



COMPLAINT COLLECTION AND HANDLING PROCEDURE

Edition
September 2020

PRAKSIS CIVIL SOCIETY ORGANISATION - COMPLAINT COLLECTION AND HANDLING PROCEDURE

This document informs you of the procedure for submitting a complaint or grievance to PRAKSIS Organization in order to ensure the transparent and effective management of any complaints related to the provision of services by the organization and the activities it implements.

More specifically:

1. The complaints are collected by the Programme Department, to which the Complaints Management Officer is assigned.
2. Complaints may be submitted in writing (paper or electronically) and by telephone. If the complaint cannot be dealt with immediately, a recommendation is made that it should be re-submitted in writing.
3. Interested parties can obtain and submit the complaint form at the following addresses of the organisation's structures, where complaints boxes are kept:
 - Athens Community Center
 - Athens Homeless Day Centre
 - Thessaloniki PolyclinicA standard complaint form is also available at the secretariat of the central offices of PRAKSIS organization, as well as at www.praksis.gr.
4. The completed complaint forms are handed in immediately to the Complaints Management Officer who is responsible for:
 - reading and identifying the problem
 - informing the departments/individuals involved
 - attempting to resolve the problem in cooperation with the relevant departments
 - responding to the complaint within a reasonable period of time depending on the nature of the request
 - informing of the person concerned, if they are not satisfied with the
 - response, on how to address the Board of the Organization.
5. The Complaints Manager ensures that a record is kept in which the relevant documents are registered. The documents related to the complaints submitted are registered in the above-mentioned file in calendar order.
6. The Complaints Management Officer ensures that an electronic file of complaints is kept. This includes the following:
 - the details of the person who made the complaint
 - the department to which the complaint relates to
 - the department to which the official or partner concerned belongs
 - the date and, in summary, the content of the written reply of the organisation to the complaint submitted.
 - informing natural persons about the protection of personal data collected exclusively for this purpose
 - the secure storage of the data collected and the creation of a record thereof
 - the determination of the period of storage of the data collected, in accordance with the the principle of minimisation referred to in Article 5 of the GDPR
 - the technical and organisational measures for the security and protection of the above-mentioned file.

For the above issues, the provision of the electronic record keeping should include the Advice of the Organization's Data Protection Officer.

Information for submitting recommendations / complaints

Telephone submission:

PRAKSIS Call Centre: 210 520 5200

Monday to Friday, 09:00-17:00 (except official holidays)

Electronic submission:

At info@praksis.gr

Written submission

PRAKSIS Central Office Secretariat

57 Stournari Street (2nd Floor), P.O. Box 10432 Athens

Monday to Friday, 09:00-17:00 (except official holidays)

Complaint boxes

Complaint boxes are kept in the following structures of the Organization:

Athens Community Center

24 Sarpidonos Street, Kolonos, Athens, PO 10442 Athens

Tel. 210 8213704

Monday to Friday, 09:00-17:00 (except official holidays)

Athens Homeless Day Centre

26-28 Deligiorgi, Metaxourgio, Postal Code 1037 Athens

Tel. 210 5244574

Daily, 08-00-20:00

Polyclinic of Thessaloniki

Arkadiupoleos 1 and Ag. Dimitriou, Vardaris, P.O. Box 54632 Thessaloniki

Tel. 2310 556145

Monday to Friday, 09:00-17:00 (except official holidays)

COMPLAINT FORM

To: PRAKSIS
Department of Programmes
Complaints Management Officer
57 Stournari Street, P.O. Box 10432 ATHENS
Tel: 2105205200
Fax: 2105205201
e-mail: info@praksis.gr

COMPLAINANT'S INFORMATION

NATURAL PERSON

LAST NAME	
FIRST NAME	
FATHER'S NAME	
LEGAL DOCUMENT and REGISTRATION NUMBER	

LEGAL PERSON

COMPANY NAME	
REPRESENTATIVE	
ADDRESS	
POSTAL CODE	
PHONE	

DESCRIPTION OF COMPLAINT

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DATE:

NAME OF COMPLAINANT:

SIGNATURE OF COMPLAINANT: