

## CHAPTER ONE

### 1. INTRODUCTION

Although the Independent Complaints Directorate (ICD) was established in 1997, there has never been a thorough study in assessing the level of complainants' satisfaction with the services rendered by the ICD. The importance of this assessment cannot be over emphasized. Undoubtedly, the idea of receiving feedback and constructive criticism from complainants can assist in improving the current level of service delivery which, in turn could increase complainants level of satisfaction. Regular customer's satisfaction surveys are essential for the Independent Complaint Directorate. This improved level of satisfaction may lead to more complainants utilizing ICD services, thus, revealing more instances of police misconduct. In this manner, the mission of the ICD to investigate police conduct may be realized. Furthermore, this research may also identify areas of ICD operation which need to be improved upon. In addition to this, this research attempts to explore other mechanisms that can be used by the ICD to improve its services to the various complainants. In view of this, our main research objectives are as follows:-

- To ascertain the level of complainants satisfaction with the service provided by the ICD.
- To determine if the complainants have any recommendations or suggestions on how to improve the services given by the ICD.
- To identify possible obstacles that may hinder the ICD from rendering satisfactory services to the various complainants.
- Finally, an attempt will also be made to find out the possible solutions to the identified problems above.

## 1.1. ORIENTATION AND BACKGROUND OF THE STUDY

Generally the issue of satisfying clients or the end user of a particular service in a global context is currently a burning issue in economic, social, political and educational sectors of most developing and developed economies. These days, the world market economy consists primarily of service economies and the worldwide growth of services economies and the information revolution have elevated the importance of client service and the degree of satisfaction clients can derive from the service rendered to them.

In the above perspective, Gardner and Nudler (1999: 6)<sup>1</sup> pointed out clearly that we should not forget that those whom we render our services to have individual preferences and needs which they want to be treated differently. The above argument stressed the fact that the various complainants we deal with are different individuals and we need to put this into consideration when we render our services to them. For complainants to be satisfied with our services, we need to be flexible to accommodate their differences.

The work of Dawson (2003: 6)<sup>2</sup> and that of Kelemen (2003: 55)<sup>3</sup> also illustrate that clients have individual differences and for them to be satisfied with the services they receive the service provider needs to be flexible and at the same time establish a good rapport with the clients. The service provider must extend a good human relationship with the client if the client is to be satisfied with the service rendered to him or her. Past studies have shown that satisfying clients is much easier in the manufacturing sectors than in the service sectors. One of the reasons that have been attributed to this is the fact that in the manufacturing sectors, quality is defined as conformity with specified standards, whereas quality in service sectors varies from individual to another as there is no international standard that can be used to measure service as in the case of manufactured product.

However, Zeithaml et al (1990: 16)<sup>4</sup> identified three differences that distinguish service quality from manufacturing quality on the following perspectives:

- Clients find it more difficult to evaluate service quality than product quality
- The delivery of the service cannot be separated from the outcome of the service

- Only client's judge quality: all other judgments are essentially irrelevant.

Rosander (1999: 6)<sup>5</sup> is also of the view that the assessment of service in terms of its utilization is problematic as a result of the following reasons: In the first place, service cannot be measure like the physical properties of a manufactured good. Secondly, service cannot be inspected when compared with manufactured goods. Thirdly, service quality cannot be determined ahead of time. Quality is only determined at the moment that the service is rendered. Lastly, service involves human reliability to much greater extent than the reliability of product used in performing the service until it is delivered and experienced.

The above highlighted problems notwithstanding in assessing clients level of satisfaction of the services rendered to them, an attempt will be made in this research to find out complainants' level of satisfaction in the utilization of ICD services.

## CHAPTER TWO

### 2. RESEARCH METHODOLOGY AND OPERATIONAL DEFINITION OF CONCEPTS

In terms of our research methodology we used both qualitative and quantitative research techniques in soliciting the necessary information from the complainants and in analyzing the research findings. We accessed the database of ICD in order to retrieve information regarding the contact details of the complainants, statistical data and official documents were used to complement the interviews we held with the complainants.

#### 2.1. Population of the study

This study covers the nine provinces and a total number of 249 past and present complainants (respondents) were interviewed telephonically. The total breakdown of the respondents in their respective provinces is illustrated in Table 1 below

**Table 1: Number of respondents per Province.**

<b>PROVINCE</b>	<b>TOTAL</b>	<b>%</b>
Gauteng	<b>59</b>	<b>23.7%</b>
Mpumalanga	<b>14</b>	<b>5.6%</b>
Kwazulu-Natal	<b>46</b>	<b>18.5%</b>
Limpopo	<b>33</b>	<b>13.3%</b>
North West	<b>22</b>	<b>8.8%</b>
Free State	<b>8</b>	<b>3.2%</b>
Northern Cape	<b>9</b>	<b>3.6%</b>
Eastern Cape	<b>44</b>	<b>17.7%</b>
Western Cape	<b>14</b>	<b>5.6%</b>
<b>Total</b>	<b>249</b>	<b>100</b>

## **2.2. Sampling technique**

In this research we used both purposive and accidental sampling techniques. The purposive sampling technique was used because the respondents had files which were kept in the offices of the provincial heads. This frame of reference made it easy for us to interview the past complainants telephonically. In addition to this, purposive sampling is time saving since the respondents have already been identified. Furthermore, purposive sampling is less mechanistic when compared with other sampling techniques.

The accidental sampling technique was used for the fact that complainants came into the offices on a daily basis to lay their complaints and as they came in we interviewed them. Unfortunately, accidental sampling was not as useful as purposive sampling in this research. One of the reasons that can be attributed to this is the fact that many of the new complainants who came in on a daily basis to lay a complaint have not experienced much difficulty with ICD.

The telephonic interview was used mainly because complainants cannot be located in one place. They are all scattered in the various provinces and they could be reached easily through telephone. One of the advantages of telephonic interviews is that it helps to save traveling costs and time. In the case of face to face household interview, you may have to drive several kilometers to each respondent's home, find no one there, return to your office, and drive back the next day- possibly finding no one there again.

Experience has also shown that through telephonic interviews, questions posed to respondents and the answers given are unaffected by the way the interviewer dresses or looks. Sometimes respondents are more honest in giving socially disapproved answers if they don't have to look the interviewer in the eye. Similarly, it may be possible to probe into more sensitive areas. In the same vein, people can communicate a lot about themselves over the phone even though they are not seen. In areas where racial discrimination is still high and one race find it difficult to move into a particular environment to interview a respondent, the best method to use is telephone interview (Okharedia :1997)<sup>6</sup>. Telephonic interviews also allow for greater control over data collection if several interviewers are engaged in the project as calls can be made from the research office, interviews can also be taped, if desired, and listened to by more than one person

at a time, and interviewers can get clarification from the researcher in charge as problems occurs, as they inevitably do. In telephonic interviews, personal safety of the interviewers is ensured.

All these advantages notwithstanding, there are also shortcomings which we experienced in the course of this research with telephonic interviews. We observed that it is much easier for the respondent to terminate a telephonic interview if they are not willing to answer. Respondents can easily drop the phone without informing the interviewer that he or she is no longer interested in the interview. We experienced this from our respondents in the course of this research. This is not likely to happen in face to face interviews. As a matter of fact, once you have been let inside someone's home for an interview, they are unlikely to order you out of the house in the middle of the interview.

### **2.3. Interviewing instruments and data collection.**

In this research, questionnaire was the measuring and data collection instrument used. The questionnaire was compiled by the researchers and it consisted of both open and closed ended questions in order to expand and enrich the quality reliability of the information obtained from the respondents. The nature of questions asked include among others:- the nature of the complaint made by the complainant against the police; the distance of ICD office from the workplace or residence of the complainant; the way ICD can improve its services to the users; the level of satisfaction in using ICD services; whether the ICD officials were polite or not when the respondents came to lay their complaint; whether the respondents have confidence in using ICD services in future; questions relating to whether complainants received written acknowledgement of receipt of complaint; receipt of progress report about the case and a host of other questions.

### **2.4. Research Problems- Field Experience**

There are several problems which we encountered during the field work, and the problems include the following:

- The majority of the respondents changed their original contact numbers as they appear in the data base

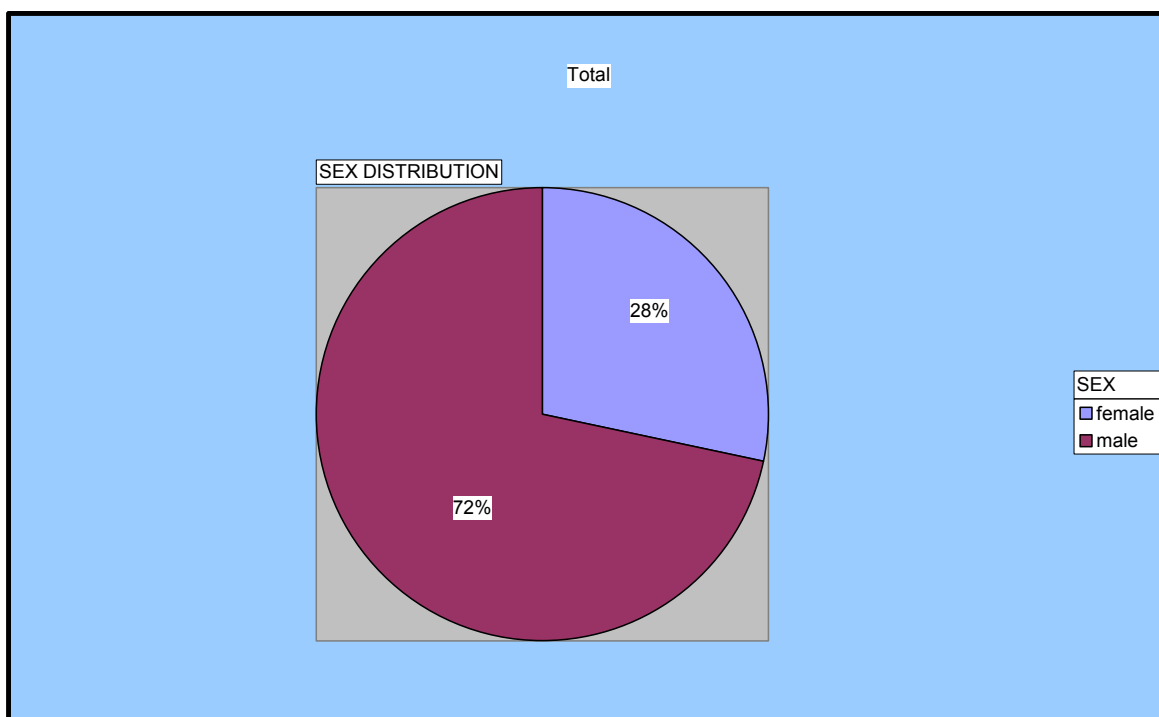
- Some of the complainants viewed this exercise as a waste of time, because of the lengthy period that the ICD takes to resolve their complaint and did not want to participate
- Some complainants used their home contact numbers and this made it difficult to reach them since this research was conducted during working hours. Those who were absent from work, due to leave, work related commitments and sick leave were not reached
- In some of the provinces the language used by the respondents was not familiar to the researchers. This posed a problem although it was minimal.

## CHAPTER 3

### 3. DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

#### 3.1. SEX

**Figure 1: Sex distribution of the respondents.**



The above figure 1 illustrates that 176 (72%) of the respondents who came to the ICD offices to complain about police were males. Only 70, that is (28%) of females complained about the police. This finding is not surprising since men have been subjected to more challenges than females in our society. This view is supported by the work of David D. Gilmore in his thesis on “cultural concepts of masculinity”. In his book “Manhood in Making: Cultural Concepts of Masculinity”, David Gilmore (1990)<sup>7</sup> is of the view that masculinity is not entirely determined by biology but by the societal roles assigned to men. He suggests three typical features of

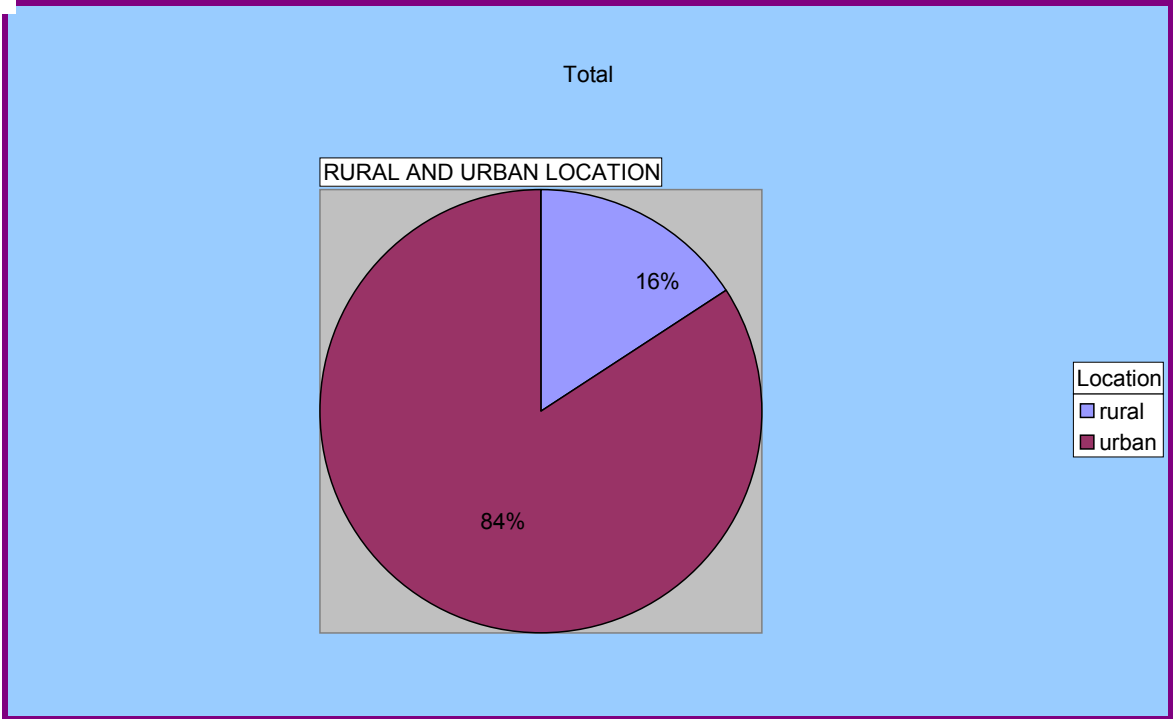
masculinity which put pressure on men to achieve beyond their natural capacity. The features are:

- Man the impregnator. In his perspective, men are expected to impregnate women and take up the challenges
- Man the provider. Having impregnated women, they are expected to protect them and their off-spring. The wellbeing of the established family is the man's responsibility.
- Man the protector. This is the third way in defining the man's masculinity. Men must not simply impregnate women and provide for them and their children; they must also protect them from other men and any threats which might arise. As a matter of fact a man's duty is to be stalwart in the defence of his family. If anyone threatens a man's family, he must, at the very least threaten them back, and he must not be intimidated. In this perspective, we may regard "real manhood" as an inducement for high performance in the social struggle for scarce resources a code of conduct that advances collective interest by overcoming inner inhabitants. In an attempt to meet up with the above expectations, men are bound to be more confrontational and aggressive than the females. It is therefore not surprising to have a greater percentage of males having more complaints than the females in terms of their daily problems that force them to come in contact with the police if they do not conform to the societal norms and expectations.

In addition to the above analysis, the other reasons that can be advanced for more males complaining than females are the following: In terms of numerical numbers, men are more than females, relative to their numbers in the overall population. More males in South Africa are arrested than females. Secondly, it might also be explained by the differences between how police officers interact with males and females and concomitantly how males and females treat police officers.

### 3.2. Geographical location of the respondents

Figure 2: Rural and Urban Locations.



The distribution of urban and rural residences of the respondents is depicted in Figure 3. The majority which represent 185 (84.1%) of the respondents reside in urban areas whereas only 35 (15.9%) of respondents live in rural areas. This tendency can be attributed to the fact that the workforce is greatly situated around urban areas. Another factor could be that the ICD offices are more accessible to urban dwellers while rural residents are unable to travel the long distances necessary to reach the ICD offices. In addition to this, ICD offices are only located at the provincial cities which are urban centers. In the rural areas, there are no ICD offices and because of this, those in the rural areas do not have the opportunity to make complaints in their respective areas. This research, therefore confirms that ICD is currently only serving the interests of those in the urban and not those in the rural areas. Unfortunately, this negates the rationale of the establishment of ICD whose role was to protect the silent majority of the rural people against police brutality and misconduct. There is an urgent need for the ICD to decentralize its provincial offices so as to be able to protect and serve those in the rural areas.

## CHAPTER FOUR

### DATA ANALYSIS

In this chapter, we attempt to analyze our research findings and these findings will be discussed under the following headings:

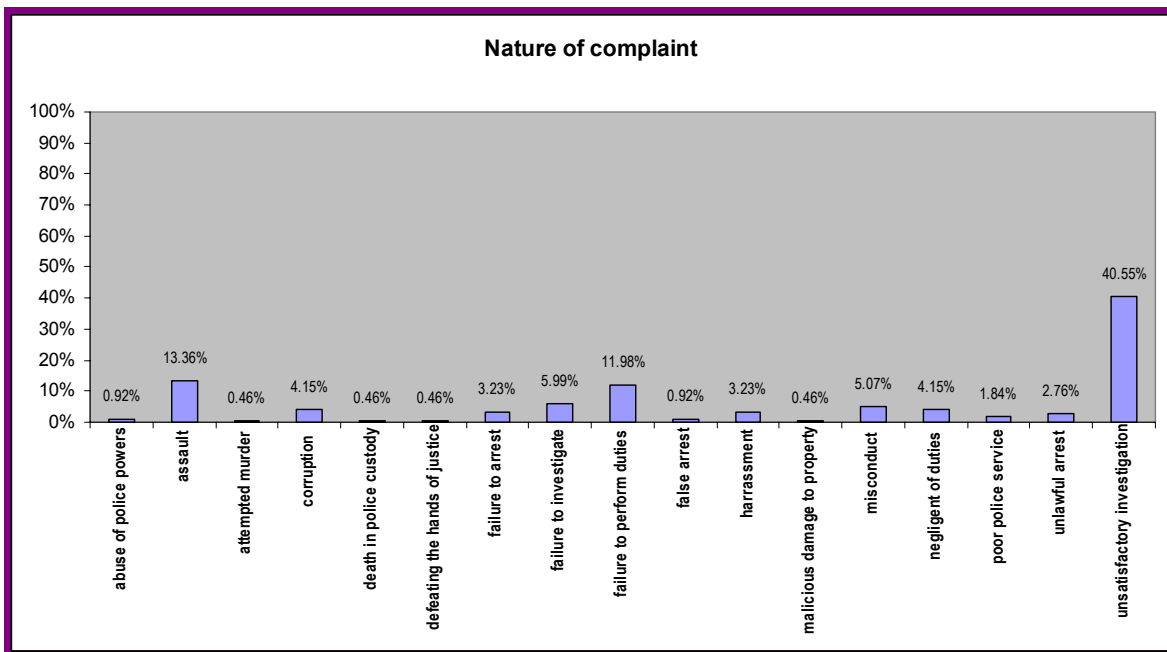
4.1. The nature of the complaints

4.2. Complainants and their level of satisfaction with ICD services

4.3. The obstacles hindering service delivery at the Independent Complaint Directorate.

#### 4.1 Nature of complaints

Figure 3: Nature of Complaint



Although there are a number of various complaints made against the police, the complaint which occurs most frequently is unsatisfactory investigation with 40%. The complaint with the second highest frequency is assault with 13.36%. From the sample that was drawn for the purpose of this study it is apparent that complaints relating to death in police custody, malicious damage to property and defeating the ends of justice all amounted to 0.36% respectively, with only one complaint.

#### 4.2. Complainants and their Level of Satisfaction with ICD services in the Nine Provinces.

**Table: 5: Complainants and their level of satisfaction**

PROVINCE	Respondents View				GRAND TOTAL
	Satisfied with ICD services	%	Not satisfied with ICD services	%	
Gauteng	10	13.1%	47	28.5%	57
Mpumalanga	6	7.9%	7	4.2%	13
KZN	12	15.8%	34	20.6%	46
Limpopo	14	18.4%	15	9.1%	29
N. West	4	5.3%	18	10.9%	22
F. State	3	3.9%	5	3.0%	8
N. Cape	4	5.3%	5	3.0%	9
E. Cape	17	22.4%	26	15.8%	43
W. Cape	6	7.9%	8	4.8%	14
<b>TOTAL</b>	<b>76 (31%)</b>	<b>100</b>	<b>165 (68.5)</b>	<b>100</b>	<b>241</b>

Table 5 above indicates that out of 241 respondents interviewed in the research 76 (31.5%) are satisfied with ICD services and 165 (68.5%) are not satisfied with the ICD services. This confirms that the majority of those who used ICD in the past and who are still using the services of the ICD are not satisfied. This dissatisfaction is of great concern to the ICD itself and the government.

From our discussions with the respondents, the following factors can be attributed to the reasons why they are not satisfied with ICD services:

- ICD investigations are biased in that they only favor the perpetrators (police)
- ICD do not communicate the progress of their investigation process to the complainants

- ICD do not communicate the status of the case to the complainants – the complainants are not informed whether their case have been finalized or not, they only discover about the status of their case during their follow up about the case.
- The investigation process takes long to such an extent that the complainants forgets that they have lodged a complaint with ICD
- ICD focuses mainly on high profile cases and put little effort in investigating other complaints which are not of high profile

#### **4.3 OBSTACLES HINDERING SERVICE DELIVERY AT THE INDEPENDENT COMPLAINT DIRECTORATE.**

An attempt will also be made here to analyze the obstacles hindering the ICD from rendering satisfactory services to the various complainants interviewed in the research. Seventy percent (70%) of the complainants interviewed in this research complained bitterly of the poor service they received from the ICD. In light of this, an attempt is being made here to critically evaluate the obstacles that prevent the ICD from rendering efficient services to the complainants.

When respondents were asked to identify factors that they thought hindered service delivery, they suggested a number of factors that includes the following:

The non-availability of ICD branch offices in the various local government areas in the provinces makes the utilization of ICD services very difficult for the complainants. It is unfortunate that ICD offices are only located in the main cities of the provinces. This makes ICD offices to be too far and inaccessible to the majority of the population that live in rural areas. In this research the majority of the respondents are of the view that the location of the ICD offices in the provinces is a huge problem. The cost of traveling to the Provincial Head Offices is too expensive and this has discouraged many of them from coming to the ICD to lay a complaint about police misconduct in their areas.

The present spatial distribution of the ICD offices in the country is not encouraging in view of the fact that majority of the people are not protected from police brutality in the rural communities.

There is an urgent need to decentralize the ICD offices within the various municipalities. ICD offices must be decentralized at the provincial level for the following reasons:

- In the first place this will reduce the load of the provincial office, thus the provincial office will be able to perform more administrative and co-ordination functions.
- Secondly, decentralization minimizes costs in terms of complainants traveling from their rural areas to the main cities where the provincial offices are located,
- Thirdly, decentralization does not go on in a spirit of progress over the punitive recalcitrance, and prejudice of higher authorities,
- Fourthly, decentralization does not lead to abuse of power by one body, since the functions and jurisdiction of each unit is well spelt out. In addition to this, decentralization creates collective responsibility, because of the built in checks and balances.
- Fifthly, decentralization helps with the thorough understanding of the local problems the people are facing at the grass root level. It is easier to solve problems from its grass roots, than from the National level. In short, through the process of decentralization, legitimate and responsible structures are maintained by a host of social elements

Furthermore, decentralization at the local level breeds the spirit of provincial interest in the utilization of a particular service in the community. In light of this we do not doubt the usefulness of ICD services at the local level. The establishment of ICD offices will go a long way to create public awareness that the police are not above the law and that they can be punished for any misconduct.

The issue of poor communication between the various components of ICD offices is also highlighted in this research as one of the problems hindering the performance of ICD services. We observed that the respondents are of the view that they are not satisfied with ICD services and they attribute this to poor communication.

In the course of this research we observed that ICD officials, especially those in the monitoring units, do not communicate regularly with the complainants after receiving complaints from them. Complainants are not impressed with this kind of attitude and this gives ICD a bad image.

The second major obstacle identified is the shortage of staff. It was observed in this research that almost every department appears to be understaffed. In the various provinces we visited, it was shocking to observe the number of staff assigned to various roles. For example, in the Eastern Cape, there were only four Investigating Officers who were to cover the whole province.

Considering the geographical landmass of the province, it is not possible for four members to cover such a vast landmass. This again highlights the need to decentralization Provincial offices which will of course need the recruitment of more staff members.

In the course of this research, it was very clear that Programme 2 (Investigations) and Programme 3 (Information Management and Research) are perilously under staffed and this has adversely affected their ability to meet their targets. Directly or indirectly this has also affected the general performance of the ICD in achieving its mandate. In view of this there is an urgent need for ICD to increase its staff capacity especially in Programme 2 and Programme 3. Some of the respondents are of the view that there is a shortage of staff at ICD. A further analysis of this shortage of staff shows that the units mostly affected are Programme 2 and Programme 3. It must not be forgotten that the two units mentioned above play the core functions of the ICD and for this reason much attention need to be given to those units in empowering them with the manpower they need to be able to play their respective roles effectively.

The third obstacle is lack of transparency and accountability. The respondents are of the view that there is no transparency and accountability especially among Case Workers and Investigating Officers. Case workers hardly inform complainants how soon they were going to contact them about the state of the complaints they have lodged, the extent the investigating officer has progressed with the case. The worst scenario of this lack of accountability is the failure of Case Monitors and Investigating Officers to inform the complainant that his or her case has been finalized or not. The complainants who were interviewed in this research state that they were never informed by the ICD on whether their cases have been finalized or not. This again buttressed the lack of communication between ICD staff and the complainants in terms of feedback. This issue has been discussed extensively when the issue of communication was discussed.

Case Workers and Investigating Officers should be encouraged to be transparent and accountable to complainants when the need arises. Complainants want a full explanation of every step taken by the investigating officers so as to know exactly the state of their case. A high level of transparency and accountability will build up a strong confidence among the complainants in the utilization of ICD services as well as a high degree of satisfaction. As a matter of fact this will project a good image of ICD as an organization that is efficient.

## CHAPTER FIVE

### CONCLUSIONS AND RECOMMENDATIONS.

The following deductions were made by this research:

#### **5.1 More urban residents have access to ICD services than rural residents due to the geographical location of ICD offices in the provinces**

The respondents are of the view that the ICD offices are only located in the provincial cities. According to them, this does not help the situation since the rural people who are the silent majority, cannot make use of ICD services mainly because of the physical distance.

For this problem to be properly addressed there is an urgent need to decentralize the offices and functions of the ICD within the local government areas where ICD can function properly from the grass-roots perspective especially in the semi-urban and rural areas. Decentralization is advisable so that the directors at the Provincial Head Office may reserve to themselves the determination of objectives and policies while the subordinates at the local government level (satellite offices) may remain free to make decisions concerning specific cases as it affects their environment. The Provincial Heads of the ICD offices can lay out the procedures to be followed and the time to be observed while the subordinates remain free within these limits to make decisions on their own.

Through the process of decentralization of power and functions, individuals within the organizations are stimulated to better performance as they feel responsible for the results. Action also becomes more expeditious, as the line of communication become shorter, recourse to the higher sources is less frequent and more adequate attention can be given to ordinary problems. As a matter of fact, decentralization of powers and functions may greatly stimulate efficiency and complainant's level of satisfaction of the ICD services. However this point must not be overemphasized, for the fact that if decentralization of functions and powers is not properly controlled from the centre, it may also spell disaster.

For the process of decentralization to be effective and fruitful within the ICD, the following points must be considered:

- Top management at ICD should retain some control over the Provincial Head Offices, otherwise ICD cannot act as a unit
- It is advisable that some major decisions concerning the welfare of the staff members should be reserved for top management
- It is also desirable that some definite long range objectives, annual goals and broad policies should be established by the Head Office in Pretoria not only to enable it to control the autonomous or semi-autonomous units in the various provinces, but to help them in the achievement of their goals and objectives.
- To approve the appointment of top managers and examine any vital transaction should be the exclusive concern of the Head Office.

## **5.2 The complaint which occurs most frequently is unsatisfactory investigations by police as compared to other categories of complaints.**

As indicated in figure 3, the complaint which occurs most frequently, Forty percent (40%) is unsatisfactory investigation of cases by the police. The following measures are recommended to address the above challenge:

- there is a need for the ICD to identify complaints that do not fall within its mandate and not to register such complaints
- ICD must effectively monitor all the class IV cases and the updating of such after recommendations have been made to SAPS
- Update the database system on the status of the cases and give the necessary information to the complainants if the case has not been finalized.

## **5.3 Communication problems.**

The issue of poor communication between the various components of ICD offices is also highlighted in this research as one of the problems hindering the performance of ICD services. We observed that 165 (60%) of the respondents are of the view that they are not satisfied with ICD services and they attribute this to poor communication. In the course of this research we observed that ICD officials, especially those in the monitoring units, do not communicate regularly with the complainants after receiving complaints from them. Complainants are not impressed with this kind of attitude and this gives ICD a bad image.

Communication has a vital role to play for the existence of any organization. As a matter of fact, communication occupies a central place in the organization mainly because the structure, extensiveness, and scope of the organization are almost entirely determined by communication techniques. This view essentially places communication at the heart of the organization.

The social relations occurring in the communication process involve the sender and the receiver and the reciprocal effects on each other as they are communicating. If a sender is intimidated by a receiver during the process of sending a message, the message itself and the interpretation of it will be affected. Intimidation is just one of the myriad of factors with the potential for interrupting the simple sender-receiver relationship. Status differences, different perceptual models and so on can enter the picture and lead to distortion of what is being sent and received

The communication between the officials in the Monitoring Units and the complainants is supposed to be a downward communication pattern where those in the Monitoring Units inform the complainant on a regular basis, about how far those in investigation unit have gone with their cases, and when exactly the investigation process will be completed. Such information is very vital. It enables the complainant to know the current status of the case. But unfortunately, what we observed in the field during this research is the opposite.

In the first place when complainants come to lodge a complaint, majority of complainants are not informed of how long the investigation is going to take, when next they will be contacted by ICD about the progress of the case. The complainants are not given any useful information. As a matter of fact, communication is broken between the Monitoring Units and the complainants.

This contributes greatly to the unsatisfactory services by the ICD. In the same perspective, upward communication which in this sense refers to communication from the complainants to ICD officials is also not encouraged. ICD has not provided complainants the means of passing useful information to ICD staff, especially those in the Monitoring as well as Investigation Units. Complainants only air their views about the ICD through the media, especially the newspaper.

Furthermore ICD must adopt the following procedures in order to improve its communication system with both the complainants and the general public:

- The first step for ICD to improve its present communication pattern is to make immediate follow up with complainants after a complaint has been lodged. This follow up involves the process of assuming that you are misunderstood and, whenever possible attempting to determine if the intended meaning was actually received. Since we know meaning is often in the mind of the receiver.
- The second mechanism for ICD to adopt is the process of regulating the information flow. This process involves the regulation of communication to ensure an optimum flow of information to management, thereby eliminating the barrier of effective communication.
- The third mechanism necessary for the day to day running of the ICD is the utilization of feedback. Feedback is an important element in effective two-way communication. It provides a channel for the receiver's response which enables the communication to determine whether the message has been received and produced the intended response. One might expect that feedback in the form of upward communication would be encouraged. In this perspective, complainants should be encouraged to pass useful information to ICD staff especially those in the Investigating Unit. This will enable investigating officers to achieve their goals. An effective organization needs upward communication if its downward communication system to be effective..
- The fourth issue ICD must consider for effective communication between itself and complainants is the element of empathy. The element of empathy requires communicators to figuratively place themselves in the receiver's shoes for the purpose of anticipating how the message is likely to be decoded. It is very important that case monitors and investigating officers at ICD understands and appreciate the process of decoding. Decoding involves perception, and the message will be filtered through the person. Empathy is the ability to put oneself in the other person's role and to assume the viewpoints and emotions of that individual. Case Monitors and Investigating Officers must play this role with complainants if both parties are to communicate effectively.
- Lastly, both the Case Monitors and Investigating Officers must develop effective listening skills for communication to be effective between themselves and the complainants. Experience has shown that one of the methods of encouraging someone to express true feelings, desires and emotions is to listen with understanding. This can be achieved if the

case Monitors and Investigating Officers can play the following role when receiving complaints from the affected parties,

- (a) Give respondents sufficient time to exhaust all she or he has in mind
- (b) Put the complainant at ease
- (c) Show the complainant that you want to listen
- (d) Remove distractions, empathize with the complainant
- (e) Be patient and hold your temper.

The above can be potentially useful for effective communication between parties. The fulfillment of the above conditions will help complainants to be satisfied with the services of the Independent Complainant Directorate to a very great extent.

## NOTES

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<sup>1</sup> Gardner J.F & Nudler, S. 1999. *Quality performance in human services: Leadership vision and values.* Paul H Brookes, Baltimore.

<sup>2</sup> Dawson P. 2003. *Understanding organisational change. The contemporary experience of people at work.* Sage Publications, London.

<sup>3</sup> Kelemen, M.S. 2003. *Managing quality.* Sage Publications, London.

<sup>4</sup> Zeithaml, et al. 1990. *Delivering quality services: Balancing customer perceptions and expectations.* The free press, New York

<sup>5</sup> Rosander, A.C. 1999. The quest for quality in services. In Gardner, J.F. & Nudler, S. (eds). *Quality performance in human services: Leadership, values and vision.* Paul, H Brooks, Baltimore.

<sup>6</sup> Okharedia, A.A. 1997. Investigating the relationship between family structures and Economic Resources in Nigeria: The question of Research Methodology". *Journal of Humanities and Social Sciencess*, Volume. 8 (1) Unitra

<sup>7</sup> Gilmore, D. 1990. *Manhood in the making: Cultural concepts of masculinity.* Yale University press, New York.