



1.0 Policy

The Disability Trust recognises the rights of clients, families, and other interested parties to raise complaints or give feedback about any aspect of our services.

The Trust regards feedback, including complaints & service improvement requests as a positive component of service evaluation and review and believes that an agency's response to client feedback is an important component in creating quality services.

2.0 Purpose

- 2.1 This policy defines how The Disability Trust manages client complaints so as to attain satisfactory resolutions wherever possible. This policy also defines how The Trust utilises information from complaints and feedback to improve its ongoing service delivery.
- 2.2 Staff Complaints are managed through Policy F-11 Employee Grievances under Human Resources.
- 2.3 Customer Complaints and Feedback are managed through Policy B-07 Customer Service and Complaints.

3.0 Responsibilities

- 3.1 All staff are responsible for ensuring that clients, customers and other parties can freely and without duress express dissatisfaction with any aspect of The Disability Trust, its staff, management or operations.
- 3.2 All staff are responsible for ensuring that a client complaint or feedback is handled appropriately and that serious complaints are passed on to Senior Management for investigation and resolution.
- 3.3 Senior Management is responsible for investigation and management of serious complaints.
- 3.4 Managers and Senior Managers are responsible for signing off complaints as completed after review of process, documentation and outcomes. Copies of completed complaints are forwarded to The Organisational Development Executive Manager.
- 3.5 The Organisational Development Executive Manager is responsible for managing documentation and records of complaints and tracking service improvements.
- 3.6 All staff are responsible for generating a Service Improvement Request where they or a client or stakeholder with whom they work, has feedback that may lead to improved policies, processes or systems.

4.0 Definitions

- 4.1 *Client:* For the purposes of this policy a client is a person with a disability or their carer or family member that utilises a disability support service whether funded or purchased. Clients may have access to specific external complaints resolution options afforded under The NSW Disability Services Act 1992. Other complaints or feedback mechanisms are available to customers of commercial



services through Policy B-07 Customer Service and Complaints or to staff through Policy F-11 Employee Grievances.

- 4.2 *Complaint:* A complaint is an expression of discontent or dissatisfaction in relation to a service, action or policy of the organisation or indirectly by a member of its paid staff or Board. For the purpose of this policy a complaint does not need to be identified as a complaint by the aggrieved party or to be lodged in any particular format for it to be recognised as such.
- 4.3 *Routine Complaints:* A routine complaint is one that is less serious in nature and can generally be handled at the level of the service outlet by staff application of customer service principles.
- 4.4 *Serious Complaints:* are those that; reflect upon the actions of any staff member; or potentially put at risk the health or safety of a client, staff or other party, or that involve an alleged infringement of the legal rights of any party. A complaint with respect to a policy of the organisation may also be considered serious in nature as it requires a response at a more senior level.
- 4.5 *Complaint Notification Form:* Clients or others may outline a complaint on this form. Verbal complaints and written complaints in other formats are also acceptable. (See Form-C-01-01 Complaint Notification Form).
- 4.6 *Complaint Investigation Form:* This form outlines processes for investigation of complaints, records follow-up actions and is used to sign off for closure of complaints. (See Form-C-01-02 Complaint Investigation Form).
- 4.7 *Service Improvement Request (SIR):* A service improvement request refers to a commitment to implement an improvement in a service, system or process. It may be generated as either a corrective or preventative action. Service Improvement Requests are lodged and tracked throughout the quality management system. (See Form-B-02-01 Service Improvement Request).
- 4.8 *Qsystems:* Qsystems is The Trust's internal quality system based on ISO 9001 Quality Principles, that captures and tracks quality initiatives including tracking service improvement activities.

5.0 Requirements

Encouraging & Supporting Complaints & Feedback

- 5.1 Clients and other interested parties are encouraged to complain about any aspect of service delivery and are assured that their complaints will be dealt with in a prompt and confidential manner.
- 5.2 On entering a service of The Disability Trust all clients are issued with copies of the brochure "*Your Rights in Receiving Services*" which is available in twelve community languages including English. The process involved in making a complaint is also reinforced verbally. The service's encouragement of complaints is emphasised.
- 5.3 Plain English versions or pictorially supported versions of the complaints policy are available for people with intellectual disabilities and where appropriate these are included in Worker or Resident's Information packs. (See Plain English Policy: *Are You Unhappy with the Service You Receive?*). Posters showing who to talk to about complaints are also positioned within relevant service outlets.



- 5.4 All complaints are dealt with in accordance with Privacy and Confidentiality requirements. Where information needs to be passed on to others within the service in order to resolve the complaint, the permission of the client, parent, person responsible or guardian is always first requested and obtained.
- 5.5 Clients are encouraged to raise complaints directly or through advocates or family members. Clients may have an advocate or family member accompany them at any stage of the complaints process. (See Policy C-11 Human Rights & Advocacy).
- 5.6 The Complaints Policy is made available on request to any customer, service provider, disability agency, other interested party or member of the public and complaints are duly encouraged. (See RD-B-07-01 Complaints Policy – Information for People Making a Complaint and C-01-01 Complaints Flowchart).
- 5.7 Information inviting feedback from customers and clients is also available on The Trust's website. www.disabilitytrust.org.au. Feedback from this source is directed in the first instance to The Organisational Development Executive Manager.
- 5.8 The Trust encourages feedback from clients and/or their families at all times and in whatever form including through:
- survey responses
 - suggestion boxes
 - verbal feedback at any service outlet
 - completion of a Service Improvement Request (SIR) Form (independently or with staff support)
 - participation in client, resident or worker meetings or other advisory structure.

Procedure for Responding to Routine Complaints

- 5.9 Routine complaints may be taken up with whichever staff member the client or family member feels most comfortable talking to. The staff member should ensure that the client is informed of how the complaint is to be managed internally and who within the organisation is to be informed.
- 5.10 Staff are to notify their Service Manager of all complaints. Service Managers or Senior Managers will provide any advice and assistance necessary for resolution of the complaint.
- 5.11 I would suggest adding in here "documentation of complaints that are able to be amicably managed and resolved at a service level will be kept on file by the relevant senior manager"
- 5.12 If the complaint is deemed to be of a serious nature they are to be referred directly to Senior Management. Serious complaints include those which:
- reflect upon the serious misconduct of any staff member
 - present a perceived risk to the organisation, its clients customers or members of the public
 - have the potential to result in legal proceedings
 - reflect upon the policy of the organisation.
- 5.13 Clients may register their complaint in whichever format they nominate including verbally in person or via phone, or by letter, Email, Fax or on a *Complaint*

Notification Form. Where a complaint is received in a format other than the *Complaint Notification Form* it can be appended to the form or where the complaint has been raised verbally transcribed onto the form.

- 5.14 Clients may take up a complaint with anyone within the organisation and all staff are encouraged to actively listen to the customer. Staff members may take such action as is required to amicably resolve the matter where a solution is within their decision making authority and where an outcome can be achieved within a two week time frame. Staff should record the complaint and its outcome on a Complaint Notification Form. (See Form-C-01-01 Complaint Notification Form).
- 5.15 Where a front line staff member cannot resolve a complaint within the two week time frame they are to inform the client:
- how the complaint will be managed internally
 - who within the organisation is to be informed
- 5.16 If the complaint is not resolved to the client's satisfaction within the agreed time frame (or two weeks if no timeframe is negotiated), the complaint is referred to Senior Management for further action.
- 5.17 Information is documented on a Complaint Notification Form and investigation processes, outcomes and follow up documented on a Complaint Investigation Form. A record of the complaint is lodged in a Complaints Register and a copy of serious complaints is forwarded to The Organisational Development Executive Manager to be held in the Organisational Complaints Register. (See Form-C-01-01 Complaint Notification Form and Form-C-01-02 Complaint Investigation Form).
- 5.18 Where a client or family member does not wish to raise a complaint with their usual contact staff for any reason, they may take the issue up directly with the relevant Manager or Senior Manager.

Procedure for Responding to Serious Complaints

- 5.19 Complaints may be referred to the Senior Manager for resolution when they are not resolved within a negotiated time frame or within 2 weeks where no alternative time frame is agreed to.
- 5.20 Complaints are also referred directly to the Senior Manager when they are of a more serious nature. This includes all complaints that:
- reflect upon the serious misconduct of any staff member
 - present a perceived risk to the organisation, its clients customers or members of the public
 - have the potential to result in legal proceedings
 - a complaint with respect to a policy of the organisation may also be considered serious in nature as it requires a response at a more senior level.
- 5.21 Some complaints may be forwarded directly to an Executive Manager or the CEO. These include instances where a complaint relates to the actions of Senior Managers or the complaint is in relation to the legality of organisational policy or where criminal or legal proceedings may ensue.
- 5.22 In responding to serious complaints a Senior Manager may meet with the client or family member to determine what outcome the client is seeking, clarify the



- issues and document the complaint and potential responses. The Senior Manager is responsible for ensuring that whatever action necessary for a resolution of such complaints is taken promptly. Where no further time frame is agreed and documented with the complainant, complaints are to be investigated and concluded by Senior Management within a further three week period of them being received by the Senior Manager.
- 5.23 Where necessary a Senior Manager may need to investigate a complaint by interviewing other parties and where possible reviewing any independent evidence. Investigation *will not* occur internally where a matter is reportable as a criminal activity in which case any further investigation may hinder potential police inquiries. The extent of investigative processes will reflect the relative seriousness of the complaint.
- 5.24 Situations in which a complaint is required to be notified to an external body are identified via RD-B-04-03 External Notifications. All such complaints must be treated as serious complaints.
- 5.25 Senior Managers are responsible for reporting outcomes of complaints to clients and families. These outcomes may include:
- upholding a complaint, apologising where appropriate and taking steps to ensure that future instances are minimised by changing policy or practice
 - explaining to a client or family the reasoning behind a policy practice or action of the organisation or its staff
 - indicating to a client or family that our investigation into their complaint was inconclusive or that there is an area of dispute or misunderstanding about the facts relating to a matter. In such instances it may be possible to mitigate future risks by taking preventative actions e.g. changing staffing arrangements or specific communication protocols.
- 5.26 The complaint is documented on a Complaint Notification Form. A Complaint Investigation Form http://www.disabilitytrust.org.au/forms-a-templates/doc_download/124-form-c-01-02-complaint-investigation-record.html is used to record investigation processes, outcomes and follow up actions and is used to document close-off of the complaint when processes are completed. A record of the complaint is maintained in the Complaints Register and a copy is forwarded to the Organisational Development Executive Manager to be held in the Organisational Complaints Register. Where relevant copies of complaints may be placed on client files. (See Form-C-01-01 Complaint Notification Form and Form-C-01-02 Complaint Investigation Form).
- 5.27 Complaints are signed off as completed by the Service Manager or Senior Manager after review of process, documentation and outcomes.
- 5.28 Where a complaint is not resolved within three weeks of coming to the attention of Senior Management, the matter is to be referred to the CEO or Board.
- 5.29 Where a complaint relates to the legality of organisational policy or where criminal or legal proceedings may ensue it should be reviewed by Executive Management and forwarded to the Board. In reviewing decisions the Board may seek external legal advice or obtain recommendations from industry or funding bodies or canvass local Advisory Structures. The board will not generally delegate any authority to determine company policy to any external person or authority.

External Complaint Resolution

- 5.30 Clients may contact an external complaints service at any time. Clients are also referred to an external complaints service if they remain dissatisfied with the outcome after internal channels have been exhausted. Advice of external complaints services are posted on The Disability Trust Intranet.
- 5.31 Situations in which a complaint is required to be notified to an external body are identified via RD-B-04-03 External Notifications. All such complaints must be treated as serious complaints.

Apologies to Clients and Families

- 5.32 In many instances it may be appropriate to apologise to a client or their family in response to a complaint they have raised that has been upheld on investigation. In most instances apologies for a poor service are not admissible as evidence of legal liability (Civil Liabilities Act 2002).
- 5.33 In certain circumstances, exempted under the Civil Liabilities Act, an apology may act as an admission of liability. In these instances staff should first consult with management and legal advice may be obtained for the company. In these instances an apology may also invalidate Insurance coverage held by the company. Legal advice is sought in relation to:
- any violent act committed with intent to cause injury or death (including sexual assault)
 - injury caused by exposure to cigarette smoke or contraction of a dust disease
 - loss or injury arising from a motor vehicle accident
 - injury covered under the Workers Compensation Act
 - defamation.
- 5.34 Staff are encouraged to offer sincere and genuine apologies to a client or their family where they have received poor service, been provided with wrong information or have not been consulted in relation to a change in care.

Documentation of Complaints

- 5.35 The Trust documents all complaints in order to monitor individual outcomes and to utilise data for planning purposes. All record keeping is confidential.
- 5.36 The Disability Trust accepts complaints in writing or verbally. If a complaint is in writing it may take the form of a letter or other written document or it may be submitted to The Trust on The Trust's Complaint Notification Form. (See Form-C-01-01 Complaint Notification Form).
- 5.37 Where a complaint is made verbally the staff member recording the complaint should transfer the information onto the Complaint Investigation Form (See Form-C-01-02 Complaint Investigation Form) so as to establish an ongoing record. The staff member should also try to ensure that as much information as possible is recorded including what, if any, redress the complainant is seeking.
- 5.38 The Complaint Notification Form records the following information:
- Date
 - Name of Complainant
 - Nature of Complaint.



- 5.39 The Complaint Investigation Form records:
- Summary of Complaint
 - Investigation Process
 - Outcomes
 - Follow-Up.
- 5.40 Complaint Closure documentation of complaints that are able to be amicably managed and resolved at a service level will be kept on file by the relevant Senior Manager.
- 5.41 For Serious Complaints records including the Complaint Notification Form & Complaint Investigation Form are kept in an Organisational Complaints Register maintained by The Organisational Development Executive Manager.
- 5.42 Documentation of a serious complaint relating to an adult service user is kept in a locked filing cabinet for 7 years. Documentation of a complaint relating to a child service user is kept in a locked filing cabinet for 7 years after the child attains the age of 18 unless the complaint is in relation to an allegation of abuse or neglect in which case the record is maintained indefinitely.
- 5.43 Access to a particular complaint logged in the Complaints Register is restricted to the relevant Manager, Senior Management and the Organisational Development Executive Manager. With permission of the complainant only, access may also be approved for a person appointed by Senior Management to undertake audit compliance activities.
- 5.44 Access to all records in the Organisational Complaints Register is restricted to Executive Managers, the CEO and The Board.
- 5.45 The Complaint Investigation Form is signed off as completed by the Service Manager or Senior Manager after review of process, documentation and outcomes.
- 5.46 The Service Manager or Senior Manager may nominate to follow up with the complainant at some period after the formal complaints process has been closed to establish the complainant's satisfaction with outcomes and processes.

Monitoring and Review of Complaints

- 5.47 The Disability Trust encourages and welcomes complaints and acts promptly and appropriately to ensure that each individual complaint is resolved. Where appropriate, service system change is implemented.
- 5.48 All individuals are encouraged to make complaints and to give as much feedback as possible in order for The Trust to consider and review its services.
- 5.49 The number and general nature of complaints is reported quarterly to the board as part of the Disability Trust's Dashboard Reporting. This allows tracking of complaints over time and supports service evaluation activities. (See TP-I-10-01 Dashboard Reporting Template).
- 5.50 The Disability Trust regards client feedback (both positive and negative) as an essential component in strategic planning.
- 5.51 Where the complaint indicates that there is a need for service improvement this is forwarded to the Quality Systems Coordinator on Form-B-02-01 Service Improvement Request for documenting and tracking in Qsystems.

6.0 Forms and Records

Form-B-02-01 Service Improvement Request
 Form-C-01-01 Complaint Notification Form
 Form-C-01-02 Complaint Investigation Form
 TP-I-10-01 Dashboard Reporting Template

7.0 Work Instructions and Safe Working Procedures

Nil

8.0 Related Policies

B-01 Quality Statement & Quality Objectives
 B-02 Quality Systems
 B-03 Quality Process Diagram
 B-04 Compliance & Audits
 B-07 Customer Service & Complaints
 C-04 Valued Status
 C-05 Sexual Harassment
 C-11 Human Rights & Advocacy
 D-03 Dealing with Abuse & Assault of an Adult
 D-04 Dealing with Abuse & Assault of a Child
 F-10 Employee Code of Conduct
 F-11 Employee Grievances

9.0 Related Documents

RD-B-04-03 External Notifications
 RD-B-07-01 Complaints Policy – Information for People Making a Complaint
 RD-B-07-02 Tips for Making a Complaint
 RD-C-01-01 Complaints Flow Chart – Org
 Plain English Policy: Are You Unhappy with the Service You Receive
 Brochure: Your Rights In Receiving Services

10.0 References

NSW Disability Services Act (1993) & NSW Disability Standards
 National Privacy Principles
 Privacy Act (Commonwealth) 1988
 Privacy Amendment (Enhancing Privacy Protection) Act 2012
 Privacy & Personal Information Protection Act 1998 (NSW)
 Information Privacy Act 2014 (ACT)
 Disability Inclusion Act 2014 (NSW)
 Disability Services Act 1986 (Cth)
 Disability Services Act 1991 (ACT)

NSW Community Services (Complaints Appeals and Monitoring) Act 1993
Standards in Action: NSW Ageing and Disability Department 2011
UN Convention on the Rights of Persons with Disabilities (2008)
Ombudsman's Act 1974. See also: Community Services Division; Fact Sheet 2
Civil Liabilities Act 2002
Disability Discrimination Act 1992 (Cth)
Anti-Discrimination Act 1977 (NSW)
Racial Discrimination Act 1975 (Cth)
Age Discrimination Act 2004 (Cth)
Sex Discrimination Act 1984 (Cth)
Discrimination Act 1991 (ACT)

Policy C-01 Client Complaints & Feedback

**Process Diagram:
Complaints
Management**

