> was reviewed during this field monitoring. <Organization name> remained fully compliant with the code.

3. Re-application for certificate

On <month, year>, <organization name> re-applied for the GPP certificate (the first certificate expired on <expiry date>). The desk review and field assessment found <list important and relevant findings only>. Through communication with <organization name> staff, it was reported that <brief findings only>. The certification was awarded to <organization name> on <date>. <organization name> (also <did some extra activity, e.g. signed a letter declaring it had zero tolerance to relatives working together>.), if still use zero tolerance

In <month, year>, for re-certification, GPP found that <organization name> had met <# of the requirements>. It was recommended that <organization name> should have in place <# and name of policy> as mentioned in the Standard <standard number>. The assessment also found that

<organization name> staff knew <something about the issue or policy>. The new certificate was awarded on <date>.

4. Field monitoring during second certificate

During the period of certification, the first field monitoring occurred on <date>. GPP found that <organization name> had met <# of the requirements>. It was recommended that <organization name> should have in place <# and name of policy> as mentioned in the Standard <standard number>. From the self-assessment survey with staff and management teams, there were <findings, e.g. no relatives working>. The <name of policy, e.g. CoI policy> was reviewed during this field monitoring. <organization name> remained fully compliant with the code.

On <date>, for second field monitoring, GPP found that <organization name> had met <# of the requirements>. It was recommended that <organization name> should have in place <# and name of policy> as mentioned in the Standard <standard number>. From the self-assessment survey with staff and management teams, there were <findings, e.g. no relatives working>. The <name of policy, e.g. CoI policy> was reviewed during this field monitoring. <organization name> remained fully compliant with the code.

Field monitoring meeting with donor

In <month, year>, GPP met with donors to discuss the findings.

- <donor name1> expressed <feedback>.
- <donor name2> expressed <feedback>.
- <donor name3> expressed <feedback>.
- Etc, other donors.

In summary, <organization name> is seen as <comment on their perception in the province, such as beneficiary> in <city, province>. They have the support of <number of> donors. <Findings: from the history paragraphs above. One sentence only>.

General information on GPP code improvements

GPP continues to review the code and make improvements over time. Recently, these include new Vision statements, strengthening Communications and Relationships, mandatory CoI policy, mandatory Grievance policy, clear explanations of the Financial management policy, renewed focus on an effective, well-functioning Finance system, a new Community complaint mechanism, a new Child Protection policy and a renewed focus on M&E roles. In particular, since May 2014 the code does not allow relatives of the Management team and BOD to work in the NGOs. GPP changed the code to include compulsory compliance, especially on CoI and the assessment criteria on CoI has been updated. GPP has reviewed the field monitoring procedure including data collection methods, for example using individual staff interviews, if required.

Annex 4: Conflict of Interest Policy

Transparency and Accountability³

Standard 4.3: The organization has a written conflict of interest policy and complies with the law on Anti-corruption.

GUIDELINES:

4.3.1 The organization should have a conflict of interest policy for the governing body and staff members of the organization to sign and follow. This policy should align with the Anti-corruption law, specifically Article 4, paragraph 9

A conflict of interest policy should include the following:

- a) Definition of conflict of interest
- b) Specification of the persons who will be covered by the policy (e.g. governing body members, management, program and operations staff etc.)
- c) Requirement for regular disclosure of information and procedures related to conflicts of interest
- d) Procedures for handling potential or actual conflicts of interest when they arise, for example:

Outline clear procurement procedures (these can be outlined in the Financial and/or Personnel Policy) Outline clear recruitment procedures (these can be detailed in the Conflict of Interest and/or Personnel Policy).

- e) The following statements:
 - i) The organization does not employ spouses, blood relatives or relative/s in-laws, at the level of all management staff including: board of director, executive director, program manager, finance/admin manager, human resource manager. The ordinary staff may be blood relatives (or in-laws) including: spouse, parents, siblings, nephews,/nieces, cousins, aunts, uncles unless they are in direct management line and or same target location/same office.
 - ii) The organization does not hire property or other equipment, or secure services from current employees or blood relatives/in-laws of current employees, and governing body members, unless a written justification signed by the executive director (or equivalent) is provided and explains that no other option was practical and available.
 - iii) The organization does not use the organization's assets, including vehicles for personal use, which are unrelated to the conduct of the organization's official functions and duties, unless the organization has a policy to provide justification.

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INDICATORS:

4.3.1 Policy on conflict of interest is implemented and approved by the governing body

4.3.2 This policy is made available to all staff

4.3.3 The contents of the policy should include key items listed in the guideline number 4.3.1.

Annex 5: Decertification Principle

Decertification Principle

I. Rationale

Civil Society Organizations in Cambodia have supported and established Governance and Professional Practices (GPP) which is known as voluntary certification system (VCS) or GPP Certification system, which is hosted by the Cooperation Committee for Cambodia (CCC) to promote and enhance governance, accountability and transparency within NGO sectors. GPP is a voluntary-based system in Cambodia and almost 200 NGOs have participated to access their good governance, accountability and transparency. (#of certificates 69) NGOs have successfully gone through GPP certification system with three years of valid GPP Certification Awarded. (#of renewal certificate 12) of them have successfully renewed their three years GPP Certificates. Remarkably, funding agencies, NGOs and government recognized GPP Certified NGOs (CNGO) as a role model NGOs which are complying with the GPP Standards.

As the CNGO is viewed as good governance, high accountability and transparency by the public, GPP plays its unique roles to ensure the compliant practices and implementation of CNGO in accordance with the GPP Standards. GPP Certification System has developed decertification principle to support and respond to the particular cases of CNGOs of which GPP Standards is no way to be complied.

II. Objective of de-certification principle

Decertification principle conveys its values added to GPP Certification System as well as to the CNGOs and it aims to support the CNGOs to maintain the better governance, accountability and transparency. This principle helps building high profiles of and trust from funding agencies towards the certified NGO and enhancing the symbol of trust.

III. Scope and Process Diagram of decertification

Decertification principle applies to only GPP CNGO which is in the valid of three-year GPP Certification. The principle will apply to the case of improper practice or misbehave of CNGO that fails to follow/comply with the GPP Standards and there is no way to commit to fulfill the Standards. The principle will be effective after the clear study of the case and the committee decision.

IV. Duty of GPP and Certified NGO

1. Role of NGO Code Compliance Committee

To respond and deal with the complaint case, NGO Code Compliance Committee (NCCC) will review and decision making upon the finding or information by GPP or independent investigators, the Decertification shall be discussed and approved by the NCCC.

2. Role of NGO GPP Team

Designated persons from GPP, especially GPP Manager and Quality Assurance Specialist, are responsible for the complaint handling. S/he ensures any complaint is studied and responded appropriately. The complaint involving in the serious area of the GPP Standards such as conflict of interest, financial malpractice and/or legal compliance shall be taken action as soon as possible depending on cases but the responsible person commit issuing the final report within two months after the complaint received. GPP Team reserves all rights and privilege to engage all stakeholders including the board of director, the donor, the staff, and the beneficiaries of CNGO to respond to the complaint handling procedure. GPP Team and the committee prepare reports of finding and decision for the complaint. GPP Team and the committee reserve all rights and privilege to de-certificate once the CNGO is no way to fulfill of gaps of the complaint by whatever reason. Decertification will remove the CNGO logo and information from CNGO profile and/or CNGO directory including the promotional website.

3. Roles and Rights of Certified NGO

CNGO is encouraged to fully support and collaborate to study and respond to any complaint happening within its NGO. CNGO shall assign a focal person to support the GPP team to deal with the complaint. CNGO shall provide sufficient evidences and information required by the investigation team. CNGO must be willing to respond to complaint resolution and decertification.

V. Confidentiality

Confidentiality regards as adherence ethical principle. People involving in the complaint handling and resolution shall keep confidential all information and documents of the case. No one is encouraged to share about the complaint case, except it is necessarily shared to the donor or GPP and committee.

