

[insert organisation name/logo]

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## Feedback and Complaints Policy

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**Lead Author:** [name and position]

**Approved by:** [insert organisation name] Board of Directors on [date]

**Scheduled Review Date:** [date]

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### Record of Policy Review

Review Date	Person Initiating/Leading Review	Other People Consulted

### Triggers for Policy Review (tick all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Standard review is timetabled.   | <input type="checkbox"/> Internal / organisational factors   |
| <input type="checkbox"/> A gap has been identified  | <input type="checkbox"/> A stakeholder has identified a need, eg by email, telephone etc                                   |
| <input type="checkbox"/> Additional knowledge or information has become available to supplement the policy.     | <input type="checkbox"/> A serious or critical incident has occurred, requiring an urgent review.                          |
| <input type="checkbox"/> External factors   | <input type="checkbox"/> Need for consistency in service delivery across programs and organisations.                       |
| <input type="checkbox"/> Policy is no longer relevant/current due to changes in external operating environment. | <input type="checkbox"/> Separate, stand-alone policy is now warranted   |
| <input type="checkbox"/> There are changes to laws, regulations, terminology and/or government policy.          | <input type="checkbox"/> A near miss has occurred, requiring a review to prevent a serious/critical incident in the future |
| <input type="checkbox"/> Changes to funding environment, including requirements of funding bod(y)ies            |  |
| <input type="checkbox"/> Other (please specify).  |  |

**Additional Comments**

*[for example, policy now covers details related to new legislation].*

# Feedback and Complaints Policy

## 1. Purpose and Scope

The purpose of this policy is to provide guidance to **[insert organisation name]** consumers, carers, staff, Board members, students and volunteers in making, receiving and responding to feedback and complaints.

The content of this policy is often divided by organisations into two policies:

- Complaints; and
- Grievances

However, the processes relating to grievances and complaints are essentially the same. Having one policy reduces the potential dichotomy between staff and consumers, and reminds us that, no matter who we are, any concerns about **[insert organisation name]** need to be considered and addressed in a fair, transparent manner.

## 2. Definitions

Feedback is the process or a specific instance of providing information to the organisation about any aspect of its service, program and activities. It may be a compliment, complaint, observation, helpful suggestion, or other comment.

A compliment is any written or verbal statement outlining what the organisation is doing well.

A complaint is any written or verbal statement outlining a problem or concern involving the organisation.

Grievance: a clear statement of a work-related problem, concern or complaint, including those involving:

- the interpretation and application of an organisation's people management policies - this includes allocation of work, job design, performance management
- a workplace communication or interpersonal conflict
- a Work Health and Safety issue
- an allegation of discrimination within the meaning of the relevant Anti-Discrimination Act, including harassment
- a question, dispute or difficulty concerning the interpretation, application, or operation of an award/enterprise agreement or other agreement.<sup>1</sup>

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<sup>1</sup> Adapted from [www.dpc.nsw.gov.au](http://www.dpc.nsw.gov.au) – accessed 04/09/2010

### 3. Principles

The “the best interests of the person” are the primary consideration in providing services to consumers.

Feedback and complaints provide valuable information for quality improvement.

Any person or organisation involved with the organisation, or those affected by its operations, has the right to make a feedback or complaint.

**[insert organisation name]** recognises that people need avenues to give feedback, including how to make a compliment or complaint to the organisation, and are entitled to have their concerns addressed in ways that ensure access and equity, timeliness, accountability and transparency.

**[insert organisation name]** understands that feedback and complaint information may be sensitive in nature, will respect the person’s right to confidentiality, and will handle complaints in a fair, equitable and timely manner.

The process for communicating feedback and complaints to the organisation is conveyed to all staff, Board members, students, volunteers, consumers, carers and stakeholders.

Conflict resolution aims to find an outcome that is satisfactory to all relevant parties and minimises the detriment to ongoing relationships.

**[insert organisation name]** provides an equitable, safe and encouraging workplace with the absence of nepotism or patronage.

Board members, staff, volunteers and students behave in a professional manner that respects the rights of others.

**[insert organisation name]** has industrial and legal responsibilities to take all reasonable steps to identify and attempt to prevent and resolve grievances in the workplace.

### 4. Outcomes

An atmosphere is fostered in which complaints and independent monitoring are viewed positively.

Resolution of complaints at a local level through alternative dispute resolution is encouraged.

Independent and accessible mechanisms for resolving complaints and reviewing complaints procedures are provided.

Each complaint is respected, taken seriously and acted upon.

Responses to feedback and complaints are delivered in a consistent and timely manner.

The resolution of complaints, to the satisfaction of the complainant, is a goal of the complaints process.

Acknowledgement to individuals and other organisations that their observations, suggestions, compliments and complaints are helpful to **[insert organisation name]** will strengthen internal and external relationships.

Conflict resolution is consistent across the organisation, regardless of who is managing the process.

Conflicts are managed equitably and transparently, and to the satisfaction of all parties, where possible.

**5. Functions and Delegations**

Position	Task/Delegation
Board of Directors	Endorse Feedback and Complaints Policy.  Comply with Feedback and Complaints Policy.  Respond to Feedback and complaints relating to the CEO/Manager.  Respond to Feedback and complaints relating to the President.  Respond to higher level or escalated complaints as required.  Act as facilitators in resolving grievances.
Management	Comply with Feedback and Complaints Policy.  Ensure organisation complies with Feedback and Complaints Policy.  Respond to higher level or escalated complaints as required.

	<p>Attempt to resolve grievances informally in the first instance.</p> <p>Contribute to resolving grievances once a supervisor or other third party becomes involved.</p> <p>Maintain a record of grievances and related actions and decisions.</p>
Staff	<p>Comply with Feedback and Complaints Policy.</p> <p>Receive complaints and other feedback and respond appropriately.</p> <p>Make feedback and complaints when required.</p> <p><u>[relevant position]</u> Where responsible for supervising other staff, act as facilitator in resolving grievances.</p> <p>Contribute to resolving grievances once a supervisor or other third party becomes involved.</p>

## 6. Risk Management

All staff, Board members, students and volunteers are made aware of this policy during orientation. Consumers and carers are made aware of this policy during service entry.

The Board of Directors ensures mechanisms are in place for decisions and actions relating to complaints management to be transparent and fair.

Staff members with complaints regarding management functions are provided with ongoing support and professional development.

The Board ensure mechanisms are in place to ensure that it can demonstrate that decisions and actions relating to grievance management are transparent and fair.

**[insert organisation name]** staff, with grievance management functions are provided with ongoing support and professional development to assist them to implement effective and transparent human resource management.

**[insert organisation name]** provides an equitable, safe and encouraging workplace environment.

## 7. Policy Implementation

Board members, staff, students and volunteers are aware of **[insert organisation name]** procedures for managing feedback and complaints through orientation and

induction processes. Consumers and carers are made aware of this policy during during service entry.

Feedback received can be communicated at Board and staff meetings. Complaints or action taken to resolve a complaint may be raised at Board meetings and/or staff meetings as appropriate.

This policy and supporting documents is reviewed as part of the organisation's quality improvement program.

## **8. Policy Detail**

**[insert organisation name]** welcomes information and feedback from consumers, carers and stakeholders to improve the quality of its services.

**[insert organisation name]** ensures that additional, culturally sensitive steps are taken to support consumers who identify as: Aboriginal, Torres Strait Islander; culturally and linguistically diverse; gay, lesbian, bisexual and transgender; or who have a disability, to feel safe and free from fear of retribution when making a complaint.

### **8.1 Communicating the feedback and Complaints Policy**

Information is available to consumers and stakeholders about mechanisms to communicate feedback, comments and complaints. This information is available on the website, in the Participant Information manual, and included in resources and publications as appropriate.

Information to be included includes:

- How to make a complaint or provide feedback to **[insert organisation name]**.
- The complaints process, confidentiality, timelines and management of feedback.
- How people can access an advocate to support them during a complaint resolution.
- The process for pursuing the complaint through an external body, such as the NSW Health Care Complaints Commission or NSW Ombudsman, in the event that a satisfactory resolution of the complaint cannot be reached.

### **8.2 Receiving feedback, Complaints and other Feedback**

All employees are able to receive a compliment, complaint or other feedback either verbally or in writing from a client or stakeholder.

Information on the process for accepting a compliment, complaint or other feedback can be found in the Feedback and Complaints Procedure.

Compliment, complaint and other feedback information should then be forwarded to the **[relevant position]** who will review the information and coordinate a response.

Any complaint that purports to involve physical, emotional or sexual abuse, or be of a criminal nature, should be responded to according to the separate policies (e.g. Abuse and Neglect Policy, Community, Professional and Personal Development Policy).

### **8.3 Collection, Monitoring and Reporting Information about feedback and Complaints**

Information regarding feedback and complaints is collated in a feedback and complaints register. This information is provided to the Board of the Directors at each regular Board meeting, unless the CEO/Manager considers that it is to be communicated to the Board urgently.

The CEO/Manager analyses feedback and complaints for trends and provides recommendations for action to be taken. Recommendations are discussed at Board and/or staff meetings.

Confidentiality of information about feedback and complaints is maintained.

### **8.4 Responding to Complaints or other Feedback**

The response will be coordinated by the **[relevant position]**. However, all staff may be involved in responding to feedback or complaints either through communication with the initiating person, reviewing documentation or implementing practice changes as a result of a compliment, complaint or other feedback.

Any complaint that appears to involve physical or sexual abuse, or be of a criminal nature, will be responded to according to the policy on responding to abuse.

The response to a complaint or other feedback concerning **[insert organisation name]** services, operations, publications or resources will be conducted as per the Feedback and Complaints Procedure. Additional information on responding to feedback and complaints involving staff, and the Board of Directors, is detailed below.

#### **8.4.1 Complaints Involving Staff Members**

Complaints involving staff members (excluding the CEO/Manager) should be received as per the Feedback and Complaints Procedure and forwarded to the **[relevant position]** who is responsible for the management of human resources policies and systems. The **[relevant position]** will coordinate a response to the complaint in conjunction with the staff member's supervisor.

Responding to the complaint may involve:

- Investigating the complaint and providing the staff member with an opportunity to respond to issues raised
- Attempting to mediate the dispute (if appropriate) and/or attempt to resolve the matter
- Taking further action necessary to resolve the issue (e.g. external mediation and dispute resolution services).

Any disciplinary action against a staff member arising from a complaint will be taken in accordance with the Human Resources Policy and the Community, Professional and Personal Development Policy.

Complaints involving the CEO/Manager should be referred to the Board President. The process for complaints involving the CEO/Manager is the same as for complaints involving other staff, except the President facilitates the resolution.

#### **8.4.2 Complaints Involving Board Members**

Complaints concerning a Board member or a member of a Board subcommittee should be referred to the Board President. The President, or an approved delegate, will attempt to resolve the issue to the satisfaction of the complainant. Where the President is the subject of a complaint, the complaint should be referred to another member of the Board.

A response to the complaint may involve:

- Investigating the complaint and providing the Board Director or member of a Board subcommittee with an opportunity to respond to issues raised
- If appropriate, attempting to mediate the dispute (eg by using the **[insert organisation name]** conflict resolution process) and/or attempt to otherwise resolve the matter to the satisfaction of the person making the complaint
- Taking further action necessary to resolve the issue (e.g. external mediation and resolution services)
- If appropriate, raising the complaint at a Board meeting to determine a suitable course of action to resolve the issue.



Action taken arising from a complaint about a Board member of a Board subcommittee member will be taken in accordance with the Constitution, the Board policy and procedures and the Board code of conduct.

#### **8.4 Complaint and Feedback Resolution and Follow Up**

Following resolution of the complaint, **[insert organisation name]** will follow up with the complainant to review their satisfaction with the actions taken by the organisation.

The complaints register is regularly reviewed to inform service planning and continuous quality improvement processes.

A grievance raised by Board members, staff, volunteers or students is considered separate and independent to disciplinary processes undertaken to manage performance or conduct matters identified by the employer.

If a grievance is raised during disciplinary or performance management processes, the grievance is to be addressed as per this policy and the disciplinary or performance management process continues independently.

#### **8.5 Support for Consumers, Carers and Staff Making a Complaint**

Consumers, carers and staff have the right to use an advocate of their choice to negotiate on their behalf with the staff and/or management of **[insert organisation name]**.

For consumers and carers, this may be a family member or friend, or an agency such as **[insert local ADVOCACY organisation name]**.

It is the responsibility of the **[insert position]**, **[insert organisation name]** to ensure that complainants are aware of **[insert organisation name]** appeals mechanisms and of external agencies to assist them with their appeal.

#### **8.6 Complaints made by Employees of [insert organisation name]**

When an employee of **[insert organisation name]** makes a work-related complaint, the **[insert position]** facilitates Grievance resolution.

##### **8.6.1 Informal Grievance Resolution**

In the first instance, a grievance should be resolved between the aggrieved person(s) (the complainant(s)) and the person(s) with whom the complaint rests (the respondent(s)).

Where the grievance cannot be resolved between the two parties through an informal process, or if the complainant(s) does not feel able to approach the respondent(s), or if the respondent does not feel able to participate, a formal grievance resolution procedure is to be undertaken.

### **8.6.2 Formal Grievance Resolution**

A complainant may make formal notification of a grievance by documenting details of the grievance and lodging with their direct supervisor. Where the grievance is about their direct supervisor, the complainant shall lodge the grievance with the next in line supervisor or with the CEO/Manager.

Where an identified potential or real conflict of interest exists for the supervisor in managing the grievance, the next in line supervisor or the CEO/Manager shall manage the grievance resolution procedure.

Where the complainant's direct supervisor is the CEO/Manager and is also the respondent to the grievance, the complainant shall lodge the grievance with the **[insert organisation name]** President.

The person who has received formal notification of a grievance shall acknowledge receipt of the grievance in writing within five working days.

The person managing the grievance shall interview the complainant to clarify allegations and details, ascertain desired outcome(s), and advise of the process to be followed, see the Feedback and Complaints Procedure.

After action has been taken to resolve the grievance, and no further response is received from the complainant, the grievance is considered closed.

Where a grievance remains unresolved, the person managing the grievance may seek a more senior staff member or the **[insert organisation name]** President to contribute to the resolution process. Additionally, external mediation may be undertaken in an attempt to resolve the dispute.

The complainant and/or the respondent may request to have Union representation as part of the external mediation procedure.

The complainant and/or the respondent and/or **[insert organisation name]** may seek assistance from a relevant industrial tribunal.

### **8.6.3 Withdrawing a Grievance Complaint**

The complainant may withdraw the grievance complaint at any time through written notification.

#### **8.6.4 Documentation**

All details of a formal grievance are to be documented by the person managing the grievance.

### **9. References**

#### **9.1 Internal**

Professional and Personal Development Policy.  
Compliments & Complaints Register  
Conflict Resolution Process  
Feedback and Complaints Procedure  
Human Resources Policy  
Information – How to Make a Complaint  
Privacy & Confidentiality Policy  
Work Health and Safety Policy

#### **9.2 External**

Department of Premier and Cabinet, 1996, *Dealing with Employee Work-Related Concerns and Grievances – Policy and Guidelines*, Department of Premier and Cabinet, Sydney.

The Office of the Director of Equal Opportunity in Public Employment and the Public Employment Office, 1996, *Harassment Free Workplace: Policy and Guidelines*, The Office of the Director of Equal Opportunity in Public Employment and the Public Employment Office, Sydney.

#### **Legislation**

Community Services (Complaints Reviews and Monitoring) Act 1993 (NSW)  
Associations Incorporations Act 2009 (NSW)  
Privacy Act 1988 (Commonwealth)

#### **Websites**

Health Care Complaints Commission:  
<http://www.hccc.nsw.gov.au/>

NSW Ombudsman:

<http://www.ombo.nsw.gov.au/>

Conflict Resolution Network

[www.crnhq.org](http://www.crnhq.org)

Workcover Authority of NSW

[www.workcover.nsw.gov.au](http://www.workcover.nsw.gov.au)

NSW Industrial Relations website

[www.industrialrelations.nsw.gov.au](http://www.industrialrelations.nsw.gov.au)

Mercy Community Services: Complaints Handling

[http://www.mercyservices.org.au/images/stories/PDFs/Policies\\_page/E/E.08\\_Complaints.pdf](http://www.mercyservices.org.au/images/stories/PDFs/Policies_page/E/E.08_Complaints.pdf) accessed 16th May, 2011.

*This policy is adapted from the NADA Feedback and Complaints Policy; Grievance and Dispute Management Policy.*

[http://www.nada.org.au/index.php?option=com\\_content&task=view&id=236&Itemid=44](http://www.nada.org.au/index.php?option=com_content&task=view&id=236&Itemid=44)

### **9.3 Quality and Accreditation Standards**

#### **EQuIP4**

Provided by the Australian Council on Healthcare Standards (ACHS)

Standard 1.6: The governing body is committed to consumer participation.

Criterion 1.6.1: Input is sought from consumers, carers and the community in planning, delivery and evaluation of the health service.

Criterion 1.6.2: Consumers / patients are informed of their rights and responsibilities.

Standard 2.1: The governing body leads the organisation in its commitment to improving performance and ensures the effective management of corporate and clinical risks.

Criterion 2.1.3: Health care incidents, complaints and feedback are managed to ensure improvements to the systems of care.

Standard 2.2: Human resources management support quality health care, a competent workforce and a satisfying working environment for staff.

Criterion 2.2.5: Employee support systems and workplace relations assist the organisation to achieve its goals.

## **EQUIP5**

Provided by the Australian Council on Healthcare Standards (ACHS)

Standard 1.6: The governing body is committed to consumer participation.

Criterion 1.6.1: Consumers / patients, carers and the community participate in the planning, delivery and evaluation of the health service.

Criterion 1.6.2: Consumers / patients are informed of their rights and responsibilities.

Standard 2.1: The governing body leads the organisation in its commitment to improving performance and ensures the effective management of corporate and clinical risks.

Criterion 2.1.3: Health care incidents are managed to ensure improvements to the systems of care.

Criterion 2.1.4: Health care complaints and feedback are managed to ensure improvements to the systems of care.

Standard 2.2: Human resources management supports quality health care, a competent workforce and a satisfying working environment for staff.

Criterion 2.2.5: Employee support systems and workplace relations assist the organisation to achieve its goals.

## **Health and Community Service Standards (6<sup>th</sup> edition)**

Provided by Quality Improvement Council (QIC)

Standard 1.1: The organisation's governance structure builds a collective sense of purpose and direction that enable the organisation's mission, values, goals and service priorities to be identified and met.

Evidence Questions: What is the evidence that:

- b) the interests of consumers and stakeholders are represented, they are able to participate through formal and informal structures and processes and there is evidence that their views influence decisions?

Standard 1.2: The organisation has effective and responsive management systems to enable and coordinate achievement of the organisation's mission, values, goals and service priorities.

Evidence Questions: What is the evidence that:

e) staff, consumers and other stakeholders actively participate in and influence decision-making.

g) communication systems are open and positive?

Standard 1.3: Human resources are managed to create an effective and competent service.

Evidence questions: What is the evidence that:

b) the organisation's structure and environment encourage staff responsibility, initiative and cooperative work practices?

c) administration and personnel systems operate efficiently to support the work of staff and the organisation's effective functioning?

e) a system exists to remedy situations where staff have acted inappropriately, or provided poor or unacceptable services?

#### **9.4 National Mental Health Standards**

Criterion 1.16: The organisation upholds the right of the consumer to express compliments, complaints and grievances regarding their care and to have them addressed by the organisation.

Criterion 3.2: The organisation upholds the right of the consumer and their carer(s) to have their needs and feedback taken into account in the planning, delivery and evaluation of services.

#### **9.5 Recovery Oriented Service Self-Assessment Tool (ROSSAT)**

Evidence items are:

Item 1.4: A complaint process is in place and is promoted and easily accessible. Each complaint is respected, taken seriously and acted upon, and consumers and carers are protected from reprisals.

Item 2.5: Leaders advocate, champion and model:

- Human rights informing service delivery
- The consumers' voice as central to care and service provision
- The belief that recovery is possible and probable for every person
- Hopeful and optimistic attitudes in dealing with workers, consumers and carers.

Item 2.6: Management:

- Is aware of Commonwealth and State policy directions around recovery orientation and integrates these into practice
- Identifies information relevant to the organisation to increase the knowledge base on recovery and recovery oriented practice, including information for consumers, carers and their families.

Item 4.3b: The organisation provides the opportunity for ongoing training including in relationships:

- How to explore and identify appropriate boundaries
- Prioritising time for and undertaking relationship building
- Identifying relationships that are supportive of recovery, and those that may hinder a person's recovery
- Trauma informed care and practice
- Communication skills, including listening and negotiation
- Dealing with conflict, violence, hopelessness and/or challenging behaviour
- Working with people who are reluctant to be involved in decisions around their treatment and care
- The importance of attitudes such as hope and optimism
- How to explore and relate one's own life experiences to strengthen.
- The complaints process.

Item 4.3d: The organisation provides the opportunity for ongoing training on the obtaining and sharing of knowledge and information including:

- Protocols relating to privacy and confidentiality
- Relevant legislation changes
- Innovative recovery based practice
- New and existing relevant services
- Sharing accessible information and resources relevant to consumers, their families and carers.

## **9.6 NSW Disability Services Standards (DSS)**

7.1a The service provider has developed written policies and procedures on the resolution of service users' complaints and disputes.

7.1b The service provider has developed, in consultation with service users, written policies and procedures on the resolution of service users' complaints and disputes.

7.3 Each service user is able to have resolved issues regarding aspects of the service provider or service with which he/she is dissatisfied.

7.4 Complaints or disputes are handled in a manner consistent with the service provider's policies on privacy.

7.7 Each service user is encouraged and assisted to raise any concerns he/she has about the service provider or service, without fear of retribution.

7.8 The complaints and disputes procedure allows for the participation of the service user's advocate where requested.

7.9 Each service user is provided with information on relevant complaints and disputes processes available in the community.

7.10 The service provider ensures that progress towards resolution of each complaint or dispute is reviewed within an agreed time frame.

8.9: The service provider develops and implements written policies and procedures relating to complaints and disputes by staff and other persons.