

POLICY

Feedback, Complaints Management and Resolution Framework

Required for Parent Folder - Yes

1. Purpose / Objective

This policy provides guidance on the key principles and concepts of our feedback management system to our staff and interested parties who wish to provide feedback, raise an issue or concern, or make a complaint or compliment to or about us, regarding our services.

This policy is intended to ensure that we handle all feedback and complaints fairly, efficiently and effectively to satisfactory resolution within a reasonable timeframe, that appropriate actions are taken to improve our services where required, and that we provide better outcomes to our stakeholders.

2. Application/Scope

This policy applies to the AEIOU Foundation (AEIOU) Board of Directors and sub committees, workers and volunteers, contractors, consultants receiving or managing complaints from *interested parties made to or about us, regarding our services and staff, and our complaint handling process.

**Interested parties include the public, clients, children and their family, parents, guardians, carers, friends, workers, advocates or agencies who provide support, our members, community visitors, other professionals and organisations who have a relationship or connection with us.*

There is a close relationship with the **Incidents Management and Reportable Incidents Management Plan** where incidents or complaints brought to our attention are assessed and treated accordingly. This procedure does not apply to employee grievances. Information about employee grievances is found in the **Human Resource Management Policy**.

3. Policy Statement

AEIOU Foundation aims to consistently provide services that meet the needs of clients and stakeholders and satisfy applicable statutory, regulatory and contractual requirements. We undertake a range of strategies to adopt a “Best Practice” approach to monitor, measure and respond to and improve customer experience and satisfaction.

Processes in place

Processes may include directly solicited feedback from our customers and stakeholders by us in a planned, coordinated, purposeful and measurable way. These could include:

- Surveys where parents/carers or other stakeholders can give us feedback on a range of areas in relation to the service, child’s educational program, policy, event, or other topic
- Parent forums, information or education sessions where topics can be presented and discussed
- Individual meetings with parents/carers about their child’s program and service plan reviews
- Improvement plans and actions registered through the relevant Improvement Register
- Audit processes.

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We have processes and mechanisms to receive and respond to feedback, compliments and complaints directed to us by any of our interested parties. These include:

- Directly approaching a centre staff member, or central office staff member in person, by phone, or in writing (letter, email) and the staff taking action to address a matter
- Online website portal for people to lodge feedback, compliments and complaints
- Completing a **Compliments, Complaints and Feedback Form** and sent to us
- By video or audio recording and sent to us
- Complaints or incidents registered in the Improvements Register and actions taken and recorded
- Feedback and compliments appropriately acted upon, recorded and considered.

Commitment to support complainants - We are committed to support people in how to provide feedback, raise a concern, make a complaint to us, or to the NDIS Quality and Safeguards Commissioner (NDIS Commission). Our culture provides for a safe environment for people to speak up so we can respond appropriately, and acknowledge when our services have not met expectations or applicable standards. People should feel confident to make a complaint or provide negative feedback without fear of adverse consequences, retribution or loss of service as a result of making a complaint to us, or with the NDIS Commission, about our services or with people who are involved in a reportable incident.

Protections for worker disclosures - Workers are supported by management to report incidents and complaints and that there are no negative consequences for doing so. All workers are advised that they can make a complaint on behalf of a person, parent/guardian or child to us, or to the NDIS Commission. All workers are required to comply with the complaints and incident management systems, policies and processes, and be aware of the roles and responsibilities in identifying, managing and resolving incidents and complaints and in preventing incidents or complaints from occurring.

Workers and others who meet the criteria listed under the Corporations Act 2001 who contact the NDIS Commission with concerns in good faith are protected by **Whistle Blower Protections** as well as **Procedural Fairness and Natural Justice Practices**. AEIOU Foundation accepts and supports the application of processes outlined in the **NDIS Procedural Fairness Guidelines** in relation to handling and investigating complaints or incidents.

4. Requirements for Performance

4.1 Principles - Complaints Management

The principles underpinning this policy include processes that are:

Person centred – complaints management is respectful of and responsive to a person’s preferences, needs and values.

Outcome focussed – complaints management should reveal the contributing factors to the complaint being made, and seek to prevent matters giving rise to complaints from reoccurring, where appropriate.

Clear, simple and consistent – the process for receiving and responding to complaints is easy to understand, accessible and consistently applied.

Accountable – the response to complaints is appropriately managed. Everyone involved in the management of a complaint understands their role and responsibilities, and will be accountable for decisions or actions taken in regard to a complaint.

Continual improvement – the complaints process facilitates the ongoing identification of issues and implementation of changes to improve the quality and safety of supports and services.

Proportionate – the nature of any actions following a complaint will be proportionate to the issue raised and any risk of harm to people.

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4.2 Roles and Responsibilities

The following table outlines the nature of commitment expected from staff and the way that commitment should be implemented.

Position	Responsibility
Board	<ul style="list-style-type: none"> Be informed about feedback, compliments, complaints and analytics, risks and take appropriate action where required Ensure policies, processes, systems, structures and delegations are in place to identify, respond to and manage complaints, risks and required compliance Ensure the Feedback, Complaints Management and Resolution Framework is reviewed Receive and handle complaints about the CEO or GM Decide how complaints will be handled, including engaging external consultancy assistance, where it would be a conflict of interest for the CEO and GM to manage a significant complaint, or if the matter involves the CEO or GM If the complaint involves a Board member, the Chair or Secretary will handle and engage an external agency and take steps to avoid a conflict of interest Maintain appropriate insurances to mitigate against risk.
Finance & Risk Committee (FRC)	<ul style="list-style-type: none"> Sub-committee of the Board, reports risks and advises the Board Ensure the Feedback, Complaints Management and Resolution Framework is developed, implemented and maintained Approve policy changes that have a significant effect on the intention of policy or rules Be informed about feedback, compliments and complaints, improvement statistics Maintain awareness of significant risks and provide appropriate advice.
General Manager (GM) and/or Chief Executive Officer (CEO)	<ul style="list-style-type: none"> Promote a culture that values feedback and complaints and their effective resolution <ul style="list-style-type: none"> Ensure reports to the governing body on our complaint handling (NDIS Commission), or other reporting bodies if required by law are completed. Provide adequate support and direction to key staff responsible for handling complaints. Regularly review reports about complaint trends and issues arising from complaints. Encourage all staff to be alert to complaints and assist those responsible for handling complaints to resolve them promptly. Encourage staff to make recommendations for system improvements. Support recommendations for service, staff and complaint handling improvements arising from the analysis of complaint data. Reflect on complaints processes to identify and address systemic issues and actions. Engage external assistance as required to conciliate or investigate complaints. Approve the Feedback, Complaint and Resolution procedures to be provided to the public (on AEIOU website) and clients. Ensure the Board, FRC and Director of People and Performance are informed appropriately about relevant details where the matter may involve financial, liability, reputational damage, legal/proceedings, safety or other significant enterprise risks.
Designated Complaints Officers (DCO)	<ul style="list-style-type: none"> The following positions are Designated Complaints Officers (DCOs): <ul style="list-style-type: none"> Service Centre Managers (SCMs), attends low risk, reports matters to the Head of Service Delivery (HSD) for complaints in connection with client services, delivery and operations affecting customers. If unresolved at the frontline or assessed medium to higher risk escalate matter to the General Manager (GM). Program Managers (PMs), attends low risk, reports matters to the Head of Clinical Delivery (HCD) for complaints in connection with a child's individual program. If unresolved at the frontline or assessed medium to higher risk escalate matter to the GM. Director of People & Performance (DPP), attends low risk, reports matters to the GM for complaints in relation to all workers (employees, volunteers, contractors). If unresolved at the frontline or assessed medium to higher risk escalate the matter to the GM. Corporate Affairs Managers, direct feedback, compliments and complaints received through the website or other channels to the relevant DCO (SCMs, PMs, DPP, GM). If unresolved low risk at the frontline or assessed medium to higher risk escalate matter to the GM. Fundraising Manager (FM), attends low risk, reports matters to the Chief Executive Officer (CEO) for complaints about fundraising, events, functions or related activities. If unresolved at the frontline or assessed medium to higher risk escalate to the CEO. GM and/or CEO with the support of other relevant designated executive/s handle unresolved low risk complaints, all medium and higher risk complaints. This includes very sensitive or serious complaints or incidents that could attract media attention, or involve legal proceedings, financial loss, reputational damage, destruction of assets, or risk

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	<p>thereof. These are the medium to higher risk scenarios. They decides who to investigate the matter (external or internal).</p> <ul style="list-style-type: none"> ○ Board Member (Chair/Secretary) receive and handle complaints in connection with the CEO, GM or other Board member, or if a conflict of interest exists. Board decides the external investigator. See Board responsibilities above. ○ Executive Manager – South Australia, reports complaints to the relevant other DCO, as required. Deals with low risk SA complaints with centre managers/staff, escalates medium to higher risk matters to the GM. <ul style="list-style-type: none"> ● Receive and action complaints – ensure action plan is created, records and file set up and registered in the relevant Improvement Register of Complaints and location. Maintain relevant communications and all records. Who, what, when, where. Notify the Risk and Compliance Officer (RCO) when registered for oversight, seek advice if needed. ● Acknowledge the complainant – Communicate the process to be taken and how this will proceed include timeframes with the complainant. Provide a copy of the Feedback, Complaint and Resolution Procedure. Provide written acknowledgement using appropriate channel. A Complaints Acknowledgment Letter Template is available for customising. ● Assess the complaint <ul style="list-style-type: none"> ○ Determine risk classification – all complaints will be risk assessed by DCOs to determine escalation handling point and classification. Low, Medium, High, Extreme. ○ Refer to Risk Values Matrix in appendices. ○ Escalate/refer – where required, refer the matter to the relevant DCO for handling. ● Investigations - Organise investigations/contributing factors. Fact finding is undertaken ensuring procedural fairness (could be external or internal) and consideration. Recommendations may be made. The Complaint Investigation Report Form and Chronology of Events Form is available. ● Resolution – findings, views, solutions, options and recommendations are considered from the investigation. ● Decisions – decision maker is not the investigator, unless risk is low. ● Satisfaction and reconsideration – Agreement where possible, satisfaction with decisions and outcome is sought from the complainant and documented. Advise the complainant of review, appeal/reconsideration processes. If unsatisfied an appeal to an independent reviewer can be sought where new evidence is provided, i.e. an executive of AEIOU not involved in the matter at higher level, or external agency. Advise the complainant and document details incl. where escalation to the NDIS Commissioner can or has been made. A Complaints Closure Letter Template is available for customising. ● Close the complaint – when all processes are completed and all documentation and records are in order and complete, the complaint file can be closed. Notify the RCO when all actions are complete for oversight, and quality review. ● Feedback and Compliments – All DCOs, are responsible for recording feedback and compliments in the appropriate Improvement Register for Feedback or Compliments, or other relevant Quality and Risk report. These contribute to quality, risk and compliance reports at management review meetings and can inform continuous improvement and business planning.
Risk and Compliance Officer	<ul style="list-style-type: none"> ● Manage the Feedback, Complaints Management and Resolution Framework, related processes and documentation as part of internal process reviews. Considers evidence and outcomes. ● Monitors process, tracks investigations, resolution times and closure ● Assist the executive team in identifying and treating risks in feedback and complaints ● Audit process as part of the audit program ● Compile relevant reports, data analysis and statistics about complaints, feedback, compliments, incidents, improvements, audit outcomes and recommendations, correctives actions and risks to the executive team, FRC and Board (monthly, or as required)
Corporate Affairs Manager/s	<ul style="list-style-type: none"> ● Ensure current versions of the Feedback, Complaint and Resolution Procedure is available on our website, and provide for access to the Feedback, Complaints Management and Resolution Framework Policy by request ● Ensure an appropriate facility is available on our website to capture feedback, compliments and complaints by interested parties ● Ensure corporate affairs staff are directing information received to appropriate DCOs.
All staff (including DCOs)	<ul style="list-style-type: none"> ● Understand and comply with our policy and associated procedures ● Demonstrate a positive commitment and attitude to towards a culture where feedback, compliments and complaints are valued ● Support and assist people to access our Feedback, Complaint and Resolution processes ● Provide a safe and respectful environment without fear of negative consequence for people to make a complaint ● Be alert to complaints and assist staff handling complaints to resolve matters promptly ● Contribute improvement suggestions to management where appropriate ● Implement changes and continuous improvements as directed by management.

4.3 Definitions

Definitions used in the context of this policy.

Term	Definition
Complaint	An expression of dissatisfaction made to or about us, our services, staff or the handling of a complaint where a response or resolution is explicitly or implicitly expected or legally required. (AS/NZ 10002:2014). A person does not necessarily have to expressly state that they wish to make a complaint to have an issue or concern dealt with as a complaint. Regardless of whether it is a big or small issue, if it is treated seriously it will be an opportunity to let the person know that their input is valued and to improve services at the same time. As well as complaints being made directly to our organisation, some complaints (or at least negative comments) may be made on social media and should be addressed. All complaints are responded to.
Complaint handling/ improvement management system	All policies, procedures, documents, registers, practices, staff, hardware and software systems used by us in the management of complaints and improvements.
Dispute	An unresolved complaint escalated either within or outside of our organisation.
Feedback	Opinions, comments and expressions of interest or concern, made directly or indirectly, explicitly or implicitly, to or about us, about our services or complaint handling system where a response is not explicitly or implicitly expected or legally required.
Serious / reportable incidents	Types of complaints treated under the reportable incidents management plan would include allegations of crimes under the criminal code, notifiable data / privacy breaches, notifiable WHS incidents, death, serious injury, abuse or neglect, unlawful sexual or physical contact or assault, sexual misconduct, grooming of a person for sexual activity, and the use of unauthorised restrictive practice. Refer to the policy for full guidance.
Grievance	A clear, formal written statement by an individual staff member about another staff member or a work-related problem.
Compliment	A positive feedback or praise; a polite expression of praise or admiration.

4.4 Complaints Handling Model

Our complaint handling system is modelled to ensure fairness, accessibility, responsiveness, efficiency and integration into organisational culture.



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Step 1 - Facilitate complaints

People focus - We are committed to seeking and receiving feedback, compliments and complaints about our services, systems, practices, procedures, products, incidents and complaints handling.

Any concerns raised in feedback or complaints will be dealt with within a reasonable time.

People making complaints will be:

- provided with information about our complaint handling process and how to access it
- listened to, treated with respect by staff and actively involved in the complaint process where possible and appropriate, and
- provided with reasons for our decision/s and any options for redress or review.

No detriment to people making complaints - We take reasonable steps to ensure that people making complaints are not adversely affected because a complaint has been made by them or on their behalf.

Anonymous complaints - We accept anonymous complaints if there is a compelling reason to do so and will carry out a confidential investigation of the issues raised where there is enough information provided.

Accessibility - We will ensure that information about how and where complaints may be made to or about us is well publicised on our website. We will ensure that our systems to manage complaints are easily understood and accessible to everyone, particularly people who may require assistance.

If a person prefers or needs another person or organisation to assist or represent them in making and/ or resolution of their complaint, we will communicate with them through their representative if this is their wish. Anyone may represent a person wishing to make a complaint with their consent (e.g. advocate, family member, legal or community representative, Member of Parliament, or another organisation).

No charge - Complaining to us is free.

Step 2 – Respond to complaints

Early resolution - Where possible, complaints will be resolved at first contact with us.

Note: AEIOU records complaints resolved at first point of contact, the frontline. Records maintained in this way are added to the pool of data within the Improvement - Complaints register. We regularly analyse this information to identify system issues and track more accurately the complaint handling activities of staff.

When appropriate we offer an explanation or an apology to the person making the complaint.

Responsiveness - We promptly acknowledge the receipt of complaints. Normally, within **two (2) working days** of receiving the complaint. We will assess and prioritise complaints in accordance with the urgency and/or seriousness of the issues raised.

The **Priority Risk** of Low, Medium, High, and Extreme of the Risk Values Matrix (RVM) will determine the position and involvement of the **Designated Complaints Officer (DCO)**. Refer to RVM in Appendices.

If a matter concerns an immediate risk to safety or security, or higher risk of harm the response will be immediate and will be escalated and reported appropriately. The **Incidents and Reportable Incidents Management Plan** is applied where the matter is assessed and classified as a serious reportable incident.

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We are committed to managing people's expectations, and will inform them as soon as possible, of the following:

- the complaints process to be taken, and provide access to a copy of the Feedback, Complaints and Resolution Procedure and our Feedback Complaints Management Resolution Policy
- the expected time frames for our actions
- the progress of the complaint and reasons for any delay
- their likely involvement in the process, and
- the possible or likely outcome of their complaint.

We will advise people as soon as possible when we are unable to deal with any part of their complaint and provide advice about where such issues, concerns and/or complaints may be directed (if known and appropriate). In some cases, this could include reporting to external agencies or funding bodies for investigation.

We will advise people as soon as possible when we are unable to meet our time frames for responding to their complaint and the reason for our delay.

Delays may occur where external agencies (e.g., NDIS Commissioner, WHS, or an external investigator or other agency) are engaged or otherwise involved.

Objectivity and fairness - We will address each complaint with integrity and in an equitable, objective and unbiased manner.

We will ensure that the person handling a complaint is different from any staff member whose conduct or service is being complained about.

Conflicts of interest, whether actual or perceived, will be managed responsibly. Internal reviews of how a complaint was managed will be conducted by a person other than the original decision maker.

Responding flexibly - Our staff are empowered to resolve complaints promptly and with as little formality as possible. We will adopt flexible approaches to service delivery and problem solving to enhance accessibility for people making complaints and/or their representatives.

We will assess each complaint on its merits and involve people making complaints and/or their representative in the process as far as possible.

Confidentiality - We will protect the identity of people making complaints where this is practical and appropriate. Personal information that identifies individuals will only be disclosed or used by us as permitted under the Privacy Act 1988 including any applicable exemptions, secrecy provisions and any relevant confidentiality obligations.

Step 3 – Manage parties to a complaint

Complaints involving multiple agencies - Where a complaint involves multiple organisations, we will work with the other organisation/s where possible, to ensure that communication with the person making a complaint and/or their representative is clear and coordinated.

Subject to privacy and confidentiality considerations, communication and information sharing between the parties will also be organised to facilitate a timely response to the complaint. This may include verifying appropriate consents to share information.

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Where a complaint involves multiple areas within our organisation, responsibility for communicating with the person making the complaint and/or their representative will also be coordinated.

Where our services are contracted out, we expect contracted service providers to have an accessible and comprehensive complaint management system. We take complaints not only about the actions of our staff but also the actions of our suppliers, where appropriate.

Empowerment of staff - All staff managing complaints are empowered to implement our complaint management system as relevant to their role and responsibilities. Staff are encouraged to provide feedback on the effectiveness and efficiency of all aspects of our complaint management system.

Managing unreasonable conduct by people making complaints - We are committed to being accessible and responsive to all people who approach us with feedback or complaints. At the same time our success depends on:

- our ability to do our work and perform our functions in the most effective and efficient way possible
- the health, safety and security of our staff, and
- our ability to allocate our resources fairly across all the complaints we receive.

When people behave unreasonably in their dealings with us, their conduct can significantly affect the progress and efficiency of our work. As a result, we will take proactive and decisive action to manage any conduct that negatively and unreasonably affects us and will support our staff to do the same in accordance with this policy.

Alternative avenues for dealing with complaints - We will inform people who make complaints to or about us, about any internal or external review and reconsideration options available to them (including referring the complaint to the NDIS Commission, or Ombudsman for oversight of regulatory bodies, and other relevant agencies and advocacy support available).

The three levels of complaint handling

We have appointed **Designated Complaints Officers (DCOs)** at each level of the organisation to deal with complaints that gradually escalate from low level to increasing levels of risk.

Level 1

We aim to resolve complaints at the first level, the frontline. Wherever possible any staff member will be adequately equipped to respond to complaints, including being given appropriate authority, training and supervision.

Level 2

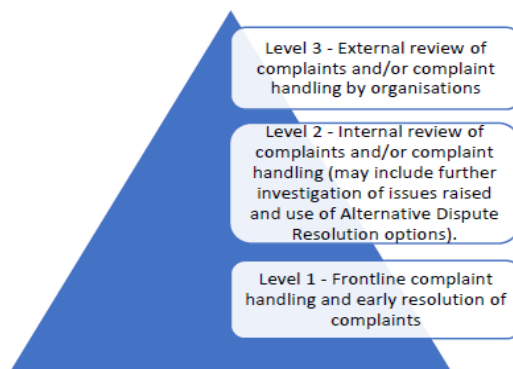
Where this is not possible, we may decide to escalate the complaint to a more senior officer or executive within our organisation, or externally. This second level of complaint handling will provide for the following internal mechanisms:

- assessment and possible investigation of the complaint and decision/s already made, and/or
- facilitated resolution (where a person not connected with the complaint reviews the matter and attempts to find an outcome acceptable to the relevant parties).

Level 3

Where a person making a complaint is dissatisfied with the outcome of their complaint, they may request a reconsideration for an internal review of the decision where new information or evidence is presented within a reasonable timeframe, which is conducted by an executive not previously involved, or seek an external review of our decision (for example, by the NDIS Quality and Safeguards Commission for NDIS participants, or other agency). **Note:** a reasonable timeframe follows that of the NDIS Commission, currently six (6) weeks.

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4.5 Records and information controls

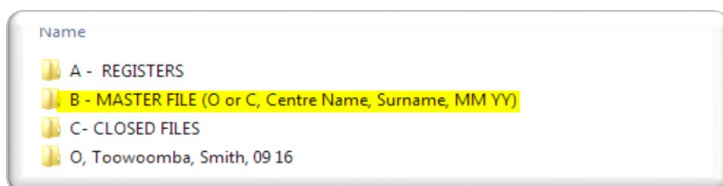
Designated Complaints Officers (DCOs) are responsible for registering all complaints in the authorised Improvement Register for Complaints or Incidents, and other related Improvement Register type, if relevant. The **DCO** will manage all information and records until closure and ensure all close-out notifications and paperwork are complete. The **DCO** will notify the **Risk and Compliance Officer (RCO)** when registered for oversight, seek advice if needed and when complete for quality review.

A – Registers. Registers are held on the secure network. Processes will be adapted as the new Governance, Risk and Compliance Information System rolls out (Mango).

A file is set up on the secure network drive for every complaint to store and record all related information. This is currently G:\Common\QA\Registers - Complaints, Reportable Incidents and Quality Improvements for complaints in connection with clients, or for very sensitive major complaints that involve staff these are held in the G:\Common\EMT\Major complaints. Each contain strict security restrictions to authorised personnel.

B - Master File. A master file is used, renamed and copied using the designated file naming protocol, where O means the complaint is Open and C means the complaint is closed.

For example,



All records connected to the complaint, correspondence, emails, investigations, images, other documentation and reporting documents will be held with the registered file.

C – Forms, are available to use

- **Complaints Acknowledgement Letter Template** can be used to acknowledge a complaint
- **Complaints Closure Letter Template** can be used to finalise closure of a complaint T
- **Chronology of Events Form** should be used to record information
- **Complaint Investigation Report Form** should be used to guide the investigation process internally. External investigators may have their own report documentation.

Note: if the matter is classified as a Serious or Reportable Incident, the Incidents and Reportable Incidents Management Plan, Child Protection Policy and associated reporting documents should be used, as appropriate.

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- Incidents and Reportable Incidents Management Plan
- Child Protection Policy
- Identifying and Responding to Child Protection Concerns Form
- Incident Report Form
- Serious Incident Investigation Report Form
- Alleged or Actual Sexual or Physical Assault, Abuse or Neglect of a Child Form

4.6 Accountability and learning

Analysis and evaluation of complaints - We will ensure that complaints are recorded in a systematic way so that information can be easily retrieved for reporting and analysis by management and the governing body of Directors.

We will run regular reports on:

- the number of complaints received
- the outcome of complaints, including matters resolved at the frontline and escalated
- types of issues arising from complaints
- systemic issues identified, and
- the number of requests we receive for internal and/or external review of our complaint handling.

Regular analysis of these reports will be undertaken to monitor trends, measure the quality of our service and make improvements. Reports will be provided at quality and risk review meetings, and reports prepared for the Finance and Risk Committee meeting, e.g., monthly. Summary reports will be provided to the Board.

4.7 Monitoring and measuring results

We will continually monitor our complaint management system to:

- ensure its effectiveness in responding to and resolving complaints
- identify and correct deficiencies in the operation of the system, and
- monitor strategies that may include the use of follow-up discussions, checking the outcome of resolutions implemented over time, trends, analysis and reports, internal audits, satisfaction surveys, records and alerts, and management oversight of relevant improvement registers.

4.8 Improvements, risks and change

We are committed to improve the way our organisation operates, including our management of the efficacy of our complaint management system. To this end, we will continue to:

- support the making and appropriate resolution of complaints
- implement best practices in complaint handling
- recognise and reward exemplary complaint handling by staff
- regularly review the complaint management system and complaint data, and
- implement appropriate system changes arising out of our analysis of complaints data and continual monitoring of the system.

4.9 Data collection and reporting

Complaints information are reported to other external agencies, where required or requested:

- **All areas as per NDIS rollout:** NDIS Quality and Safeguards Commission

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- **Queensland:** Form ECS23, QECS Complaint and Emergency Care Notification to the Office of Early Childhood Education and Care (Qld Department of Education & Training)
- **South Australia:** Form NL01, Notification of Complaints, Incidents and additional children in an Emergency

5 References / Information

5.1 Knowledge/ Competency Requirements

Competency Requirements
Policies and processes - All workers receive training and support in this policy and processes during their induction program and at subsequent refresher training and/or when processes change. Centre managers facilitate training on the floor to workers to ensure continued awareness of procedures.
Code of Conduct Training – Staff are trained to know how to respond to complaints and to meet the NDIS Code of Conduct requirements. Completion of the NDIS Worker Orientation Module.
Investigations training – Internal and external investigators must be appropriately trained in conducting serious incident investigations, including investigating incidents that may involve a criminal element and that they are trained in applying Procedural Fairness, which is detailed in the NDIS (Procedural Fairness) Guidelines 2018. An internal document Implementing Procedural Fairness Guidelines is available.
NDIS (Procedural Fairness) Guidelines 2018 – understand NDIS (Procedural Fairness) Guidelines 2018 and Whistle-Blower protections when investigating complaints. Be aware of the NDIS Complaints Management and Resolution Rules legislation.
Client Awareness and Support – Each client is provided with information on how to give feedback or make a complaint, including external avenues and their right to access an advocate.

5.2 Privacy, Confidentiality and Records Requirements

Privacy - is a human right. Rights related to privacy are set out in Commonwealth Privacy Act 1988, the Australian Privacy Principles and State and Territory Privacy laws.

Information provided in a complaint is kept confidential and only disclosed if required by law or if the disclosure is otherwise appropriate in the circumstances where disclosure would be reasonably expected. We will only provide information about a complaint to those individuals directly involved and all parties will be informed of the need for upholding privacy and confidentiality. All information regarding the complaint will be stored securely in the client's file and our Improvement - Complaints Register.

There are certain circumstances where exceptions can apply and our workers should disclose information about a person that can be without consent (incl. child's parent/guardian) involved. We have mandatory reporting obligations on child protection matters, and obligations to report incidences of violence, exploitation, neglect and abuse, and sexual misconduct to the Commission and police.

Confidentiality – Other than reporting the matter to relevant personnel within our organisation and other authorities, you should generally not share any information about a complaint with other workers unless you have been given permission to do so by the person impacted or your manager. The only exception is when it is essential to deal with an immediate safety issue.

Records - shall be kept in an organised, accessible and legible manner. All records and files related to a reportable incident/event, e.g., reports, letters, investigations, forms, emails, photos, meetings, should be stored together in one place with the registered incident file and be able to be readily located.

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Record Retention - Because timelines vary between legislations and contract obligations with records in connection with child related services where records must be retained for **25 years** from the date a child leaves the services, we will retain all records for **25 years**.

5.3 Resources / Infrastructure Requirements

The following infrastructure and resources are used in this process.

Resource	Location
QMS complaints and improvement registers	G:\Common\QA\Registers - Complaints, Reportable Incidents and Quality Improvements\Child related reportable incidents REPORT TO CEO OR GM G:\Common\QA\Registers - Complaints, Reportable Incidents and Quality Improvements\Quality Improvements Note: a project is underway to transition to an online system, Mango.

5.4 Related Documents

Controlled documents related to this policy are accessed in from the master controlled documents system.

Doc Number	Title
POL1.1	Management Policy
POL1.3 / PRO 1.31	Privacy Policy / Procedure
PRO1.10	Issues and Crisis Communication (Media) Procedure
MAN1.20	Issues and Crisis Communication Plan
PRO1.19	Risk Management Procedure
PRO5.01	Feedback, Complaint and Resolution Procedure
PRO5.02	Implementing Procedural Fairness Guidelines
F5. 01C	Complaints, Compliments & Feedback Form
F5. 01D	Complaints Acknowledgement Letter Template
F5. 01E	Complaints Closure Letter template
F5.01A	Chronology of Events Form
F5.01B	Complaint Investigation Report Form
POL1.4	Incidents and Reportable Incidents Management Plan
F1.4.1A	Incident Report Form
F1.4.1B	Serious Incident Investigation Report Form
POL4.1	Child Protection Policy
F4.10A	Child Safe Code of Conduct
F4.10C	Alleged or Actual Sexual or Physical Assault, Abuse or Neglect of a Child Form
F4.10D	Identifying and Responding to Child Protection Concerns
POL4.0	Child Safety Wellbeing and Rights Policy
PRO4.07	Death of a Child Procedure
POL6.0	Human Resources Policy
PRO6.012	Staff Grievance Procedure

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5.5 Legislation and Other Relevant Information

Key legislation and information to be aware of for further information and guidance.

ACNC Governance Standards
Anti-Discrimination legislation
Australian Charities and Not-for-profits Commission Act 2012
Australian Consumer Law
Corporations Act 2001 and related Whistle-Blower protections
Fair Work Act 2009
Children's Protection Act 1993 (SA)
Children's Protection Act 1999 (QLD)
Coroner's Act
Disability Services Act 2006 and Regulations 2006 (QLD)
Disability Services Act 1993 (SA)
Education and Care Standards National Law Act 2010
Education and Care Services National Regulations
Education and Early Childhood Services (Registration and Standards) Act 2011 (SA)
Education and Early Childhood Services (Registration and Standards) Regulations 2011 (SA)
Education and Care Services Act 2013 (QLD)
Education and Care Services Regulations 2013 (QLD)
NDIS Act 2013 – and Rules
NDIS (Complaints Management and Resolution) Rules 2018, and Explanatory Statement
NDIS (Incident Management and Reportable Incidents) Rules 2018, and Explanatory Statement
NDIS (Restrictive Practices and Behaviour Support) Rules 2018, and Explanatory Statement
NDIS (Code of Conduct) Rules 2018, and Explanatory Statement
NDIS (Procedural fairness) Guidelines 2018
NDIS Quality Indicators Guidelines 2018
NDIS Quality and Safeguards Commission Effective Complaint Handling Guidelines for NDIS Providers
NDIS Quality and Safeguards Commission Incident Management System Guidance
NDIS Quality and Safeguards Commission Reportable Incidents Guidance
NDIS Code of Conduct – Guidance for Workers
NDIS Code of Conduct – Guidance for Service Providers
Privacy Act 1988
Information Privacy Principles 1992 (SA)
Information Privacy Act (QLD)
Work Health and Safety Act and Regulations 2011 (QLD)
Work Health and Safety Act and Regulations 2012 (SA)
Work Health and Safety Act 2011
United Nations (UN) Convention on the Rights of Persons with Disabilities
Convention on the Rights of the Child (CRC)

5.6 Quality Standards Map

NDIS Practice Standards - Quality Indicator	
QI 8	Privacy and Dignity (8.1, 8.2, 8.3) Outcome: Each participant accesses supports that respect and protect their dignity and right to privacy
QI 10	Violence, Abuse, Neglect, Exploitation and Discrimination (10.1, 10.2, 10.3) Outcome: Each participant accesses supports free from violence, abuse, neglect, exploitation or discrimination.
QI 11	Governance and Operational Management (11.1, 11.2, 11.3, 11.4, 11.5, 11.6, 11.7, 11.8)

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	<p>Outcome: Each participant's support is overseen by robust governance and operational management systems relevant to the size and scale of the provider and the scope and complexity of supports delivered.</p> <p>Risk Management (12.1, 12.2, 12.3)</p>
QI 12	<p>Outcome: Risks to participants, workers and the provider are identified and managed.</p> <p>Quality Management (13.1, 13.2, 13.3)</p>
QI 13	<p>Outcome: Each participant benefits from a quality management system relevant and proportionate to the size and scale of the provider, which promotes continuous improvement of support delivery.</p> <p>Information Management (14.1, 14.2, 14.3, 14.4)</p>
QI 14	<p>Outcome: Management of each participant's information ensures that it is identifiable, accurately recorded, current and confidential. Each participant's information is easily accessible to the participant and appropriately utilised by relevant workers.</p> <p>Feedback and Complaints Management (15.1, 15.2, 15.3, 15.4)</p>
QI 15	<p>Outcome: Each participant has knowledge of and access to the provider's complaints management and resolution system. Complaints and other feedback made by all parties are welcomed, acknowledged, respected and well-managed.</p> <p>Incident Management (16.1, 16.2, 16.3, 16.4)</p>
QI 16	<p>Outcome: Each participant is safeguarded by the provider's incident management system, ensuring that incidents are acknowledged, respond to, well-managed and learned from.</p> <p>Human Resource Management (17.4, 17.5)</p>
QI17	<p>Outcome: Each participant's support needs are met by workers competent in relation to their role, hold relevant qualifications, and have relevant expertise and experience to provide person-centred support.</p> <p>Early Childhood Support</p> <p>The Child (56.1, 56.2, 56.3, 56.4)</p>
QI 56	<p>Outcome: Each child participant accesses supports that promote and respect their legal and human rights, support their development of functional skills, and enable them to participate meaningfully and be included in everyday activities with their peers.</p>

5.7 External Provider / Useful Contacts

Provider/organisation	Contact details	Requirement
NDIS Quality and Safeguards Commission (the Commission)	Phone: 1800 035 544 (free call from landlines) or TTY 133 677. Interpreters can be arranged. https://www.ndiscommission.gov.au/participants/complaints National Relay Service: ask for 1800 035 544.	Complaints function overseen by the Commission about: <ul style="list-style-type: none"> • services or supports not provided in a safe and respectful way • services and supports not delivered to an appropriate standard Complaints may be referred by us. Complainants may complain directly if they choose.
NDIA National Disability Insurance Agency	https://www.ndis.gov.au Email to feedback@ndis.gov.au Phone: 1800 800 110	For complaints about NDIS Plans and the NDIA itself. Complaints about services providers is made through the Commission.
Commonwealth Ombudsman	http://www.ombudsman.gov.au/making-a-complaint Phone: 1300 362 072 Indigenous Line: 1800 060 789 Post: GPO Box 442, Canberra ACT 2601 TIS: 131 450. NRS: <ul style="list-style-type: none"> •TTY - Ph 133 677 then ask for 1300 362 072 •Speak and Listen users phone 1300 555 727 then ask for 1300 362 072 	For complaints about the NDIA or NDIS Commission and complaints about other Commonwealth Government departments and agencies.
Independent Advocacy Agencies	The Disability Advocacy Finder: https://disabilityadvocacyfinder.dss.gov.au/disability/ndap/	To find an independent advocacy agency in your area. AEIOU is able to cooperate with, and facilitate arrangements for, advocates (including independent advocates) and

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		other representatives of persons with disability who are affected by complaints or incidents and who wish to be independently supported in that process by an advocate or other representative.
TIS – Translating and Interpreting Service	https://www.tisnational.gov.au/ Free Interpreting Service (enquiries about free services) Phone: 1300 575 847 Email: tis.freeinterpreting@homeaffairs.gov.au Immediate phone interpreting (24 hours, every day of the year) Phone: 131 450 (within Australia) and ask for an interpreter to contact us on 07 3320 7500.	Interpreter services
National Relay Service	https://www.communications.gov.au/what-we-do/phone/services-people-disability/accesshub/national-relay-service	The National Relay Service (NRS) is a government initiative that allows people who are deaf, hard of hearing and/or have a speech impairment to make and receive phone calls.
Australian Charities and Not-for-profit Commission (ACNC)	https://www.acnc.gov.au/ Phone: 13 22 62	The Australian Charities and Not-for-profits Commission is an Australian statutory body and the national regulator of the voluntary sector, including charities and other not for profits.
Department of Communities, Disability Services and Seniors	Phone: 1800 177 120 TTY: (07) 3896 3471 Email: disabilityinfo@disability.qld.gov.au https://www.communities.qld.gov.au/	For information about disability services in Qld and the transition to the NDIS.
Queensland Ombudsman	(07) 3005 7000 Toll free 1800 068 908 Email: ombudsman@ombudsman.qld.gov.au https://www.ombudsman.qld.gov.au	For complaints about Qld Government departments or agencies.
Education & Standards Board of South Australia (SA)	Phone: 08 8226 0077 Email: eecsb.nationalqualityframework@sa.gov.au educationstandardsboard@sa.gov.au https://esb.sa.gov.au/#	The SA state government authority responsible for regulating early childhood services and schools under the National Quality Framework. Report for serious incidents in place.
Education and Early Childhood Services (Qld)	Phone: 13 QGOV (137468) http://www.deta.qld.gov.au/earlychildhood/about/contact.html	For information about the Early Childhood Education and Care Services. Relative to the Queensland Education and Care Services Act 2013 and Disability Services Act 2006. Report for serious incidents in place.
Human Rights	Office of the Attorney-General https://www.ag.gov.au/ Australian Human Rights Commission https://www.humanrights.gov.au/our-work/disability-rights https://www.humanrights.gov.au/our-work/childrens-rights/about-childrens-rights	For information about the rights of people with a disability and children's rights.
Australian Institute of Family Studies	https://aifs.gov.au/cfca/publications/cfca-resource-sheet/reporting-child-abuse-and-neglect	For information about reporting child abuse and neglect and mandatory reporting requirements Australia wide.
Kids Helpline Lifeline	Ph: 1800 55 1800 Ph: 13 11 14.	If you require assistance or if you would like to talk to a trained professional about the issues affecting children
Police or emergency services	Ph: 000	

6 Document Management and Review

The organisation shall review, amend and/or update this document from time to time. Document reviews are scheduled in accordance with document management system and Quality Management System Policy

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and Continual Improvement processes. In establishing and reviewing the complaint management system consideration is given to the record keeping practices in enabling someone to quickly understand the procedure established, how decisions are reached in relation to complaints, the rationale for decisions, and the action subsequently taken. The minimum record keeping requirements will also be considered in the review.

6.1 Document Ownership and Review

Approver	Finance & Risk Committee
Document owner	General Manager
Content owner	Risk and Compliance Officer
Contributor/s	Executive Management Team
Metadata	Feedback, complaint, compliment, positive, customer, experience, negative, appeal, reconsideration, incident, incidents, satisfaction, survey, forum, critical, serious, reportable, notifiable, emergency, privacy, safety, WHS, health, NDIS, breach, protection, major, circumstance, mandatory, abuse, neglect, exploitation, death.

6.2 Document History

Version	Revision detail / section	Date of issue
6	Rewrite to align with NDIS Quality and Safeguarding Framework and Practice Standards	29/05/2019
7	Updated Qld and SA legislation – Education and Care Services Act 2013 and related regulations 2013 QLD, and Education and Early Childhood Services (Registration and Standards) Regulations 2011 (SA).	30/10/2019

7 Appendices

I – Incident Harm/Complaint Risk Values Matrix

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Appendix I – Incident Harm/Complaint Risk Values Matrix

Controls

- 1 – Eliminate
- 2 – Substitute
- 3 – Isolate
- 4 – Engineer / environment change
- 5 – Administrative
- 6 – PPE

		Consequences (severity)				
		Insignificant (No effect, or so minor that effect is acceptable) Able to be easily resolved at Centre or Department level	Minor (First Aid treatment) No impact or risk to provision of service or AEIOU. Resolve at Centre or Department level	Moderate (Medical treatment, not life threatening, no overnight hospitalisation) Issue may require investigation or external reporting. Potential impact on service provision. Potentially legitimate concern, not causing lasting detriment.	Major (Extensive injuries / harm, may or may not be life threatening, allegations) Significant issues of legislative breaches, quality of service or denial of rights. Complaints about matters may cause lasting detriment, require investigation. Threat of legal action or complaint to external agency. Potential negative media attention.	Severe (Death, critical, catastrophic injuries / harm) Allegations about issues with serious adverse effects, long-term damage, professional misconduct. Prosecution, legal action or negative media attention highly probable.
Likelihood	Almost certain (Expected in most circumstances) Recurring, found or experienced often	Medium	Medium	High	High	Extreme
	Likely (Will probably occur in most circumstances) Several times a year	Medium	Medium	Medium	High	Extreme
	Possible (Might occur at some time) Happen from time-to-time, not constant, irregular	Low	Medium	Medium	High	High
	Unlikely (Could occur at some time) Unusual, may have happened before, could occur again	Low	Low	Medium	Medium	High
	Rare (May occur in exceptional circumstances) Usually a "one-off", unlikely to occur again.	Low	Low	Low	Medium	High
What is the risk rating?		<input type="checkbox"/> Low Where practicable, action should be taken within a reasonable time-frame to address the risk associated with the hazard (within 2 business days)	<input type="checkbox"/> Medium Action should be taken within a reasonable time-frame to address the risk associated with the hazard (within 1 business day)	<input type="checkbox"/> High Action should be taken as soon as possible to address the risk associated with the hazard (immediate or same day if practicable, or next business day)	<input type="checkbox"/> Extreme Immediate action must be taken to address the risk associated with the hazard (immediate, within hour)	
Assessment Escalation Actions (roles and responsibilities are detailed in section 4.2)						
Extreme (Level 1) High (Level 2)		Immediate action: Details of complaint referred to relevant Designated Complaints Officer (DCO) – GM / CEO immediately following complaint received. DCO coordinates investigation and resolution process. DCO ensures all related documents are filed and completed. Chronology of Events and Complaints Register are maintained until closed. Complete Improvements register for continual improvement if required.				
Medium (Level 3)		Complaint escalated, unresolved, or may require investigation or reporting to an external agency: complaint to be referred to relevant executive DCO. DCO ensures all related documents are filed and completed. Complaints Investigation, Chronology of Events and Complaints Register are maintained until closed. Complete Improvements register for continual improvement if required.				
Low (Level 4)		Resolved at Centre / Department level, normally: by relevant DCO and report up. Manage complaints through appropriate controls and record information and actions in the Complaints Register. Complete Improvements register for continual improvement if required.				