

COMPLAINTS HANDLING AND MANAGEMENT POLICY

Tier 2: Operational Policy

How a complaint will be handled

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1. Introduction

The Community Services Directorate (**CSD / the Directorate/we**) is committed to effectively handling complaints. Good complaint management means service users, stakeholders, and employees can take part in improving the services we provide.

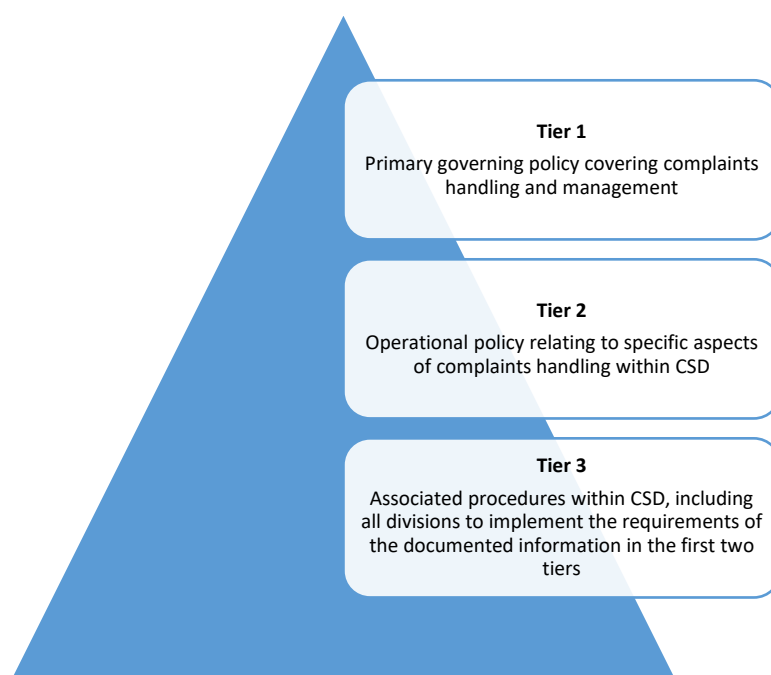
The CSD Complaints Handling and Management Policy (CHaMP) framework ensure we deal with complaints and decisions fairly, and we learn lessons to lead to improvements in our services.

The CHaMP framework describes how we will receive and respond to complaints throughout the Directorate.

2. The complaints policy suite: How to use the documents

The CHaMP framework is designed to set out how we receive and respond to complaints for transparency and accountability.

The framework is arranged into three (3) tiers:



All policy documents should be read in conjunction one another.

3. What this document is for

This document sets out the six stages of the complaints handling process for complaints we receive about our services, programs and supporting policy. It provides guidance to our staff to receive and respond to complaints fairly, consistently, and transparently.

4. Who this policy is for

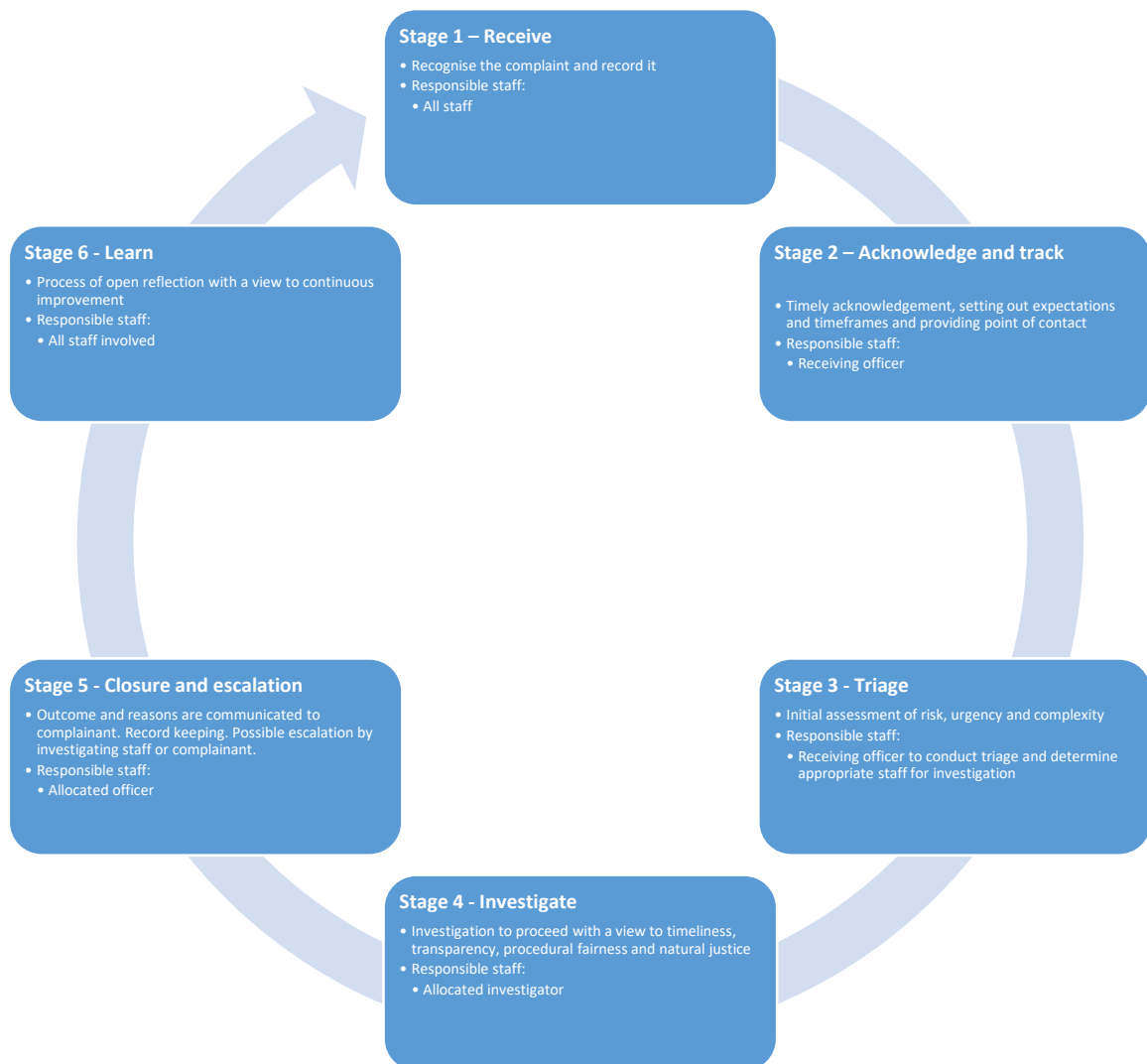
This policy applies to all CSD staff (including those by way of appointment, secondment, contract, ongoing, casual, temporary assignment, volunteer, trainee or on a fee-for-service basis), and to staff of associated organisations and service providers, for example Programmed Facilities Management and ACT Together.

5. Complaints handling process

We use our complaints process for two main purposes:

1. Provide an avenue for complainants to have their voice heard and their concerns addressed through a review, investigation, and resolution of their complaint.

2. Informing the ongoing improvement of our work, using the experiences of service users provided through the findings and recommendations of complaint investigations.



Each stage of the complaint process is important in working towards resolution. We will make every effort to meet stated timeframes although this may not be possible in all matters depending on the complexity of the issues, availability of information and resources, and timeliness of response by other parties. When an investigation will take longer than this policy states, we will communicate this to complainants.

Where possible, we try to resolve complaints at the first point of contact. We will train staff and develop procedures to enable this.

The stages of handling a complaint are for guidance only. They may overlap, happen in parallel, or in different order. The process has been developed with a view to using each complaint to inform continuous improvements in our business practices and complaint handling.

The detailed procedures and templates for handling a complaint are set out in the Tier 3 documents.

We are committed to supporting people to make complaints by ensuring information is easy to access, understand and use. This includes:

This is a controlled document. Printed copies are not controlled and are to be checked against the online version before use.

- Where and when complaints can be made
- How to make a complaint, including information complainants may need to provide
- What will happen once a complaint is lodged, including acknowledgement
- What a complainant can expect through the complaint process, including what information will be provided, and the finalisation of their complaint investigation
- How long various stages in the process are likely to take
- Where complainants may be able to go for additional assistance or support, and how they might escalate their complaint internally or externally
- How the complainant finds out about the status of their complaint.

This information is available on the CSD website and at a Central Access Point.

We will provide training for staff involved in managing complaints to:

- help them identify people who might require additional assistance in making a complaint, and
- consult with the person or others close to them about their preferred method of contact, and requirements for access or communication they have.

STAGE 1: RECEIVE

We receive complaints from a wide variety of sources and in different formats. All staff need to understand the definition of a complaint to consider whether the concern raised should be dealt with under this policy. Complaints can arise out of ongoing contact with the Directorate, and staff need to recognise the moment when a contact moves from routine service provision into a complaint handling process.

Complaints will be recorded with the supporting information from first contact, and allocated a reference number (TRIM, Homenet or CYRIS).

Initially, we will record:

- the contact information of the complainant (unless they wish to remain anonymous)
- whether the complainant gives consent to the disclosure of personal information in relation to the complaint (written consent is preferable to verbal consent)
- issues raised by the complainant
- whether the complaint is being made on behalf of another person, and consent has been received for this
- any other relevant information.

STAGE 2: ACKNOWLEDGE and TRACK

All complaints are acknowledged within 2 business days of receiving them. We will respond to complaints in writing, except where complainants have asked requests not to receive written correspondence, or it is not practical and is appropriately recorded elsewhere.

An acknowledgement at any level should include:

- Acknowledgment of receipt of the complaint
- The approximate timeframe for the next correspondence, and timeframe to completion
- What can or cannot be achieved in the outcome
- Seeking confirmation of consent (preferably in writing) to the access and disclosure of personal information where it has not already been given

- Information about our next steps in responding to the complainant's concerns, including the timeframe for investigation and outcome
- Information about the assistance and support a complainant may need;
- The point of contact for the complainant during the complaint investigation process
- What to do if the complainant has not had a response by the date advised

STAGE 3: TRIAGE

We will triage complaints in relation to risks, urgency, and complexity, to decide who will handle the complaint and how. We will inform the complainant of this decision in a timely manner.

Through the triage procedure, we seek to understand:

- Whether this a new complaint
- The risk, complexity and urgency of the issues, including
 - Whether the complaint raises serious concerns about a person's health, safety or wellbeing
 - How the person making the complaint might be affected
 - The consequences if the outcome of the complaint is delayed
 - Whether an investigation outcome requires the involvement of other organisations
- What CSD reporting category the complaint falls into Based on the information the complainant provides and any information we already have, we will make a decision about whether we will accept the complaint, and at what level we will handle the complaint. As part of this process, we will consider whether a Critical Incident Notification process is needed, and whether there are any conflicts of interest to be managed. Tier 3 Procedures set out further triage considerations and steps.

STAGE 4: INVESTIGATE

We are committed to timely completion of investigations. We will:

- Complete Level 1 complaints within 15 business days of acknowledgement of receipt.
- Resolve Level 2 complaints within 40 business days from acknowledgement of receipt.
- Complete all complaints referred to the Regulation, Assurance and Quality (RAQ) Branch within 60 business days of acknowledgement of receipt.

We will make sure the investigation process is consistent with procedural fairness and natural justice principles. We will explain to complainants in simple English why we need to access their personal information, and record their consent to access their personal information. If we make any request for additional information from the complainant, we will agree with the complainant about how this is done.

We will communicate with the complainant about the progress of an investigation, update them on any delays, and where possible provide any support the complainant requires, such as an interpreter, support person or disability support advocate.

STAGE 5: CLOSURE & ESCALATION

When we complete an investigation, we will provide the complainant with a written statement which will include:

- the outcome of the complaint investigation and any action taken
- the reason(s) for the conclusion reached by the investigation

- the remedy or resolution(s) we have proposed or put in place
- any options the complainant has for complaint escalation
- Summary of the recommendations or feedback we have made for systemic improvement
- For Level 3 complaints, an outline of the complainant's rights to access information in accordance with the Freedom of Information Act 2016 or Privacy Act 1988.

If we give the complainant a verbal summary before we give them written findings, we will document this conversation.

A complaint may be closed even though a complainant may not have received the outcome they had hoped.

5.1 Record Keeping

In accordance with the *ACT Territory Records Act 2002*, we will maintain comprehensive records (electronic or hard copy or both) about:

- how we managed the complaint
- all of our communications with the complainant
- verbal or written authority to communicate with third parties on behalf of the complainant
- any correspondence in relation to the matter
- information and documentation the complainant has provided
- what issues have been raised and discussed, both internally and externally
- decisions we have made about the issues and the reasons for these
- any sections of legislation, policies, procedures and business rules we used in making the decision
- what records were used in considering the complaint
- the outcome(s) of the complaint, including any recommendations we made, and
- any actions to be followed up.

5.2 Escalation

We are accountable for the outcomes of complaints we consider. If a complainant is unsatisfied about the outcome of the complaint, we will advise them of their right to escalate their complaint internally and externally, and how to do this.

A complainant or receiving officer can automatically escalate a complaint to Level 2 or Level 3 when:

- complaints relate to the allocated staff member or complaint investigator's own conduct and/or the conduct of other staff
- there is a real or perceived conflict of interest
- a complaint investigation has just been completed, and the complainant is dissatisfied with the outcome, or
- where this an acceptably identified risk to the Directorate

As a government agency, we are subject to the scrutiny of other Territory Government bodies including the ACT Ombudsman Office and the ACT Human Rights Commission.

STAGE 6: LEARN

When we effectively manage complaints, it increases customer and staff satisfaction. Complaints present opportunities for us to learn, improve our systems and the delivery of the services we provide to the ACT Community. We welcome complaints and feedback, and we encourage our staff to be proactive in responding to any concerns raised by service users, complainants or members of the public.

Consistent with our values and those of the ACTPS, it is important we take action to rectify the situation when mistakes or poor decisions are made. We want our staff to understand mistakes should be disclosed so this can happen, without fear of punishment. We encourage a positive culture of open communication about complaints.

6.1 Measuring Performance

We can measure the performance of our services to improve them, using regular reporting, review and analysis of complaints. It is important complaints and outcomes are recorded consistently and with enough detail to allow this to happen. The records should include:

- details of complaints
- categories of common issues raised in complaints
- the steps taken to address complaints
- complaint outcomes and
- any undertakings given to the complainant about what we will do as a result of their complaint, and any actions we have taken.

The Regulation, Assurance and Quality Branch (RAQ) within CSD has the primary role in monitoring and reporting our complaint handling performance. RAQ will request quantitative qualitative data (where available) on a quarterly basis from all divisions. It will be used in RAQ's quarterly report, which will be shared with all divisions. It will also be included in our Annual Report.

7. Related Policies

- *T1. Complaints Handling and Management Policy: Authorising Charter*
- *T1. Complaints Handling and Management Policy (CHaMP)*
- *T2. Complaints Handling and Management Policy: How a complaint will be handled*
- *T2. Complaints Handling and Management Policy: Unreasonable conduct*
- *T3. Complaints Handling and Management Procedure: Unreasonable Conduct*
- *T3. Complaints Handling and Management Procedure: How a complaint will be handled by Regulation, Assurance and Quality*

8. Document information

Authorising officer:	Director-General, Community Services Directorate
Effective date:	6 October 2022
Last reviewed:	7 June 2023
Next review date:	Interim review within 12 months of effective date Full review within 24 months of effective date
Access:	Open access – Available to all staff and the public

6. Version history

The following table details the published date and amendment details for this document.

Date	Amendment details
08/03/2022	Doc Name: T2 version How A Complaint Will Be Handled 2.2 Acceptance of Sub-committee member feedback following discussion on 3 Mar 22 mtg up to section 5
23/03/2022	Doc Name: T2 version How A Complaint Will Be Handled 2.3 Acceptance of Sub-committee member feedback following discussion on 22 March 2022 meeting
07/04/2022	Review undertaken by members of CSD Strategic Board of Management
06/10/2022	Endorsement by CSD Strategic Board of Management
30/11/2022	Feedback incorporated from Communications and Media Team 3.0
07/06/2023	Reviewed for grammatical errors and linkages to sources