ORGANISATIONAL POLICY

Complaints, reporting and incident management policy

Clear channels, timely response, fairness and learning

Version	2.0
Revision	29 August 2026
Effective date	1 October 2026
Next ordinary review	1 October 2028

LISTENING AND ACCOUNTABILITY

Io Per l'Altro - APS wants problems, errors, risks and inappropriate behaviour to be communicated without fear and handled promptly, proportionately and with respect for everyone's rights.

> **GUIDING PRINCIPLE**
> The first question is whether anyone needs immediate protection; the second is which competent procedure should handle the case; only then are facts, responsibility and remedies determined.

1. Purpose and scope

This policy applies to complaints about services or projects, conduct concerns, discrimination, safeguarding, health and safety, privacy, use of resources, partner and provider behaviour, incidents and near misses. It applies in person, online, during travel, accommodation and follow-up.

2. Definitions

Term	Operational meaning
Complaint	Dissatisfaction or challenge concerning decisions, quality, treatment or access.
Report	Information about possible risk, abuse, breach or misconduct.
Incident	Event causing or potentially causing harm, loss, breach or disruption.
Near miss	Event with no final harm that reveals a weakness or risk.
Review	Fresh consideration of the outcome by people not involved in the initial decision.

3. Channels and accessibility

A concern may be reported verbally to the on-site lead, project lead or Case Lead, or by email to ipaostia@gmail.com with subject CONFIDENTIAL - REPORT. Each project also communicates local contacts and accessible alternatives.

- identified reports are encouraged so that facts can be clarified and people protected
- there is currently no dedicated anonymous channel; sufficiently concrete anonymous information may still be assessed, without guaranteed updates to the reporter
- reports concerning Francesca Salmeri go to Endrit Dodaj, Quality & Monitoring Manager
- reports concerning the President go to the non-involved Board members, Endrit Dodaj and Riccardo Pilato, through a direct project contact or confidential written delivery
- immediate danger is reported first to emergency services and the on-site lead

4. Responsibilities and conflicts

Role	Responsibility
Case Lead - Francesca Salmeri	Receives, triages, conducts or assigns assessment and proposes interim measures.
Quality & Monitoring Manager - Endrit Dodaj	Maintains the register and checks timelines, conflicts and corrective actions.
President	Takes institutional decisions and coordinates authorities, insurance, funders and partners.

Role	Responsibility
On-site lead	Protects people, stops activities and preserves initial information.
Board of Directors	Handles cases concerning the President, serious decisions and review.

5. Protection, confidentiality and non-retaliation

- no retaliation, penalty or exclusion for a good-faith report or cooperation
- identity and information shared only with those who must protect, assess or decide
- absolute secrecy cannot be promised where protection or reporting duties apply
- people involved receive understandable information about the procedure and may identify support needs
- mediation is not used where there is violence, coercion, major power imbalance or a person does not want it

6. Triage and competent procedure

- immediate danger: emergency services, personal safety and on-site lead
- safeguarding: Safeguarding Lead and dedicated procedure
- health or safety: activity lead, recording and insurance
- personal data breach: President and assessment under the Privacy Policy
- discrimination or denied accommodation: Inclusion Officer and Case Lead
- conduct: project lead and Case Lead
- administrative or quality issues: project lead and Quality & Monitoring Manager
- possible offence or external duty: President and competent authority, without internal action obstructing official investigation

7. Timelines

Stage	Standard
Acknowledgement	Within 48 hours, unless impossible or anonymous.
Triage and conflict check	As soon as possible and normally within 2 working days.
Case plan	Normally within 5 working days.
Outcome	Normally within 20 working days; any extension is reasoned and communicated.
Review request	Within 10 working days of the outcome.
Review	Normally within 15 working days.

8. Fair assessment

Assessment is proportionate to seriousness and conducted by competent, non-involved people. Relevant facts, documents and accounts are collected without turning the procedure into a judicial process.

- the reporting person is heard and may add information
- the person concerned knows the essential allegations and may respond, unless delay is needed for protection or external investigation
- decisions distinguish established facts, unverifiable elements and risk assessment
- organisational measures use the balance of reasonable probability, not the criminal standard of proof
- a conflicted person recuses themselves and replacement is recorded

9. Interim measures and support

Francesca Salmeri may propose and take the first interim measures needed to reduce risk; in urgent cases the on-site lead acts immediately. Interim measures are not a final judgment.

- separation of people or changes to rooms, activities, shifts and communications
- temporary restriction of roles, access or contact
- support, accompaniment, listening and service information
- preservation of documents and evidence without improper access
- precautionary suspension from the project or assignment where proportionate

10. Outcomes and corrective action

- explanation, service correction, accommodation or reimbursement where due
- facilitation, apology or restorative agreement where free and appropriate
- warning, training, supervision or role restriction
- suspension, removal or termination of cooperation
- action concerning partners, providers or procedures
- reporting to services, authorities, insurance, funder or National Agency where necessary
- no disciplinary action against a good-faith reporter merely because the concern is not substantiated

11. Outcome communication and review

The reporting person receives confirmation of closure and outcome information compatible with privacy, safety and others' rights. The person concerned receives the decision, essential reasons and measures affecting them. Review considers procedure, new information, proportionality and conflicts; it does not automatically repeat the whole case.

> **FACILITATIVE APPROACH**
> The Association supports understanding, responsibility and repair, but facilitation is not used to minimise risk, force meetings or replace authorities and services.

12. External routes

The internal procedure does not restrict access to emergency services, authorities, the Italian Data Protection Authority, the National Agency, European Commission, insurance, health or legal services. Where Io Per l'Altro must make a report, the President coordinates it unless urgent on-site action is required.

13. Records, privacy and retention

- each case receives a code and essential data are separated from sensitive documents
- access limited to the Case Lead, Quality & Monitoring Manager, President and necessary decision-makers
- retention based on nature, duties, rights and risk; records are not all automatically deleted at project end
- health data and irrelevant details removed when no longer needed
- aggregated data support improvement without identifying people

14. Learning and review

- corrective actions with owner and deadline

- effectiveness and retaliation-risk review
- updates to briefings, risk assessments, partners and tools
- periodic aggregated report to the Board
- policy review at least every two years and after significant cases

15. References

- Erasmus+ Programme Guide 2026 and Erasmus Quality Standards
- Safeguarding and Participant Protection Policy
- Participant Health, Safety and Risk Management Policy
- Code of Conduct
- Inclusion, Equality and Non-Discrimination Policy
- Privacy, Image Use and Digital Safety Policy
- Italian and European law applicable to the individual case

Approval

Competent body	Board of Directors
Resolution date	30 AGOSTO 2026
Effective date	1 October 2026
Signature	IO PER L'ALTRO A.P.S. P. IVA 97786260584