

	Policy MM OP 305
COMPLAINTS POLICY (EXTERNAL)	

1. Purpose

Marymead is committed to providing high quality services. We recognise that there may be occasions when the service does not fulfil the expectation of the service user (or other related party).

It is the aim of this policy to provide a just and fair process to all parties who wish to make a complaint. This policy provides a defined process which informs staff, clients and third parties of Marymead's complaints process, including:

- how to make a complaint;
- how the complaint will be managed and recorded; and
- time frames to be adhered to.

This policy also aims to ensure any data collected through the complaints system is used to identify areas for improvement.

2. Policy Statement

Marymead is committed to addressing issues of concern or complaint raised by Marymead clients, their carers or advocates, stakeholders, service providers and any other persons or parties. Marymead strives to deliver high quality services, welcomes feedback and wherever possible responds positively to it. Any complaint made regarding a service is an opportunity to further develop the quality of services provided by Marymead.

A complaint refers to an expression of dissatisfaction or concern delivered verbally or in writing. For the purpose of this procedure a complaint may be related to:

- Services provided by Marymead;
- Conduct of employees, volunteers and foster carers working for Marymead'
- Policies and procedures of Marymead; and
- Facilities in which Marymead operates.

Marymead encourages complainants to undertake a complaints resolution process without concern of retribution, direct or indirect discrimination. Marymead will hold paramount the principle of fairness and will undertake a full investigation into all complaints. Marymead will treat complainants respectfully, courteously and sensitively at all stages of the complaints resolution process. Marymead will ensure complainants are provided the opportunity to be heard, have an understanding of the Agency complaints resolution

process and are aware of their right to utilise a support person, advocate and/or interpreter.

2.1 Responsibility of all staff to promote the complaints process and right to complain

The *Information for Clients: Privacy, Confidentiality and Access to Record, Feedback and Complaints* Booklet is provided to all clients at intake and on an annual basis where services continue. The booklet is also to be displayed at every site in a location visible to service users, such as in reception and waiting areas. The booklet will also be accessible on the Marymead website. All parties indicating they wish to make a complaint are also provided with a copy of the booklet.

2.2 Making a complaint

While complainants are encouraged to lodge their complaint with the staff member providing the service, a complainant may lodge their complaint with any staff member in the organisation.

A complaint may be received verbally or in writing, and may be received on the **Marymead Complaints Feedback Form MM SD 3002**.

Alternatively the complainant may lodge the complaint with an outside body such as the relevant funding body, or other agencies listed in the *Information for Clients: Privacy, Confidentiality and Access to Record, Feedback and Complaints* Booklet.

A complaint may be lodged anonymously. Where the complainant wishes to remain anonymous, the staff person receiving the complaint is to explain to the complainant (where possible) the limitations remaining anonymous poses in terms of Marymead's ability to investigate the complaint.

All complainants must be advised, by the staff member receiving the complaint, of their right to have a support person, advocate and/or interpreter present when lodging their complaint or if spoken to in the course of investigating it.

2.3 Complaints management

To ensure complaints are managed quickly and effectively, all staff have the delegated authority to receive and register complaints.

Where the staff member is able to take an immediate action that is within the scope of their day-to-day duties and authorities to resolve the complaint, they should do so. In cases where the complaint is relatively minor and resolved to the satisfaction of the complainant the staff member should inform the Program Manager, and follow the process or recording and lodging the complaint below.

Where the staff member is unable to take immediate action they should refer the complaint to the Program Manager, who will be responsible for resolving and recording the complaint.

Complaints of a serious nature or that are related to wider organisational issues will be referred to the relevant Director by the Program Manager.

See **Figure 1: Complaints Flow Chart.**

2.4 Record of complaint

The **Record of Client Complaint Form MM SD 3003** is to be completed in all cases where a complaint has been received. All complaints will be lodged with the **Central Complaints Register** via the CEO as soon as possible after being received.

A reference number will be allocated once the complaint is registered.

A copy of **Part A** of the **Record of Client Complaint Form MM SD 3003** is to be provided when the complaint is received. If the complaint is not immediately resolved a copy of **Part B** of the **Record of Client Complaint Form MM SD 3003** is provided once the complaint is resolved. Both forms are to be signed off by the Program Manager and Director as applicable.

See **Figure 2: Central Complaints Register Flowchart**

2.5 Timeframes

If the matter involves an immediate threat of harm to anyone, or abuse or neglect of a child, action must be taken immediately to inform police or local care and protection services.

All complainants will be informed that their complaint has been received within three working days.

Response to the complaint depends on the nature of the complaint. For a simple complaint, response should be made either before the next time the client uses the service or within five working days.

For a more complex complaint, which might require different levels of information and advice, an initial response should be made within ten working days.

Marymead will endeavour to resolve all complaints within 20 working days.

2.6 Improvement

Complaints data is to be utilised by the Program Manager in consultation with Program staff

- to identify areas of service provision that may require improvement;
- to develop operational/strategic plans to address areas of weakness or improvement identified;
- for statistical purposes as required.

Programs are to ensure improvement strategies are put in place and monitored where the review of complaints data highlights patterns/repeat areas of concern.

Complaints data is to be reviewed quarterly by the Executive Team to ensure appropriate and timely management of complaints and to identify any further opportunities for improvement to be actioned.

Figure 1: Complaints Flow Chart

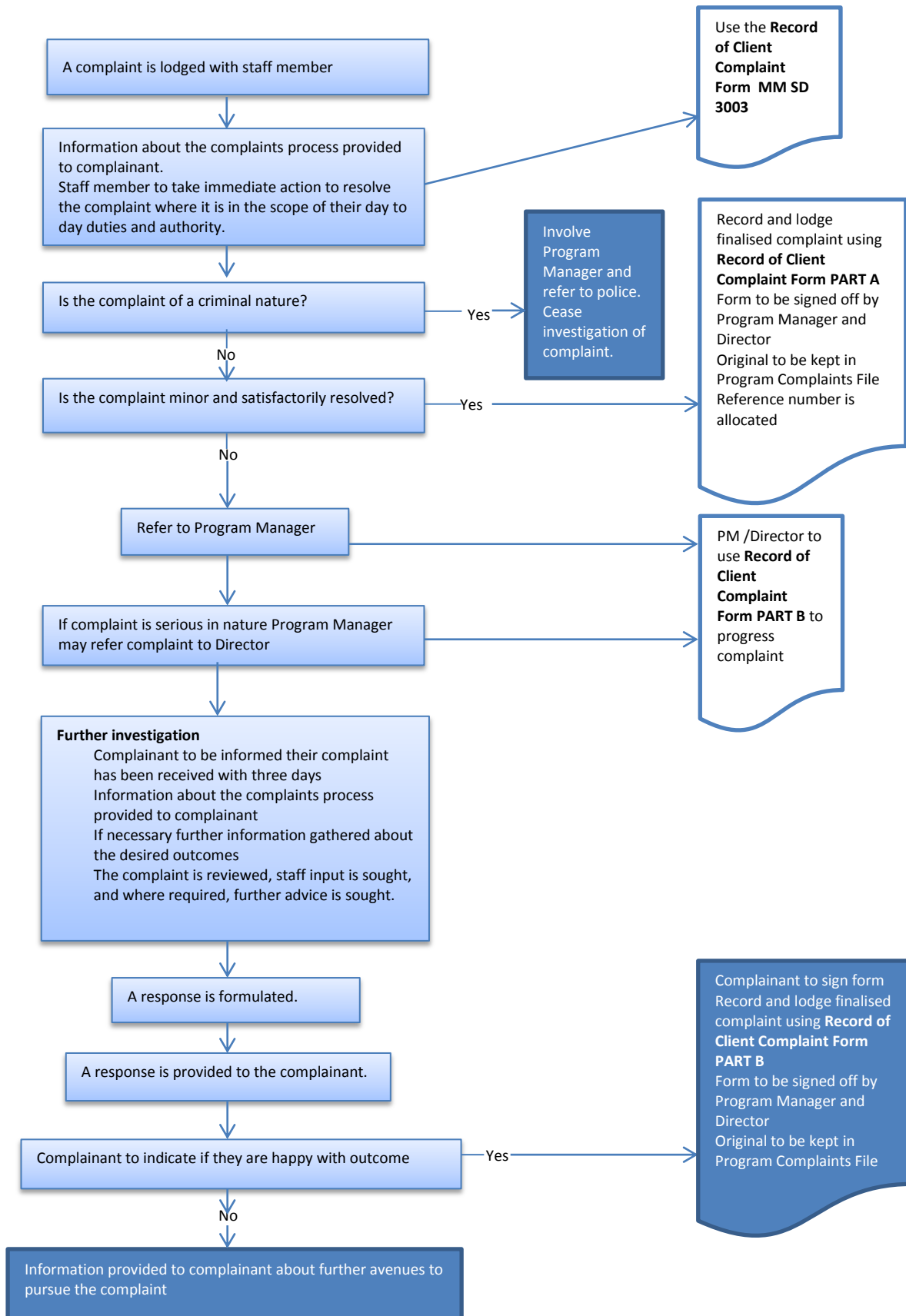
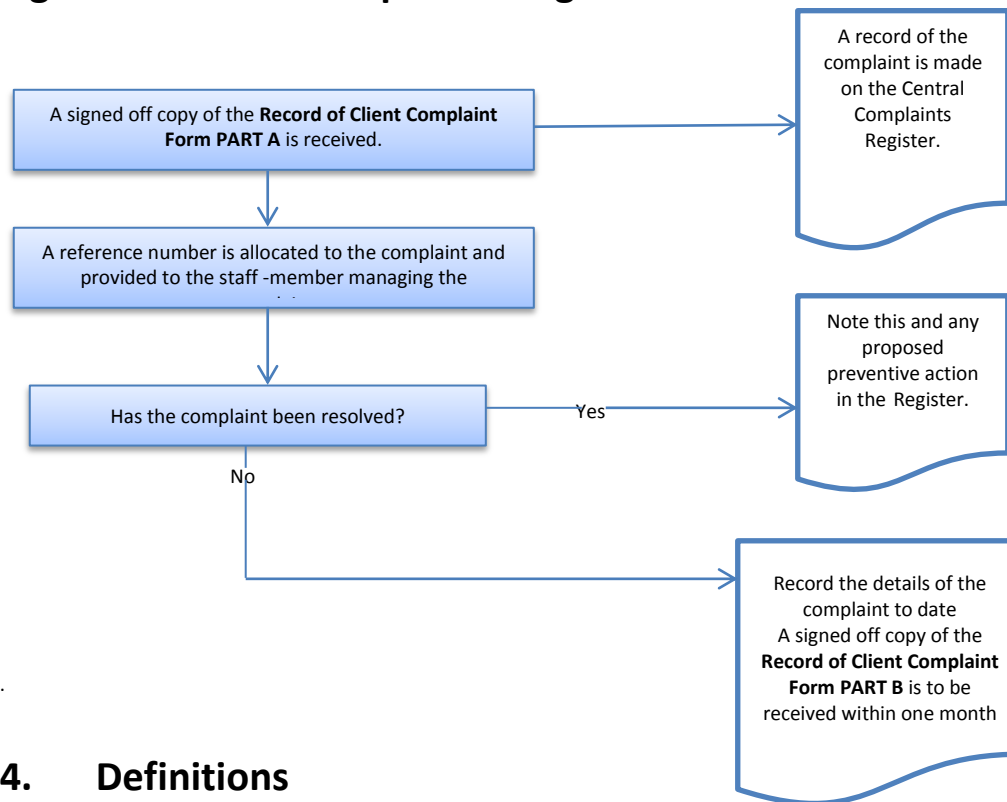


Figure 2: Central Complaints Register Flowchart

4. Definitions

Complaint: an expression of dissatisfaction made to an organisation, related to its products or services, or the complaints handling process itself where a response or resolution is explicitly or implicitly expected.

6. References

Related Policy

Client Input and Feedback Policy MM OP 208

Related organisational documents

Central Complaints Register

Standards

Raising the Standard, ACT Government, Section 4: Work With Clients and Communities, Standard 4.2: Client Rights and Participation – Client Complaints.

Common Community Care Standards, Australian Government, Standard 1, EO 1.4: Community Understanding and Engagement, Standard 3, EO 3.3: Complaints and Service User Feedback.

National Standards for Mental Health Services, Australian Government, Standard 3: Consumer and Carer Participation.

National Standards for Disability Services, Australian Government Standard 3: Decision Making and Choice.

Family Relationship Services Guidelines, Australian Government, Standard 3: Planning.

Out of Home Care Standards, ACT Government, Standard 1.7: Participation in Decision Making.

Draft National Standards for Disability Services, Standard 4: Feedback and Complaints

5. Document Control Details

Document Name	Complaints Policy
Document Author	Lucy Mitchell and Lisa Donkin
Delegated Authority	CEO
Signed off by	Hilary Martin
Date of Authorisation	18 March 2013
Date of Review	12 months after authorisation date
Replaces	Operations Manual 2011