

Policy Area: *Quality and Risk*Procedure Name: *Compliments Suggestions and Complaints*Document Owner: *Guy Warner-Gladish, Manager Quality, Risk and Compliance*

## PR-QR06/01 COMPLIMENTS, SUGGESTIONS, AND COMPLAINTS PROCEDURE

### Related Policies

POL-QR06 Complaints, Compliments and Suggestions Policy

### Scope

This procedure applies to all Wesley Mission Victoria staff and volunteers. It includes information on:

- Complaint investigation process
- Compliment and Suggestion process
- Risk Rating of Complaints
- Reporting on Compliments, Suggestions, and Complaints

This procedure covers all feedback (complaint, compliment or suggestion) received from a client, family member, carer or community members. This procedure **excludes** feedback received from staff or volunteers as this is covered by [Issue and Grievance Resolution Procedure P and C P08](#).

### Definitions and Abbreviations

**Complaint:** Refers to an expression of concern, dissatisfaction, unmet expectation, frustration by or on behalf of a client regarding any aspect of the quality or delivery of services, policies, procedures or conduct or any other element of the way we do our business, regardless of how it is made.

**Suggestion:** An idea or plan put forward for consideration.

**Compliment:** An expression of gratitude, satisfaction, or the exceedance of expectations by or on behalf of a client regarding the quality or delivery of services policies, procedures or conduct or any other element of the way we do our business, regardless of how it is made.

**Client:** Refers to current and former clients of Wesley, their family, support persons and advocates, and also includes supported employees engaged in social enterprises.

**Complainant:** The person or party making the complaint, either directly or through someone acting on their behalf.



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Grievance:	An issue or grievance expressed about a work situation usually by an individual staff member or volunteer, but it may sometimes be initiated by a group of staff/volunteers, that they consider adversely affects their work and/or working environment.
Vexatious:	A complaint that has been made primarily to embarrass or place unreasonable burden on a respondent without reasonable grounds.

### Overall Responsibilities

- The Chief Executive Officer (CEO) is ultimately responsible for ensuring an effective system is in place for the management of complaints, compliments and suggestions within WMV. This responsibility is delegated to the Quality Risk and Compliance Manager to work collaboratively with other Managers and General Managers of service areas. Part of this responsibility involves review of trends and acting on any areas requiring improvement in an ongoing manner to prevent recurrence.
- All staff members are responsible for informing clients and family members of their right to make a complaint should any issues arise, and options for accessing both internal and external complaints processes.
- All staff members are responsible for ensuring that complaints are treated in a confidential and empathetic manner.
- Any person (i.e. client, relative, or community member) that raises a complaint shall not be subject to any retribution as a result of their expression of and/or registration of a complaint.
- Complainants shall have the right to have a chosen representative present at any time that the complaint is discussed.
- The interests and rights of complainants are protected, and all complainants will be treated with fairness and respect.

### Procedural Steps for Complaint Resolution:

- 1) Formal complaint received.
  - In some cases, complaints, compliments or suggestions for improvement will be expressed verbally either by telephone call or in person. The person receiving the complaint is to ask the complainant if they would like to raise their issue as a formal complaint. They must then encourage the complainant to complete the Compliments, Suggestions, and Complaints form, explaining the importance of capturing this



information to improve Wesley's services.

- If the complainant does not wish to complete the form but still wishes to make a formal complaint, it is to be completed on their behalf by a staff member or volunteer. In all instances it is very important to listen carefully to the service user or relevant other to determine the real issue and the complainant's preferred outcome or remedial action.
- 2) Complaints must be forwarded **immediately** to Program Manager, or relevant manager at Central Office (e.g. complaint regarding fundraising to be forwarded to Head of Fundraising).
  - 3) If a complaint regarding operational services is received at Central Office the complaint is to be forwarded **immediately** to the Quality, Risk, and Compliance Manager. Complaints that are deemed inappropriate for a Program Manager or relevant manager at Central Office to investigate due to privacy issues or a conflict of interest should also be forwarded to the Quality, Risk, and Compliance Manager.
  - 4) Manager or delegate to enter complaint into RiskMan on receipt of complaint, as per [RiskMan Feedback Module Work Instruction].
  - 5) Manager to rate severity of complaint in line with Risk Rating guidelines (see below). If complaint is deemed *Moderate, Major/Severe, or Catastrophic*, the complaint is to be escalated **immediately** to the relevant General Manager, General Manager Planning and Development, and the Quality, Risk, and Compliance Manager.
  - 6) Manager or General Manager to formally acknowledge the complaint using the [acknowledgement letter templates](#) within **2 working days**. For complaints related to a critical incident or rated *Moderate, Major/Severe, or Catastrophic* refer to the [Crisis Communications Plan].
  - 7) Manager, General Manager, or delegate assigned by them, to investigate the complaint. This should include meeting with the complainant and any other relevant parties. Ensure notes are taken at all meetings and details are uploaded into RiskMan within **5 working days** of the meeting taking place.

Investigation of a complaint must ensure that the following is undertaken:

- Identify the service area/staff member/client/other stakeholder involved.
- Provide the relevant person with a copy of the complaint and request a meeting with them **within 2 working days** to verify the facts relating to the issues raised and to substantiate the complaint.
- If the complaint alleges criminal activity, such as a breach of the [Code of Conduct](#), refer to People and Culture [disciplinary procedure](#).



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- Establishment and acknowledgement of resolution(s) sought by the complainant.
  - Respect for participants' right to privacy and confidentiality.
  - Regular updates with complainant throughout the investigation.
  - Information gathered from these preliminary investigations will form the basis of the letter to be prepared by the investigation manager.
- 8) Manager or General Manager to seek to resolve the complaint. Complaints rated *insignificant* or *minor* should be resolved within **7 working days**, while complaints rated *moderate*, *major/severe*, or *catastrophic* should be resolved within **28 working days**, inclusive of formal response to a complainant. Where possible, resolution should be reached in consultation with the complainant. If anonymous the complaint is considered to be resolved upon completion of investigation.

Resolution should consider:

- An expression of regret for any harm suffered.
  - An explanation or provision of accurate information about what is known, without speculating or blaming others. Ensure that information provided is in line with the [Client Confidentiality and Privacy Policy](#).
  - Consideration of the problem and outcome the complainant is seeking and proposition of a solution.
  - Engaging with the complainant to ascertain whether they are satisfied with the handling and outcome of the complaint.
  - Review of relevant documentation including but not limited to client files, case notes, policies, and procedures.
- 9) Manager or General Manager (dependent on severity rating) to provide a written response to the complainant, including information about the escalation processes if they are not satisfied with the response and contact details to the appropriate complaints body (details can be found in the Client Handbook or [Have Your Say Brochure](#)).
- 10) Ensure that comprehensive notes and documentation are maintained on RiskMan throughout the complaint investigation process. Scan and attach all relevant documentation to the complaint in RiskMan.
- 11) Close complaint in RiskMan by adding closure date, and ensure all fields are complete and relevant documentation is attached.
- 12) Quality, Risk, and Compliance Manager to review complaint as entered in RiskMan. If satisfied procedure has been followed and all relevant information is captured, "Feedback"




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entry to be posted ready for reporting.

- 13) Quality, Risk, and Compliance Manager to review any Quality activities that emerge as a result of the complaint, and action these as appropriate, as per the Quality Framework.
- 14) The Program Managers are to ensure that complaints, compliments and suggestion trends provided by the Quality Risk and Compliance Manager and reports are discussed in a confidential manner at staff and client meetings. Minutes are to indicate actions taken to address the issues.

### **Risk Rating of Complaints**

Wesley Mission Victoria has adopted a [risk rating matrix](#) to determine the severity of complaints. All complaints must be rated by the Manager responsible for the complaint in accordance with the following Wesley Risk Rating. Attempt at all times in this assessment should be factual rather than subjective.

<b>Insignificant</b>	<p>Locally resolved complaint.</p> <p>Reduced quality of client experience/outcome, directly related to provision of care – readily resolvable.</p> <p>Adverse event leading to minor injury not requiring first aid</p> <p>Interruption to service which does not impact on the delivery of client care or the ability to continue to provide service.</p> <p>Rumours, no media coverage. Little effect on staff morale.</p>
<b>Minor</b>	<p>Justified complaint. Peripheral to client care.</p> <p>Unsatisfactory client experience outcome, directly related to provision of care – readily resolvable.</p> <p>Minor injury or illness, first aid treatment required.</p> <p>Minor error due to ineffective skills, following procedure, training/implementation of training.</p> <p>Recommendations made which can be addressed by low level of management action.</p> <p>Short term disruption to service with minor impact on client care.</p> <p>Local media coverage – short term. Some public embarrassment.</p> <p>Minor effect on staff morale/public attitudes.</p>
<b>Moderate</b>	<p>Justified complaint involving lack of appropriate care.</p> <p>Unsatisfactory client experience/outcome, incident resulting in short term effects.</p> <p>Agency reportable, e.g. police.</p> <p>Significant injury requiring medical treatment and/or counselling.</p> <p>Late delivery of key objective/service due to ineffective competency, skills, not following procedure or training.</p> <p>Ongoing problems with staff levels/ratios.</p>



Challenging recommendations that can be addressed with an appropriate action plan.

Technical breach of legislation/contract requiring immediate action.

Some disruption in service with unacceptable impact on client care.

Temporary loss of ability to provide service.

Local media – long term adverse publicity. Significant effect on staff morale and public perception of the organisation.

### **Major**

Unsatisfactory client experience/outcome, incident resulting in long term effects.

Major injuries/long term incapacity or disability requiring medical treatment and/or counselling.

Uncertain delivery of key objective/service due to staff incompetency.

Major error due to ineffective skills, not following procedure, training/implementation of training.

Material breach of legislation resulting in fines, suspension of services/funding.

Enforcement action (external).

Sustained loss of service which has serious impact on delivery of client care resulting in major contingency plans being invoked.

National media/adverse publicity, less than three days.

Public confidence in the organisation undermined.

### **Catastrophic**

Incident leading to death or major or permanent incapacity.

Non-delivery of key objective/service due to staff incompetency.

Critical error due to ineffective skills, not following procedure, training/implementation of training.

Material breach of legislation/contract resulting in prosecution/sanctions/withdrawal of funding.

Permanent loss of core service or facility.

Disruption to service leading to significant 'domino' effect.

National media/adverse publicity, more than three days.

### *Complaints rated Insignificant or Minor*

Where possible, complaints with a risk rating of Insignificant or Minor should be resolved at the local level and overseen by the Program Manager. When this is not possible or is inappropriate, complaints need to be escalated (refer to 'Other Complaints' below).

Complaints must only be handled by a party that is removed, or not directly involved in the complaint. If this is not possible at the local level, then the complaint will need to be escalated.

Complaints involving a potential breach of the [Wesley Code of Conduct](#) must be first referred to People and Culture for investigation and follow-up in accordance with the [Discipline Procedure](#). The complaint is to then to be managed by the Program Manager, Quality, Risk



and Compliance Manager, or relevant General manager.

In the event of doubt about any aspect of managing complaints, staff and managers are to obtain advice from the Quality, Risk, and Compliance Manager.

#### *Escalated or Moderate, Major/Severe, or Catastrophic Complaints*

All complaints that cannot be resolved at the local level, have been escalated by the complainant, or are rated as Moderate/Major/Catastrophic are referred to the Quality, Risk, and Compliance Manager and the General Manager responsible for the program or unit to which the complaint pertains.

- The Quality, Risk, and Compliance Manager is to facilitate investigation of the complaint, liaising with the relevant General Manager for content input with support from the Risk Officer.

#### *Other Complaints*

- Complaints that allege harm or seek compensation:
  - Where a complainant alleges harm, including allegations of sexual abuse, an incident report must be completed in accordance with the [Incident and Hazard Reporting](#) procedure, with support from the People and Culture team. The incident can be linked to the complaint when entered into RiskMan.
- Complaints received from external complaints body:
  - All complaints received from external complaints bodies (e.g. the Disability Services Commissioner, Aged Care Complaints Scheme, Victorian Ombudsman, etc.) must be referred to the relevant General Manager, and managed by the Quality, Risk, and Compliance Manager. The General Manager and Quality, Risk, and Compliance Manager must ensure the complaint is lodged on RiskMan.
- Complaints received from, or copied to an MP or the media:
  - All correspondence or telephone calls regarding complaints on behalf of Federal or State MPs, or from the media must be referred to the relevant General Manager, and Quality, Risk, and Compliance Manager for appropriate action, including notification of the Community Relations Manager and the CEO. Quality, Risk, and Compliance Manager will follow the standard procedure with advice from Community Relations Manager. Refer to the [Media Handling Procedure](#) for further information.



- Complaints received by the CEO, Executive, or addressed to a Board member:
  - Complaints received by the CEO, Executive, or Board member are to be forwarded directly to the Quality, Risk, and Compliance Manager and General Manager of Planning and Development for appropriate action.
- Vexatious or Malicious Complaints
  - Wesley Mission Victoria will make an underlying assumption that complaints are made in good faith and with an intention for resolution, however if complaints are deemed to be vexatious or malicious by the Program Manager, General Manager, or Quality, Risk and Compliance Manager, a response is not required. However, where possible reasons should be provided to the complainant.

#### **Staff and Volunteer training:**

- New staff and volunteers will be provided information on complaints management processes at induction;
- Training on complaint handling to be offered to staff and volunteers as part of local induction training, and on request by staff and volunteers.

#### **Reporting**

The RiskMan Feedback Module is monitored by the Quality, Risk, and Compliance team and reports are developed utilising information captured.

*Quarterly Complaints and Feedback Report to Executive Leadership Team and Board Quality Governance Committee and Program Managers*

This report is prepared by the Quality, Risk, and Compliance Manager. The report includes:

- The number of compliments, complaints, and suggestions received,
- Analysis of trends and actions;
- Severity rating of complaints;
- The total number of complaints received relevant to the service/program area;
- The category of each compliment, suggestion and complaint (type);
- The number of complaints closed within 28 days; and
- Actions taken as a result of substantiated complaints and resultant outcomes.





### *Disability Service Commissioner Annual Complaints Report*

This mandatory report containing **all** complaints raised by clients (or their families) that are funded by DHS Disability funding in each financial year, is prepared by the Quality, Risk, and Compliance Manager and approved by the General Manager of Disability and Aged Care. It is submitted using the Annual Complaints (ACR) Tool. The report includes number and types of complaints received and how those complaints were resolved. Information from the reports is published in the Commissioner's annual report and contributes to improvements in disability services.

### **Compliments and Suggestions**

Compliments and suggestions follow a similar process to complaints.

- 1) Compliments and suggestions must be forwarded to Program Manager or Manager of Quality Risk and Compliance for logging in the RiskMan Feedback Module.
- 2) Compliments to be provided to relevant staff member(s), and Community Relations team if appropriate by Program Manager or Quality, Risk, and Compliance Manager.
- 3) Quality, Risk, and Compliance Manager to review feedback (compliment or suggestion) as entered in RiskMan. If satisfied procedure has been followed and all relevant information is captured, Feedback to be posted ready for reporting.
- 4) Quality, Risk, and Compliance Manager to review any Quality activities that emerge as a result of the complaint, and action these as appropriate, as per the Quality Framework.
- 5) If suggestion provided by client raises issues around practice or system, it may instigate an internal investigation by the Quality team, or as appropriate, an external investigation approved by the Quality, Risk, and Compliance manager.

### **Further Information**

Wesley Mission Victoria will actively encourage clients to make a complaint or provide feedback through a number of avenues:

- Clients will be provided with a copy of the Client Handbook and [Have Your Say Brochure](#) prior to, or on commencement of, receiving a service from Wesley. Staff and volunteers will ensure clients are aware they have a right to complain and are informed about the options for making a complaint or providing feedback.
- Where appropriate (e.g. intake, assessment, or planning), carers and family members will




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be provided with a copy of the Client Handbook and are to be informed about the options for making a complaint or providing feedback.

- Information on providing feedback, including complaints, will be available on the Wesley Mission Victoria Website and intranet.
- Each appropriate Wesley Mission Victoria site will have a poster that is visible and accessible to clients, which informs clients of their right to make a complaint, and Wesley's feedback and complaint process.
- Each Wesley service hub will have a clearly displayed suggestion box and copies of the [Have Your Say Brochure](#) available. Suggestion boxes are to be cleared weekly and any compliments, complaints, and suggestions entered into RiskMan.
- If requested, staff or volunteers will assist clients to complete feedback forms or provide feedback in a manner that is suitable to them.
- Wesley staff will make every effort to establish an environment of trust and open communication, which encourages clients to provide feedback and where necessary raise concerns about the services by Wesley.

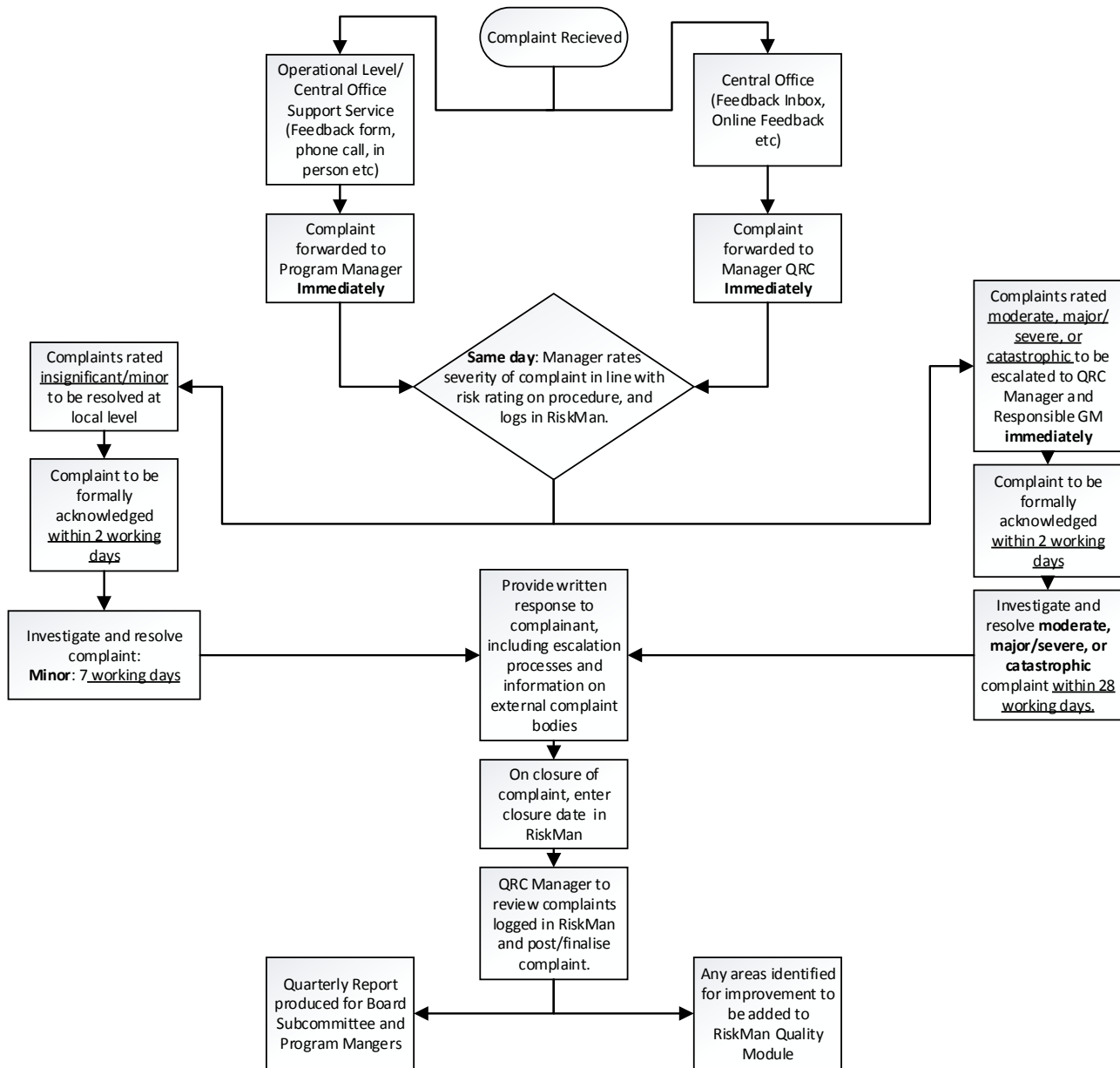
#### *Method of Providing Feedback*

Compliments, Suggestions, and Complaints can be received by any Wesley Staff member through the following options:

- Completion of the [Have Your Say Brochure](#) submitted electronically, through the suggestion box, post, or in person.
- Letter
- Email to staff member or [feedback@wesley.org.au](mailto:feedback@wesley.org.au)
- Form provided on website
- Phone or in person
- Surveys, focus groups, or interview panels
- Social media



**Complaint Process Flowchart**



**Related Documents**

**Related Forms, Guidelines, other documents**

[POL-QR06 Complaints, Compliments and Suggestions Policy](#)

[4.1.2 Client Rights and Responsibilities](#)

[4.1.3 Client Confidentiality and Privacy](#)

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[Have Your Say Brochure](#)

[PR-CR03/01 Media Handling Procedure](#)

[PR-PC06/01 Discipline Procedure](#)

Client Handbook

Quality Framework [in development]

RiskMan Feedback Module Work Instruction [in development]

[PRO-QR02/01 Organisational Risk Management Framework](#)

PRO-QR02/03 Risk Management Procedure [to be endorsed]

Crisis Communications Plan [in development]

### Related Local Procedures

### External Context

#### Relevant Standards

##### QIC Core standards:

- Standard 1.1 Governance
- Standard 1.7 Risk Assessments and Management
- Standard 1.8 Legal and Regulatory Compliance
- Standard 1.9 Safety and Quality Integration
- Standard 2.4 Confirming Consumer Rights

##### National Standards for Disability Services

- Standard 4 Feedback and Complaints

##### DHS Standards

- Criteria 1.1 People Understand their Rights and Responsibilities
- Criteria 1.2 People Exercise their Rights and Responsibilities

##### Community Care Common Standards

- Standard 3.3 Complaints and Service User Feedback

##### Aged Care Quality Standards

- Standard 1.4 Comments and Complaints



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### Relevant Legislations / Regulations

[Disability Employment Services Deed](#) [link to sample only]

[Disability Act 2006](#)

[Aged Care Act 1997](#)

[Children Youth and Families Act 2005](#)

### Revision Record

<i>Version</i>	<i>Date</i>	<i>Document Writer</i>	<i>Revision Description</i>
4	August 2014	Hollie Doar	Reviewed and updated to encompass whole of organisation requirements