



Complaints and Feedback: Policy and Procedures

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Functional Group overseeing policy:	Chief Executive Officer (CEO), Creating Links (N.S.W.) Ltd
Summary:	A policy to communicate Creating Links (N.S.W.) Ltd's approach to the management of client related complaints, complements, suggestions and feedback.
Applies to:	All staff, Board of Directors, families, carers and stakeholders
Distributed to:	All Creating Links (N.S.W.) Ltd employees, carers, families, stakeholders, contractors and consultants
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Reviewing and approving this policy		
Frequency	Person responsible	Approval
Bi-Annually	Accreditation and Policy Manager	Chief Executive Officer

POLICY STATEMENT

Creating Links respects the rights of all individuals to provide comments, complaints and feedback, and actively encourages feedback, even in the form of a complaint, in order to identify and resolve issues and facilitate opportunities for service improvement.

Creating Links recognises that all individuals have the right to have any complaint resolved promptly, fairly and confidentially. Management of complaints adheres to the principles of natural justice. The process protects the complainant from retribution, repercussions, reprisals or victimisation. Creating Links will ensure that the lodgment, investigation and outcome of a complaint does not lead to the withdrawal or reduction of a service.

Resolution is first attempted within the service. However, if the complaint cannot be resolved at that level, service participants, carers, advocates and stakeholders are provided with information about external complaints systems.

PRINCIPLES

Creating Links' complaint handling process embody the five fundamental principles of:

- Fairness
- Accessibility
- Responsiveness
- Efficiency
- Integration

The aim is to ensure that complaints are dealt with efficiently and effectively and that clients have confidence in the agency's complaint management system.

SCOPE

The policy applies to all employees, Chief Executive Officer, Board of Directors, service participants, carers, authorized carers, children and young people, families, stakeholders, consultants and contractors.

Service participants, authorized carers, children and young people, families and other individuals accessing or participating in a service or program provided by Creating Links will be referred to as 'clients' in this policy.

RELATED LEGISLATION AND STANDARDS

Related legislation, Creating Links (N.S.W.) Ltd policies and statements:

- Community Services (Complaints, Appeals & Monitoring) Act 1993 (NSW)
- The National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018
- Privacy Act 1988 (Cth)
- Human Rights Commission Act 1986 (Cth)
- NDIS Practice Standards
- Aged Care Quality Standards
- NSW Child Safe Standards for Permanent Care 2015

DEFINITIONS

What is a complaint?

A complaint is an expression of dissatisfaction or concern by a client, stakeholder, employee or volunteer, however made, about the conduct, standard of service, actions or lack of action by the service or its staff.

A complaint is not:

- A request for information
- An explanation about the services of Creating Links
- An appeal against a claim or levy or similar related matter
- A grievance matter between members of staff (to be managed under the Grievance Policy)

What's the difference between a formal and an informal complaint?

An informal complaint differs from a formal complaint in the way it is handled but both are part of the overall complaints management process.

An informal complaint is handled through discussion (written or verbal) and should always be attempted before moving into the formal complaint process.

Informal procedures are for quick problem-solving rather than investigating and substantiating claims. They seek agreement and shared understanding of how to avoid problems in the future. Informal complaints are most appropriate in cases where the allegations are less serious, or the problem is based on miscommunication or a misunderstanding. The complainant has the right to pursue a formal complaint at any time.

The formal complaint process is started when a person submits a complaint form through the Creating Links website or writes a letter/email to Creating Links (Manager, CEO or Board). After this form or letter is received, along with the required evidence, it is then investigated by a Team Leader or Manager in accordance with our complaints management process.

Who can make a complaint?

Any person can make a complaint:

- The person who experienced the problem
- A person related to the person experiencing the problem
- A representative chosen by the person concerned
- Visitors, suppliers or providers
- A community services professional or other support service provider or concerned person
- An employee of an agency connected to the person experiencing the problem, eg. DCJ

HOW A COMPLAINT CAN BE MADE

A complaint or feedback can be made in any of the following ways:

- Raising the complaint or feedback with a Creating Links employee verbally or in writing
- By completing a Feedback and Complaints Form available on the Creating Links website ('Contact Us' page)
- Calling Creating Links to speak to the Manager or Chief Executive Officer
- Sending an email or letter to a Manager, the CEO or Board of Directors
- Responding to questionnaires and surveys for feedback
- Attending service participant feedback forums and meetings
- Contacting an external complaints agency such as the NSW Ombudsman

If the complaint involves the neglect or abuse of a child, the Child Protection and Mandatory Reporting Policy and procedures must be followed. See annex for further information.

HOW WE WILL INFORM OUR CLIENTS, STAFF AND STAKEHOLDERS ABOUT THE COMPLAINTS PROCESS

All clients will receive information and support appropriate to their age and/or level of development to understand their rights to make a complaint, including the support of an advocate if necessary. Clients will be assured that they have a right to complain or make a suggestion about the service they are receiving without fear of retribution and that they can expect complaints to be dealt with promptly.

The process for making a complaint is included in the Creating Links Complaints, Compliments and Suggestions pamphlet which is presented and explained to all clients, in an age and/or development appropriate way, at the time of service provision commencing.

Age and developmental appropriate pamphlets will also be made available at all Creating Links reception areas and on the website, including in easy-to-read format and translated into community languages.

Service participants will be reminded of the complaints procedure at the time of service review and/or when there is significant change in the service delivery.

WHO SHOULD RESPOND TO A COMPLAINT

Complaints should be dealt with by the staff member receiving the feedback.

The complaint should never be handled by the person whom it is directed at and should be referred to the Team Leader or Manager.

If the complaint involves the neglect or abuse of a child, the Child Protection and Mandatory Reporting Policy and procedures must be followed. See annex for further information.

The complaint should be referred to the Team Leader or Manager under the following circumstances:

- It involves acts of negligence, a potential breach of the service's Duty of Care to the client.
- Is a NDIS Reportable Incident. See annex for further information.
- Is a formal complaint or escalates to a formal complaint during the informal complaint management process.
- Involves a sensitive matter—such as a whistleblower complaint, or something that could attract media attention.
- If the complaint is about the person receiving the complaint.

If the complaint is an allegation of staff misconduct (Reportable Conduct) it must be reported immediately to the CEO (Principal Officer) and kept confidential from other staff members. The CEO (Principal Officer) may delegate this responsibility to another member of staff. See annex for further information.

As much as possible (where possible) client requests for a complaint not to be taken further should be respected. At times a complaint may wish to be discussed as a suggestion.

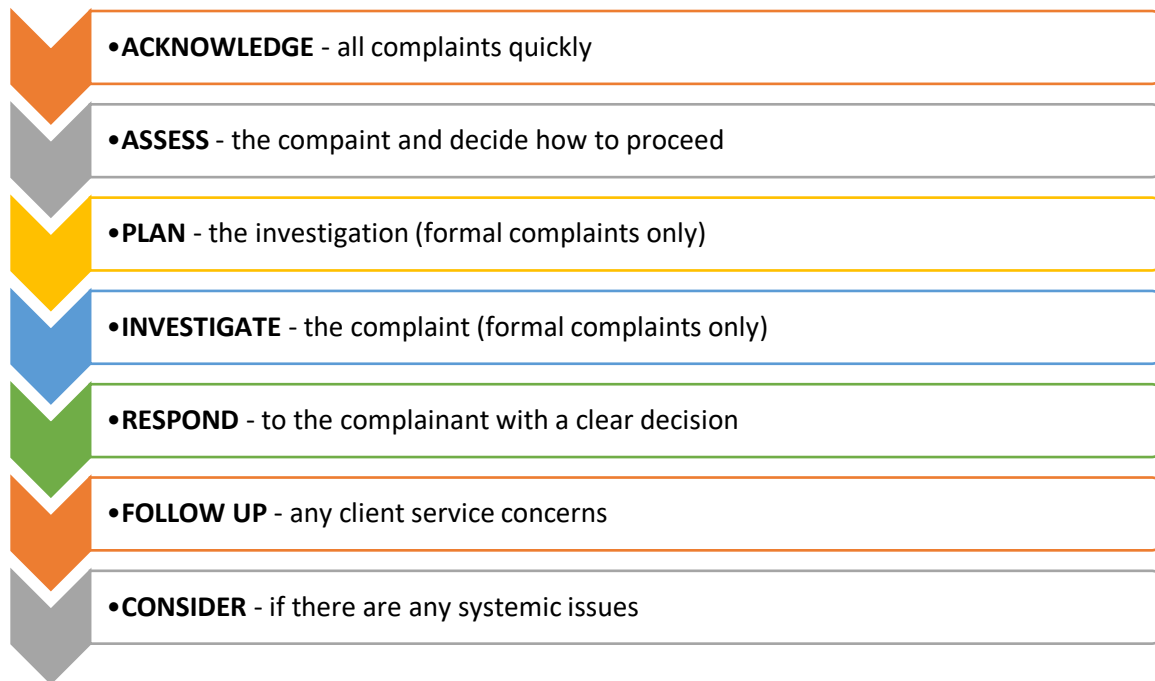
Staff will be trained to take note of clients concerns and act promptly so that they are addressed as part of service monitoring process and before concerns become a complaint.

Regular contact with the complainant should be maintained throughout the process. It is especially important to keep the complainant informed if their complaint is taking longer to resolve than first advised.

Complaints about third parties

Where a client makes a complaint to Creating Links about an external person or an external agency, the staff member receiving the complaint will support the client to obtain a resolution of the issue. This will involve how they would like the issue to be resolved and obtaining advocacy support if necessary. The staff member will report the complaint to their Team Leader or Manager.

PART 2: COMPLAINT MANAGEMENT PROCESS



1. Acknowledgement

A complaint must be acknowledged **within 24 hours** so as to reassure the client that their complaint is receiving attention. This acknowledgement can be an important tool in managing the complainant's expectations.

The acknowledgement should outline the complaint process (see script in attachment, as a guide) and provide contact details and preferably the name of a contact person. As far as possible, it should also note how long it is likely to take to resolve the complaint and when the complainant will next be contacted.

If the complaint is made by telephone and cannot be resolved straight away, the receptionist is to explain how the complaint will be handled and when the complainant will next be contacted. See script in attachment, as a guide.

If a complaint that is made by letter or through the website, the client should be contacted within 24 hours to acknowledge receipt of the complaint, who will be handling it and when they can expect a response. See work flow and template response in attachment.

2. Assessment and Deciding How to Respond to the Complaint

The staff member handling the complaint should assess the complaint in consultation with their Team Leader or Manager, as soon as possible after receiving the complaint. Further assistance should be sought from a Senior Manager or the Accreditation and Policy Manager if required.

The assessment should be undertaken by gathering all the facts, analysing the nature of the complaint and deciding how to best respond to it. Where relevant, all attempts should first be made to resolve complaints on an informal basis.

2.1 Informal Process – discuss the complaint with the complainant, with the focus on resolving the issue.

It is good practice to discuss the complaint with the client and ask them how they would like to see their complaint resolved — what outcome they are seeking. Sometimes Creating Links can meet the client's expectations and sometimes not, but it is important to take account of those expectations. Often what the complainant is seeking will be straight forward—for example, an apology, a refund of money paid, or compensation. In other cases the complainant might have an altruistic purpose, such as a desire to raise awareness of the problem or to ensure that other people will not find themselves in the same situation.

Some problems might not be easy to resolve—for example, a matter requiring a policy or procedural change. In these instances, it is important the complainant knows that their concern is being taken seriously and that work on it is progressing.

Some complainants will seek an outcome that is inappropriate or disproportionate, such as having a staff member sacked because of a minor error. It is important to explain why the request cannot be met, and it is equally important to offer an alternative solution if possible.

Complaint handling staff must have the authority to resolve straight forward matters, but they must also escalate matters that require further consideration. If the staff member handling the complaint needs to escalate the complaint they should do so by referring the matter, including all relevant documentation, to their reporting manager.

If the client is not satisfied with the way their complaint was handled, the outcome negotiated with the staff member or they are not happy to discuss the issue with the staff member concerned, the staff member handling the complaint should refer the matter to their respective Team Leader or Manager.

2.2 Formal Process – for more serious or complex complaints.

For more serious or complex complaints, a formal investigation process may be required. The complainant may also wish to formalise the complaint at any stage of the process. This is to be undertaken by completing the Complaints and Feedback Form available on the 'Contact Us' page on the Creating Links website.

Formal complaints should be assessed by the Team Leader or Manager in consultation with the respective senior Manager. Assistance should be sought from the Accreditation and Policy Manager if required.

The following elements should be considered when assessing whether a formal investigation is required:

1. Does the complaint warrant an investigation? Is there evidence of the seriousness of the issue? Or, is there a demonstrated pattern of minor complaints that needs to be looked into? Are the facts in dispute? Etc.
2. Whether the complaint has already been investigated and the complainant is asking for a review of the complaint. In such circumstances, please follow the guidelines under section 6 below.
3. Whether priority should be given to dealing with one or more aspects of a complaint. For example, there might be a dispute between a complainant and the agency that, if not dealt with promptly, will become worse. There may also be a time limit that governs whether a practical outcome can be secured for a complainant if their complaint is upheld.
4. It might be necessary to transfer the complaint to another member of staff (eg. due to a conflict of interest) or to an external agency (eg. due to the complexity or seriousness of the complaint). This can be frustrating for complainants and can delay the resolution of a complaint. To minimise that risk, it is important that the decision and reason why is fully explained to the complainant.

A clear rationale should be provided for conducting a formal investigation and approval by the Executive Manager or CEO must be received before commencing the investigation.

3. Planning

The Investigation Plan should be completed for all formal complaints and complaints that are serious, have multiple parts and/or are complex.

The plan should be coordinated by the relevant Team Leader / Manager and include the following:

- define what is to be investigated
- list the steps involved in investigating the complaint and state whether further information is required, either from the complainant or from another person or organisation
- provide an estimate of the time it will take to resolve the complaint
- identify who will be leading the investigation, who will take minutes of any meetings planned and/or if any other member of staff is required to be involved
- identify the remedy the complainant is seeking, whether the complainant's expectations are realistic or need to be managed, and other possible remedies
- note any special considerations that apply to the complaint—for example, if the complainant has asked for their identity to be withheld from others or if there is sensitive or confidential information that needs to be safeguarded.

The plan should be reviewed and approved by a Senior Manager before commencing the investigation.

4. Investigation

The purpose of an investigation is twofold: to resolve the complaint by reaching a fair and independent view on the issues raised by a complainant; and to provide an appropriate remedy.

All investigations will be conducted according to the following principles:

- Impartial - each complaint should be approached with an open mind, and the facts and contentions in support of a complaint should be weighed objectively.
- Confidential - a complaint should be investigated in private, and care should be taken when disclosing to others any identifying details of a complaint.
- Transparent - a complainant should be told about the steps in the complaint process and be given an opportunity to comment on adverse information or before a complaint is dismissed.

The Team Leader or Manager will investigate complaints according to the following steps:

- a. Acknowledges receipt of the complaint to the complainant within 24 hours of receiving the complaint and outline the process that will be followed.
- b. Advise the Senior/Executive Manager or Chief Executive Officer of the complaint and plans to investigate it.
- c. Person/s affected by the complaint will be fully informed of all facts and given the opportunity to explain themselves in one or more confidential meetings as required. The complainant and the respondent are able to have a support person throughout the process of complaint resolution. They are encouraged to participate as fully as possible to ensure a satisfactory resolution of the matter.
- d. Written communication will be sent to those interviewed as soon as practicable after the meeting, outlining the content of the discussion and any outcomes reached.
- e. Attempt to resolve the complaint within 7 working days of receiving the complaint.
- f. If a suitable resolution cannot be reached by the Manager, the complaint is to be escalated to the Senior/Executive Manager and/or Chief Executive Officer to attempt to resolve the matter within a further 7 working days.
- g. A summary report with recommendations of any necessary actions is to be provided to the Chief Executive Officer. The report will include an overview of the process, issues, findings and recommendations.

Both complainant/s and respondent/s will be kept informed of the progress of the investigation and steps being taken to address the complaint. This may be in the form of telephone calls or email.

It is also important to revisit the investigation plan regularly and make adjustments as circumstances change and new information becomes available.

A finding on a disputed factual matter must be based on evidence that is relevant and logically capable of supporting the finding.

All complaints, follow up responses and relevant documentation must be recorded in LogiQC (see Record Keeping section, below). The information stored in LogiQC will be kept confidential.

Role of a Support Person

The role of the support person is to provide personal and moral support to the individual concerned. The support person acts as a witness to the process but may not disrupt the process, intervene during the meeting, direct the process, answer questions on behalf or act as an advocate for the individual. The meeting should be adjourned if the individual wishes to seek advice from their support person. The staff member delegated to handle the complaints management process may agree to the support person speaking on behalf of the individual in order to assist in clarifying particular matters.

5. Response

The outcome to the formal complaint investigation is provided to the complainant and affected persons, in writing within four weeks of the investigation being concluded. The response must be approved by the Chief Executive Officer before sending it to the complainant.

The complainant is to be told the particulars of the investigation, including any findings or decision reached. If some action is to be taken to redress a fault or a wrong suffered by the complainant, this should be described.

The explanation should be presented in a manner the complainant can understand and should deal with each concern or grievance raised in the complaint.

The explanation should be given orally or in writing, or in both ways, depending on the circumstances and method of communication preferred by the complainant or adopted in earlier dealings. A written explanation is more suitable if the complaint deals with a serious, complex or disputed matter. It is recommended to telephone the complainant to let them know that a more detailed written explanation will be forwarded to them.

An explanation should similarly be given if it has been decided not to investigate or to cease investigation of an issue raised by the complainant. Such responses should include options available to the complainant, including requesting an internal review or contact details of external complaint review agencies.

6. Follow Up

It is good practice to offer complainants the opportunity to seek review of how their complaint was handled and resolved if they are not satisfied. Contact details and the time limit in which such requests are to be made should be included in the response to the complainant, see template letter in annex.

If the client would like the complaint actions or findings to be better explained, the staff member handling the complaint should do this.

An internal review of the complaint should be carried out in the following way:

- The matter should be referred to the relevant Senior/Executive Manager or Chief Executive Officer.
- The Senior/Executive Manager or Chief Executive Officer should attempt to resolve the matter through a telephone discussion.
- If the matter cannot be resolved through discussion, the complainant will be required to put their request to review the complaint outcome in writing. The complainant should be asked to specify what exactly they would like reviewed and why they disagree with the investigator's view.
- The review should then be carried out by a member of staff nominated by the relevant Senior/Executive Manager or Chief Executive Officer.
- A review of the complaint will be restricted to reviewing the process undertaken and not the finding of the complaint. A finding will only be reviewed if a serious breach has been identified in the way the complaint was first investigated.

If the complainant is still not satisfied after an internal review has been completed or the complainant wishes to utilise an external agency, referral may be made to:

- NDIS Quality and Safeguards Commission (NDIS participants)
- Independent mediator
- NSW Ombudsman
- Administrative Appeals Tribunal
- Office of the Australia Information Commissioner
- The Intellectual Disability Services Rights Service (IDRS)
- Advocacy organisations
- Disability Services Discrimination Legal Centre
- Health Care Complaints Commission
- NSW Civil and Administrative Tribunal (NCAT)

Creating Links will support the complainant to contact an external agency where requested. The complainant's desire to utilise external agencies does not result in any negative consequences from the service towards the complainant or others involved.

Creating Links fully cooperates with the investigations of the external agency.

7. Systemic Issues

A Complaints Register (see Record Keeping, below) will be maintained to identify any systemic issues in a service, program or agency as a whole, as part of Creating Links' Quality Management and continuous improvement process.

The Complaints Register will be maintained by the Accreditation and Policy Manager and a summary of the complaints will be provided to the Quality Committee on a quarterly basis to address any systemic issues, including a review of relevant procedures and policies and/or how complaints are managed within the agency. Recommendations will be provided to the Chief Executive Officer.

Complaint issues and trends will also be reported to the Executive Management Team and the Board of Directors as part of the monthly reporting requirements undertaken by the Chief Executive Officer. Names and personal details will not be included in any report.

PART 3: RECORD KEEPING

Person Receiving the Complaint	Type of Complaint	Where to Record the Complaint
Case Manager/Client Support Officer/Support Worker/Contact Worker/etc.	Non-serious	SUGAR/Support Log/etc. as part of normal case noting process
	Serious	As Above + register in LOGIQC. Copy and paste info or hyperlink, or attach document in LOGIQC. Do not duplicate information.
Admin Staff, Reception, Team Leaders, Managers, etc.	All complaints received by phone or email.	Record in LOGIQC and assign to the respective Manager or Team Leader if known.

All complaints and follow up communications are to be recorded by the staff member managing the complaint by completing the Feedback Form in LogiQC.

- Details of verbal complaints are to be recorded directly onto the form.
- Complaints that have been sent in by email, letter or through the webpage are to be attached to the form.
- Hand-written Complaint and Feedback Forms (formal complaints) are to be scanned and attached to the form.

Staff will complete all sections of the Feedback Form and ‘assign’ the issue to the respective Team Leader or Manager for review and/or further actioning by selecting the person’s name from the drop-down menu.

- ‘Report’ the issue to the direct supervisor (Team Leader or Manager) if known. If not known, report the complaint to the Program Manager.
- Give ‘viewing permission’ only to ‘CEO, QM and Approval Officer’ (default option).
- Include the Senior Manager and/or Executive Manager as “additional user for viewing permissions”.

The respective staff member assigned to investigate the complaint shall attach all relevant notes and correspondence into the LogiQC system which shall function as the ‘complaint file’.

The LogiQC system will automatically generate a Complaint Register which will be monitored by the Accreditation and Policy Manager.

Complaint and Feedback Form

Clients and other stakeholders should complete the Feedback and Complaints Form available on the Contact 'Us Page' on the Creating Links Website. This can then be attached to the LogiQC Feedback Form by the staff member handling the complaint.

A paper copy of the Complaint Form, including translated versions, will be made available to clients and other stakeholders if required.

The Form is to be completed by the client and/or with their support person/advocate or with the assistance of the staff member receiving the complaint or feedback if necessary.

Information about the complaint should:

- Clearly set out the issues/substance of the complaint, where possible
- Identify the complainant and the subject (respondent/s)
- Provide details of date, incidents, information and evidence
- Identify other parties involved or as witnesses to the substance of the complaint (if appropriate)
- Any outcomes or actions the complainant would like to see implemented

CONFIDENTIALITY

The complaints register, information recorded in LogiQC and/or any other files will be confidential and access is restricted to authorised persons nominated by the Chief Executive Officer.

Creating Links is required to treat all information in relation to the functioning and operations of the organisation including complaints in strict confidence. Persons dealing with complaints should not improperly disclose any information obtained throughout the process of complaint handling.

Personal information that identifies individuals will only be disclosed or used by Creating Links as permitted under the relevant privacy laws, secrecy provisions and any relevant confidentiality obligations.

When matters and circumstances in which legal obligations to disclose complaints are identified, Creating Links will be obligated to release the information.

Names and personal details will not be included in any reports. Reports will include information about the complaint, what was done to resolve the matter, was the complainant and respondent satisfied with the outcome and the action taken by the organisation to improve service delivery or safety, processes and procedures.

STAFF TRAINING

All staff will receive training on how to respond to complaints and other feedback as part of their orientation into Creating Links, and as part of their ongoing professional development if necessary. All Team Leaders and

Managers will also receive Complaint Handling Training from a registered training provider within the first 12 months of commencing their role.

Documents related to this policy	
Related Creating Links policies	<ul style="list-style-type: none"> • Code of Ethics and Proper Practice • Confidentiality & Privacy • Child Protection & Mandatory Reporting • Incident Management • Protection of Human Rights & Freedom from Abuse • Induction and Orientation of New Staff
Forms, record keeping or other organisational documents	<ul style="list-style-type: none"> • Complaints and Feedback Form (website) • Compliments and Suggestions Information Pamphlet (translated) • Complaints Register • Service Participant Information Booklet • Privacy Information pamphlet

ANNEX

Reportable Incidents (NDIS)

Reportable incidents are alleged incidents or complaints concerning the abuse or neglect of a person with disability which result in harm to an NDIS participant and occur in connection with NDIS supports and services. This includes:

- Unlawful sexual or physical contact with, or assault of, a person with disability (excluding, in the case of unlawful physical assault, contact with, and impact on, the person that is negligible).
- Sexual misconduct committed against, or in the presence of, a person with disability, including grooming of the person for sexual activity.
- The use of a restrictive practice in relation to a person with disability, other than where the use is in accordance with an authorisation (however described) of a State or Territory in relation to the person or a behaviour support plan for the person. (Reportable Incidents, Detailed Guidance for Registered Providers, June 2019)

Mandatory Report (DCJ)

All staff engaged in a service delivery or related capacity at Creating Links are mandatory reporters. Mandatory reporting is the legislative requirement to report suspected child abuse and neglect to statutory child protection authorities. In NSW, mandatory reporting is regulated by the [Children and Young Persons \(Care and Protection\) Act 1998](#).

Mandatory Reporters in NSW are required to complete a Mandatory Reporter Guide (MRG) which assists mandatory reporters to decide whether to report their concerns of possible abuse or neglect of a child or young person (or class of children and young people) to the Child Protection Helpline. Where the MRG indicates that the level of risk does not warrant a report, it assists mandatory reporters to respond appropriately to children and young people (for example, referral to an appropriate service).

Staff in the OOHC Program must refer to the OOHC Procedures Manual for reporting allegations.

Reportable Conduct (OCG)

Reportable conduct is defined to mean the following conduct (whether or not a criminal proceeding in relation to the conduct has been commenced or concluded):

- a sexual offence with or in the presence of a child,
- sexual misconduct with, or in the presence of a child,
- ill-treatment of a child,
- neglect of a child,
- an assault against a child,
- behaviour that causes significant emotional or psychological harm to a child,
- any offence under section 43B or 316A of the [Crimes Act 1900](#), whether or not with the consent of the child. Section 43B concerns failing to report a serious risk of child abuse by a worker and section 316A concerns concealing a child abuse offence.

Reportable conduct does not include:

- conduct that is reasonable for the purposes of the discipline, management or care of children, having regard to the age, maturity, health or other characteristics of the children and to any relevant codes of conduct or professional standard;

- the use of physical force that, in all the circumstances, is trivial or negligible, and the circumstances are investigated with the results of the investigation recorded in accordance with appropriate procedures;