

Policy: Client Complaints

Business Unit Reference: QulHN	Date adopted: July 2012
Scope: All paid and unpaid staff	
Authorised by: Board of Management	
Please refer to Policy Development and Review Checklist for criteria of policy development and review	

This policy relates to:		
Legislation or other requirements	Privacy Act (2001) [Cmwth] Australian Human Rights Commission Act (1986) [Cmwth] Age Discrimination Act (2004) [Cmwth] Disability Discrimination Act (1992) [Cmwth] Racial Discrimination Act (1975) [Cmwth] Sex Discrimination Act (1984) [Cmwth] Right to Information Act (2009) [Qld] <i>Standards for Community Services Standard 5 (Feedback and complaints)</i>	
QulHN policies and internal documents		Directly referenced in policy
	Client Services Charter Policy How to Make a Complaint Information Sheet Client Complaint Form Complaints Register Privacy Policy Client Complaint Investigation Report	Yes Yes Yes Yes Yes Yes

Policy statement

QulHN Ltd is committed to facilitating stakeholders rights to make a complaint about QulHN, providing provisions for appeal of a decision that directly concerns stakeholders, and ensuring that complaints or appeals are fairly assessed and promptly responded to.

Specifically, QulHN will ensure all:

- clients will be made aware of their right to complain, and fully understand the complaints procedure
- clients have access to external support and advocacy, if required
- clients will be made aware of external complaints mechanisms
- clients, external agencies and other stakeholders have a right to complain about the service without fear of retribution, victimisation or disadvantage and feel comfortable to continue accessing the service
- clients, external agencies and other stakeholders can expect complaints to be dealt with fairly and promptly and resolved in a timely manner
- complainants are advised of the outcome of their complaint
- clients, external agencies and stakeholders have the right to appeal a decision about a complaint outcome
- complaints are dealt with in a culturally appropriate way
- complaint outcomes are considered in planning service improvements
- complaint procedures comply with legislative requirements

Purpose

Dealing well with complaints and appeals helps QulHN maintain and improve service quality and ensure clients and other stakeholders have their issues resolved. Complaints and appeals

processes give stakeholders a way of expressing any dissatisfaction with services and of having their concern dealt with quickly and effectively. It also provides QuIHN with the opportunity to;

- a) have insight into the experience of clients and stakeholders;
- b) improve service delivery;
- c) identify opportunities to improve systems;
- d) identify opportunities for professional development for our staff and
- e) reinforce the commitment to a service-focused culture

This policy applies to clients, external agencies and other stakeholders who wish to register a complaint regarding the service they receive from QuIHN programs and/or staff.

Procedures

1. Information about the QuIHN complaints and appeals procedure

1.1. All clients are informed of their rights and responsibilities and QuIHN's Client Complaints Policy and procedures at the earliest possible stage of their involvement with our service. QuIHN provides this information in the following ways;

1.1.1. Within the Client Services Charter which is displayed throughout the service (provided at commencement and available upon request)

1.1.2. Provision of written information (i.e. client engagement agreements and gain or release of information documents) and offered an explanation of the rights to privacy and confidentiality prior to commencement as a client

1.1.3. The QuIHN website – www.quihn.org

1.1.4. How to Make a Complaint Information Sheet

1.1.5. Contained within this Client Complaints Policy (available upon request)

1.2. In the first instance, we encourage clients to first talk to QuIHN staff member concerned to try to resolve the issue through discussion first before making a formal complaint. Otherwise, a complaint can be reported to any staff member.

1.3. QuIHN staff are responsible for directing any dissatisfied clients or stakeholders to the complaints process.

1.4. At the time a client first voices a complaint or disagrees with a decision, they will be provided with;

1.4.1. The 'How to Make a Complaint' Information Sheet, Complaints Form and Complaints Policy

1.4.2. A copy of the Privacy Policy should the complaint be in relation to privacy and confidentiality

1.4.3. Support, where required, to access information in a language other than English by an appropriately qualified interpreting service during the complaint and/or appeals process and;

1.4.4. Support, where required to find an appropriate advocate to support them during their complaint and/or appeals process (this could include an external advocacy support service).

- 1.5. QuIHN acknowledges there may be a power imbalance in relation to complaint investigation, however assures complainants that they do not need to prove they are right in relation to their complaint.
- 1.6. A complaint or appeal may not be investigated if:
 - 1.6.1. it is not related to a QuIHN Service;
 - 1.6.2. the person making the complaint behaves in a threatening or harassing manner; or
 - 1.6.3. the nature of the complaint means that it should be referred to the Police for investigating
- 1.7. Any new complaints made by someone who has made numerous previous complaints, are to be responded to on their merits, so as to not assume the complaint is vexatious, trivial or frivolous. A complaint may be considered vexatious when the intention of the complainant is to harass, annoy or delay and the complaint lacks sufficient grounds for action.
- 1.8. Anonymous complaints will be accepted however it may be difficult to investigate fully, as the identity of the person making the complaint is not known. Upon making an anonymous complaint, the complainant is to be asked how they would like to be advised of the complaint investigation outcome.

2. Relationship to other Legal Remedies

2.1. External options for aggrieved parties:

- 2.1.1. An aggrieved person may choose to exercise his or her rights under statute or common law via courts or tribunals external to QuIHN. On the other hand the availability of external options does not prevent an aggrieved person from choosing to deal with the matter under this policy.
- 2.1.2. A matter dealt with externally shall not be dealt with under this policy unless referred back to QuIHN by some external authority.

2.2. Criminal offences:

- 2.2.1. The procedures set out in this policy do not replace or modify procedures or responsibility which may arise under other QuIHN policy or under statute or common law in relation to criminal offences.

2.3. Disciplinary proceedings:

- 2.3.1. Procedures set out in this policy do not constitute staff disciplinary proceedings. It is possible; however, that a complaint process will give rise to the belief that disciplinary action should be taken.
- 2.3.2. In such circumstances any disciplinary process undertaken will be in accord with established discipline policy, procedures and legislative provision.
- 2.3.3. Records of complaint proceedings shall be available for use in the context of disciplinary proceedings by parties legitimately involved in such proceedings.

3. Natural Justice and Guiding Principles

- 3.1. QuIHN Client Complaints Policy requires that complaints be dealt with in a manner which affords natural justice to all parties. For the purposes of QuIHN Client Complaints Policy, the requirements of natural justice are taken to include opportunity to be heard (provisions for

sufficient time and information is provided), absence of bias (refer to complaint contact person below) and expeditious handling of complaints (refer to specified time limits on responses at each stage of process).

- 3.2. Access to Support and Advocacy – the parties involved in the complaint must have free and open access to support and advocacy including that provided through opportunity for a support person to assist in making of a complaint.
- 3.3. Privacy and Confidentiality – only parties directly involved in the complaint, including the handling of, are privy to information about the matter.
- 3.4. Right of appeal – any parties involved in the complaint have a right to request a review by someone who did not handle the investigation.
- 3.5. Victimisation – A person lodging a complaint or otherwise involved in a complaint will not be victimised. This means QuIHN will not subject or threaten to subject someone to a detriment because of an accusation or for exercising a right under the Client Services Charter or other right under statute or common law.
- 3.6. It is acknowledged that if the principles listed above are not upheld, then the lack of effective conciliation may itself be the prompt for a formal review rather than the original complaint. This circumstance should be avoided by following this policy and procedure and seeking internal and external advice as required.
- 3.7. All parties involved in complaints are expected to participate in good faith, have regard to facts, policies, procedures, and the particulars of the circumstances. Complaints will be reviewed in the spirit of achieving resolution and restoring relations.

4. How clients and other stakeholders can make a complaint or appeal a decision

- 4.1. All complaints and appeals are to be recorded onto the Complaint Form, prior to investigating. To ensure access to and participation in the complaints and appeals process in a non-threatening way, a complaint can be made;
 - by providing QuIHN with a completed QuIHN Complaint Form;
 - by speaking with any QuIHN staff or Board member, who will then document the verbal complaint into a QuIHN Complaint Form or;
 - in written form, other than a QuIHN Complaint Form, which when received will be documented into the QuIHN Complaint Form by the staff or Board member receiving the complaint.

5. How staff and management will respond to a complaint or appeal

- 5.1. QuIHN will follow these steps when a complaint or appeal against a decision is received:

5.2. Step 1: Registering a complaint or appeal

5.2.1. Complaints Register

Complaints and Appeals received are to be provided to a member of the Senior Management Team. Complaints are to be recorded by a member of the Senior Management Team (or as delegated) on the Complaints Register, located on the Senior Management Team Sharepoint Site.

5.2.2. Complaint contact person

Following receipt of a complaint, a complaint contact person is to be allocated, by a member of the Senior Management Team. The complaint contact person is responsible for liaising with the person making the complaint as well as investigating the complaint and making a preliminary decision, to be reviewed internally. A

complaint contact person will be allocated in according to the following hierarchy;

- The contact person will be the Line Manger of the applicable program.
- If the complaint is in relation to the Line Manager or the complaint is of a serious nature it will be dealt with by a Senior Program Manager. The Assistant General Manager or General Manager may be the contact person if neither the Line Manager nor Senior Program Manager have the appropriate scope or delegation to respond to the complaint.
- Where the complaint is in relation to the General Manager, the complaint contact person will be a member of the Board of Management.
- Complaints in relation to board members are to be dealt with by the Board of Management.
- Where appropriate, QulHN Management may delegate the role of Client Complaint Officer to a QulHN staff member, if the complaint is not in relation to another QulHN staff member.

5.2.2.1. The Board and General Manager reserve the right to involve an external consultant to investigate complaints where there is a lack of specialist skills to sufficiently conduct the investigation internally.

5.2.3. *Complaint receipt acknowledgement*

The complaint contact person is to acknowledge receipt of the complaint within 7 business days of the complaint being received, this letter, addressed to the complainant will:

- acknowledge receipt of the complaint
- explain the investigate process
- advise of the name and contact details complaint contact person
- include a timescale for dealing with, and closing, the complaint

The complaint contact person is also responsible for speaking with the complainant to ensure that:

- the nature of the complaint is understood
- the outcome the person making the complaint is requesting is understood
- the complaints process is clearly understood by the individual or parties making the complaint.

5.3. *Step 2: Investigating the complaint or appeal*

5.3.1. *Each registered complaint or appeal will be investigated and assessed in the following way:*

5.3.1.1. In undertaking the investigation or appeal, the Complaint Contact Officer will ensure they;

- investigate the complaint or appeal with the aim of resolving factual issues
- investigate on merits, with an unbiased and open mind and without prejudice from previous complainant contacts with the service and without being protective of QulHN
- examine any written documentation relevant to the complaint
- speak with any person relevant to the complaint (any person who is requested to give a statement as part of an investigation has the right to bring a support person with them).
- analyse the complaint and information gathered to recognise the core problem and consider all available evidence
- make a recommendation in relation to the complaint being either substantiated

and what further action is required, or not being substantiated and no further action being taken

- 5.3.1.2. Where the complaint is directly related to the actions of a staff member, staff (Paid and Unpaid) who are the subject of a complaint will be informed of any relevant facts in order to give them an opportunity to respond to the issue.
- 5.3.1.3. Records will be kept in relation to all complaint investigations. This includes records such as the Complaint form, letters to the person making a complaint, minutes of meetings with the person making the complaint, minutes of meetings with staff in relation to the complaint, the complaint investigation report or any other documentation.
- 5.3.1.4. The investigation process should be completed within 30 days of receipt of the complaint. If the nature of the complaint is complex and/or the associated investigation requires external consultation this 30 day timeframe may require extension. Where extension is required the person making the complaint is to be advised, prior to the completion of the 30 day timeframe. This notice of extension is to be in writing and can include an interim explanation of any findings or recommendations that have been enacted.

5.4. Step 3: Finalising a Complaint or Appeal (Complaint or Appeal Outcome)

- 5.4.1. Complaints can be resolved in the following ways;
 - Being withdrawn by the complainant
 - Being upheld or resolved and action taken e.g. explanation, apology and/or reconsideration of a decision and/or policy
 - By no further action being taken with clear reasons for this
- 5.4.2. The *Complaint Investigation Report* is to be completed by the complaint contact officer.
- 5.4.3. The complaint contact officer is responsible for advising the complainant in writing, of the outcome of the complaint and the appeals process. Each concern raised by the complainant is to be responded to in an easy to understand format. It is appropriate to phone the complainant to advise their complaint has been resolved and briefly overview the complaint outcomes and advise them a detailed written response will be provided, particularly if the complaint was initially raised verbally. If required or requested a client is also able to meet with the complaint contact officer to discuss the complaint outcome.
- 5.4.4. In advising of the complaint outcome, the complaint contact officer shall consider the balance of the privacy of all people involved in the complaint (including staff) and the need to provide enough information to assure complainants that the process and outcome is transparent and all of the complaint concerns were addressed. This is particularly the case where the complaint involves the actions of a staff member and disciplinary actions, given the right to privacy of the staff member/s.

5.5. Step 4: Review

- 5.5.1. Clients, external agencies and other stakeholders who have made a complaint who are not satisfied with the investigation and proposed resolution of their complaint or appeal can seek a further review of the matter by advising QulHN within 30 days of the date of issue of the complaint outcome letter.
- 5.5.2. If the nature of an appeal relates to the process of the initial investigation, a new complaint contact person is to be allocated.

5.5.3. The process for requesting an appeal and for its investigation will follow the procedures outlined above in section 3 How staff and management will respond to a complaint or appeal

6. Formal external procedure

6.1. Complainants may be entitled to lodge a complaint with other services / agencies including;

- The funding body/s of the service the complaint is in relation to;
- Australian Government Office of the Privacy Commissioner;
- The Australian Human Rights Commission;
- Health Quality and Complaints Commission;
- Anti-Discrimination Commission Queensland;
- Commission for Children and Young People and the Child Guardian;
- Queensland Police Service;

6.2. Generally the complainant is responsible for referring their complaint to any formal external procedure. The General Manager or Board of Management may refer the complaint to an external agency, provided written consent to release information is provided by the client.

6.3. Clients who wish to make a complaint to an external agency can do so at any point, however some bodies will require complainants to have first completed the complaints and appeals process with the organisation in question.

7. Using complaints and appeals for service improvement

7.1. Complaints and appeals and their outcomes, recorded in the Complaints Register, are used to inform service improvement.

7.2. The Complaints Register will be tabled for review of new complaints and progress or closure of existing complaints, at the Senior Management Meeting. Management review of feedback and complaints aims to assist in service improvement, safeguard QuIHN's reputation and better prepare for the future. In undertaking review, QuIHN Management shall analyse the root cause of complaints such as processes, behaviours, systems and organisation; and to implement or review policy, process, training and development to address these.

7.3. Where multiple complaints occur in a calendar year the Senior Management Team will arrange for the annual analysis of the types of complaints and appeals received and the outcomes of these complaints to assist in identifying any areas of service improvement required. Analysis will be based on the number of complaints about a particular matter; spikes in complaints; the geographical spread of complaints; the characteristics of the complainants and if they raise questions as to the processes, integrity or reputation of QuIHN.