

COMPLAINTS HANDLING AND MANAGEMENT POLICY

Tier 1: Governing Policy

Principles of complaint handling

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1. Introduction

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

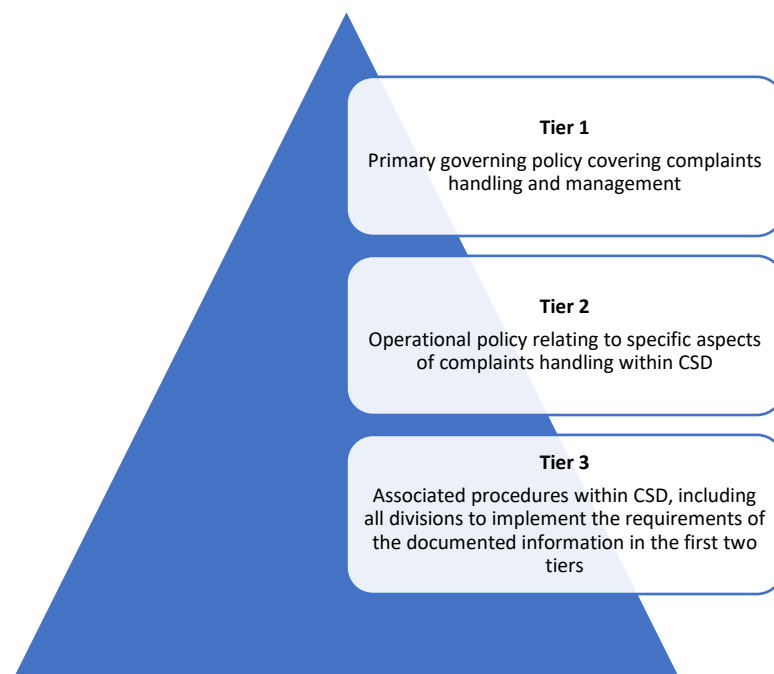
The CSD Complaints Handling and Management Policy (CHaMP) framework makes sure we deal with complaints and decisions fairly, and we learn lessons to lead to improvements to our services.

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 with one another.

3. What this document is for

This document sets out the principles and approach we will use for complaints we receive in relation to our services, programs, and supporting policies. It provides guidance on how we will receive and respond to complaints fairly and consistently.

4. What this charter is for

What a complaint is

A complaint is “an expression of dissatisfaction made to or about the Directorate, related to its services, policies, staff or the handling of a complaint, where a response or resolution is explicitly or implicitly expected or legally required”. We use the definition from the Australian Standard AS NZS 10002:2022 *Guidelines for complaint management in organizations*.

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Complaints may be made in any format – written, electronic (including through social media), by telephone, or in person.

This policy also applies to feedback given to the Directorate even when it is not a complaint.

A complaint is resolved when:

- there has been a careful and impartial investigation, with a review of relevant policy and procedure used
- there has been a decision made, and
- the outcome and explanation have been communicated to the complainant.

Our complaint process cannot direct a division to change a decision, although a decision may be changed because of the outcome of a complaint investigation. Services users can request a review of a decision using a different process to the complaints process set out in the CHaMP framework.

Note: The Child and Youth Protection Services (CYPS) Internal Decision Review process provides a clear and accessible process for affected parties to escalate specific CYPS decisions for reconsideration and review. The internal review of CYPS decisions process aims to balance the best interests of children with natural justice principles, and to improve the consistency and transparency of CYPS decision-making.

Who the policy applies to

The CHaMP policy applies to all CSD staff (including those by 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. Members of CSD staff are also able to make complaints to the Directorate under this policy.

What can and cannot be complained about

Under the CHaMP policy, we can consider complaints about:

- the process we have used to make a decision, or not make a decision
- a service we have provided, or not provided
- a service we fund (if the complainant has been through the provider's complaint process and is still unsatisfied)
- a potential breach of our obligations under the *Information Privacy Act 2009* which apply to personal information
- concerns we might have breached the *Human Rights Act 2019*
- anything else a person wishes, so long as it is not excluded from this policy.

Complaints **cannot** be made under this policy about:

- workplace harassment including staff grievances
- employees' misconduct (these complaints are considered under the ACT Public Service Enterprise Agreement)
- public interest disclosures
- decisions about eligibility to receive services
- complaints from funded or licensed service providers about the terms and conditions of their contractual arrangements with us

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- work health and safety notifiable incidents
- disputes (such as legal and contractual issues)
- allegations of fraud and corruption
- service or information requests
- matters currently being dealt with, or which have been previously dealt with by a court, tribunal or external complaints agency
- matters involving criminal offences
- review of decision.

5. Principles

We are committed to cultivating a culture which is receptive to complaints, by actively seeking out and managing feedback and complaints about our work. We value procedural fairness and natural justice. We provide information on making a complaint on our website and in printed publication, to make sure people can find it.

5.1 Human Rights and Respect for People

- We will listen to people, treat them with respect and actively involve them in the complaint handling process where possible. We will act in a way which is culturally aware and considerate of their individual circumstances. We will provide people with multiple ways to make complaints and clear information and timely updates during the complaints handling process.
- We will provide people with reasons for decision(s) and any options for redress or review.
- We will provide people with the opportunity for their complaint/s to be made anonymously, with complainants advised of the limitations of an anonymous complaint.
- We will ensure there are no reprisals or detrimental effects for complainants from making a complaint.

5.2 Procedural fairness and Natural Justice

Procedural fairness is about the fairness of the process used to reach a resolution to a complaint. Specifically, this means:

- A complaint will be thoroughly considered based on all the information available to CSD Divisions and Regulation, Assurance and Quality (RAQ), and all credible, relevant, and disputed issues will be examined.
- Complainants have the right to a fair hearing, a fair opportunity to present their own cases, and to answer questions, through ongoing conversation with complaints staff.
- We will deal with each complaint with integrity, equitably, objectively, and in an unbiased way.
- We will not intentionally disadvantage complainants in their rights and access to services.
- Once a complaint has been escalated, it will be overseen by a different person from the one who managed it at the previous level.

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- People making complaints have the right to support by a friend, an advocate, an interpreter, or community elder. A complainant can give written consent for anyone they wish to represent them (for example, an advocate, family member, legal or community representative, member of Parliament, or a representative from another organisation).

We will also adhere to the principles of natural justice. This means every complaint is managed by an impartial person who will:

- give all parties an opportunity to be heard and present their evidence, and
- make a determination based on an objective evaluation of the evidence before them.

5.3 Accessibility

We are committed to making sure our complaints handling procedures are easy to understand, free, and accessible, to every community member, including those who may require assistance.

We are aware it can be hard for people to know where they should direct their complaint. We apply a “No wrong door” approach, which means complaints can be made to any of our staff. Any staff member who receives a complaint will make sure it is received, recorded, and responded in a fair, consistent, and effective manner. They will communicate complaint outcomes in a way which is accessible and considerate of a person’s needs.

Complainants have the right to be:

- assisted by their carers, family, or friends with their consent
- provided with interpretation service and other assistance if needed, and
- referred to an advocate if needed.

We will make all efforts to support complainants in a way which is culturally aware and considerate of their individual circumstances. We are committed to ensuring individuals engaging with the complaint handling process is not detrimental to them.

- **Aboriginal and Torres Strait Islander people**

We have carefully considered the needs and interests of Aboriginal and Torres Strait Islander people in developing this policy. We know we may need to keep in mind additional considerations when we are dealing with complaints from Aboriginal and Torres Strait Islander people. For example, we may need to:

- provide information to family, next-of-kin and community
- seek specific cultural advice
- develop specific resources
- allow complainants to be supported by a friend, an advocate, an interpreter, or community elder

We have carefully considered the needs and interests of children and young people in developing this policy. Guided by Child Safe Standard 6 of the Royal Commission into Institutional Responses to Child Sexual Abuse, this complaint handling policy is clear, accessible, and child-focused and sets out clear processes for reporting child sexual abuse. The policy covers the following consistent with Standard 6:

- a) Making a complaint
- b) Responding to a complaint
- c) Investigating a complaint
- d) Providing support and assistance

e) Achieving systemic improvements following a complaint

We know we may need to provide extra resources to encourage, support and respond to complaints and feedback from children and young people. We will make information about making a complaint and giving feedback available to children and young people in child friendly and age-appropriate language. We will make sure children and young people are informed about their rights and can participate in the complaints process by providing accessible resources. We will prepare our staff who work directly with children and young people with the knowledge and skills they need to support children and young people to provide feedback and participate in decisions affecting them, by providing ongoing education and training.

- **Groups of people who may require assistance to make complaints**

We are also committed to making sure everyone has access to complaint processes, including people with disability, elderly people, people with mental health or substance misuse issues, or people who are not fluent in English. We will make an easy-read versions of CHaMP policies and procedures available in booklet at the shopfront and on our website.

- **Transparency and Good Communication**

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

We will provide clear information about what can and cannot be achieved by the complaint handling process, and how the outcome is reached. We will provide consistent and clear information about how and where to raise matters with us in a variety of ways including publications, websites, e-mail, and central access points.

We will give complainants a clear picture as to what they can expect and detailed information including:

- Who is managing their complaint and how to contact them
- How the complaint will be managed
- What issues are being considered
- The timeframes we expect it will take for their complaint to be investigated
- The progress of the complaint handling, and explanations of any delays
- Ways they are likely to be involved in the process, including providing evidence or documentation to investigators
- The possible or outcome of their complaint.
- A review of their rights and what to do next if they are not satisfied with the outcome.

When we cannot meet a complainant's expectations, we will explain what can and cannot be done, and provide information about ways to escalate the complaint.

We will advise the complainant as soon as possible if we are unable to deal with any part of a complaint, and we will provide guidance as to where complainants may take these issues, where we have this information and it's appropriate.

5.4 Responsiveness and Timeframes

We are committed to being responsive and timely in the way we handle complaints. When we receive a complaint, we will decide the most appropriate Division to manage it at the Level 1 stage. Staff should then begin recording information in relation to the interaction. Staff should work to respond and resolve complaints as early as possible.

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We are committed to making sure:

- All complaints are acknowledged within 2 business days of receipt
- Level 1 complaints are resolved as soon as practicable, and no later than 15 business days from acknowledgement of receipt of the complaint
- A substantive response to all Level 2 complaints will be provided by the Division's complaint teams as soon as practicable, and no later than 40 business days from acknowledgement of receipt of the complaint
- All complaints referred to RAQ are investigated and resolved as soon as practicable, and no later than 60 business days from acknowledgment of receipt of the complaint

If a complaint cannot be resolved within the established timeframe, we will update complainants on the progress of the complaint resolution. Our staff are empowered to resolve complaints efficiently and effectively. We will adopt flexible approaches to service delivery and problem solving to enhance accessibility for people making complaints and/or their representatives. We will make sure this is achieved using a co-ordinated response between divisions when necessary.

To minimise complaints and work towards early resolution, we will provide explanations for policies, procedures, and decisions to complainants and to CSD staff, particularly those staff in CYPs and the staff handling complaints.

5.5 Privacy and Confidentiality

We will protect the identity of people making complaints where this is practicable and appropriate. We will only disclose or use personal information which identifies individuals as allowed under the relevant privacy and/or protected information laws, and any other relevant confidentiality obligations. Investigators will obtain consent to access personal information from complainants either verbally or in writing.

5.6 Conflict of Interest

Our Staff are committed to serving the ACT community and Territory with integrity, impartiality and in good faith, by undertaking their work in a fair and unbiased way. All our staff are bound by the [ACT Government Conflict of Interest policy](#).

The ACT Government defines a conflict of interest as “where an employee’s private interests or connections may lead to improperly influencing the performance of their official duties or responsibilities. It includes any interests resulting from a connection, resentment or otherwise personal involvement by an employee in a matter of work which would influence their judgement when taking actions or making decision.”

For further information see:

https://www.cmtedd.act.gov.au/_data/assets/pdf_file/0003/1765443/Conflict-of-Interest-Policy-2021.pdf

Staff investigating complaints shall not participate in the investigation of any matter in which they have had direct involvement over the preceding 12-month period. Where staff were involved in a matter more than 12 months ago, the Executive Branch Manager of the relevant division will decide the extent to which the staff member may be involved.

Instances of potential, or perceived, or actual conflicts of interest by staff are to be immediately reported to the Executive Branch Manager of the relevant division in the first instance and recorded on an internal Conflict of Interest Register to maintain transparency.

5.7 Support and Development of Staff

All staff managing complaints are empowered to implement the CHaMP as relevant to their role and responsibilities. We encouraged our staff to adopt reflective practice to reduce escalations and for best practice. We have necessary team back-up and successional arrangements in place. We protect our staff against abusive, aggressive, and unreasonable behaviours through appropriate policies, procedures, practices and supporting tools to ensure their ongoing safety, health, wellbeing and security (including identify protection if required).

We will support all our staff to know about and work within this policy. We will make ensure staff with direct responsibility for handling complaints are appropriately qualified, supported, and regularly trained in their role, to make sure they develop an in-depth knowledge of operations within their divisions, as well as more broadly across the Directorate.

We encourage staff to provide feedback on the effectiveness and efficiency of all aspects of the Policy. Further advice regarding the implementation of the Complaints Handling and Management Policy can be obtained from RAQ by phoning (02) 6205 0474 or emailing QUALITY@act.gov.au.

5.8 Learning from Complaints

We are committed to transparency and accountability in the way we deal with complaints. Even after complaints are resolved, we will use them to inform continuous improvement of our policies, procedures, and service delivery.

We will give complainants the opportunity to seek review into how their complaint was handled and resolved, and we will give them information on how to escalate their complaint if they are dissatisfied with the outcome.

We improve our services by learning from outside complaint resolution agencies, such as the ACT Ombudsman and ACT Human Rights Commission.

We will share our learnings from the complaints process across all CSD Divisions, to improve services.

6. The complaint pathway

We welcome and value complaints, and we are committed allowing clients, stakeholders and employees to contribute to the improvement of the services we deliver. We use a 'no wrong door' approach to receiving complaints. Community members can make a complaint to any of our staff members who will then respond appropriately.

A complaint can be written in a letter, received by e-mail, telephone, or raised in discussion with a staff. We will make sure all our staff are trained to understand what a complaint is and how best to respond.

More information on the complaint pathway and how a complaint will be handled is available in the Tier 2 Operational Policy: ***How a complaint is handled***

6.1 Complaints Categories

We categorise complaints in line with higher level strategic objectives. We categorise all complaints into one of the following categories:

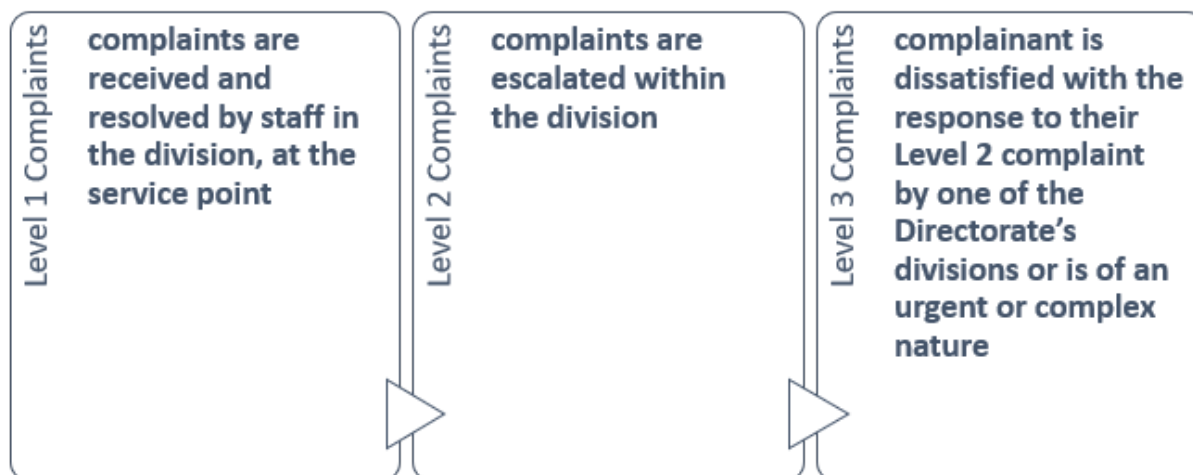
- a) **Responsiveness** – unreasonable delays in processing a person's application, responding to an inquiry or providing a decision. Failing to adhere to timeframes referred to in policy/business rules.
- b) **Objectivity and fairness** – a request by a client was not managed in an objective and unbiased manner. Conflicting interests have interfered or are perceived to interfere.

- c) **Access to services and resources** – For example, placement/movement in public housing; supporting children and young people in care of the Director-General; application of community funding and resources.
- d) **Privacy and disclosure** – personal information about any individual has been disclosed or used in a way which does not comply with relevant privacy laws and ethical obligations.
- e) **Communication** – no clear explanations for policies/procedures and decisions in communication with clients or giving incomplete, incorrect, misleading or confusing oral or written advice. Refusing to provide a written explanation for a decision.
- f) **Failure to apply policy and procedure** – not applying clear processes articulated in established/draft/interim policy and procedures of CSD. Poor, inadequate or incomplete application of policy and procedures which adversely impacts or influences a decision. Wrong or limited interpretation of policy and procedures.
- g) **Unprofessional behaviour/attitude of an officer** – rudeness, discourtesy, unhelpfulness, or disrespectful behaviour in dealing with a member of the public. Failing to honour a promise or commitment given to a person.

Any complaints provided under this category which may be considered to constitute a breach of duty/misconduct by an officer are required to be considered in accordance with the current ACT Government Enterprise Agreement, rather than under the CHaMP framework. Examples may include dishonesty, harassment, conflict of interest, improper use of official information, Directorate property and/or resources.

6.2 Triage of complaints

Our staff will apply a triage methodology to complaints. They will consider the risks, urgency, and complexity of a complaint to decide how it will be handled and by whom. The decision will be communicated to the complainant in a timely manner. The triage levels apply as follows:



6.3 Level 1 complaints

A Level 1 complaint is received and resolved by staff in the division, at the service point.

Level 1 complaints are to be handled and managed by service point staff. We strive to resolve complaints at this level whenever possible.

These complaints can arise from client service visits, telephone calls, in person, referred from one of the Directorate's complaint management teams, or in writing, including through email or social media.

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Our staff will resolve these complaints immediately where possible, we commit to resolving a Level 1 complaint within 15 business days from acknowledgement of receipt.

These complaints can be resolved in person, over the phone or through a follow up email or letter, depending on the nature of the complaint. When we communicate about the outcome of a Level 1 complaint, where possible we will include information on how to seek a review of the outcome if the complainant remains dissatisfied (for example, through making a Level 2 complaint or contacting an external oversight authority).

6.4 Level 2 complaints

Level 2 complaints are those escalated within the Division.

A complainant and the complaints management team or responsible manager of the division can agree to refer the matter back to a team member as a Level 1 complaint. This may help to bring about a faster and more effective outcome to the complaint. A complainant will still have the option to escalate the complaint back to Level 2 complaint if they are not satisfied with the outcome at Level 1.

6.5 Level 3 complaints

Generally, Level 3 complaints are those where a complainant is dissatisfied with the outcome of a Level 2 complaint, or the complaint is particularly urgent or complex.

Level 3 complaints are handled by the RAQ Branch, an independent unit within CSD without direct funding or service delivery responsibilities. RAQ can make recommendations in relation to policies, procedures and relevant legislation for systemic improvement throughout CSD. RAQ is given authority for these activities on behalf of the Directorate through the *Complaints Handling and Management Charter*

A complaint may be prioritised as a Level 3 complaint through escalation from a Level 2 process, a referral from the Director-General or division, a complaint about complex or sensitive matters, or urgent or significant matters.

A complainant, RAQ, and the responsible Division can agree to refer the matter back to a division as a Level 2 complaint, with the option to pursue the Level 3 complaint if the outcome is not satisfactory.

RAQ does not have the delegation to change or overturn administrative decisions. For information on the review of decisions please contact the business unit who made the decision or see request information from your CSD contact point.

6.6 Further escalation

If a complainant remains unsatisfied after a Level 3 review, they may choose to escalate their complaint to other oversight bodies. These include the [ACT Human Rights Commission](https://hrc.act.gov.au/commission) <https://hrc.act.gov.au/commission> and the [ACT Ombudsman](https://www.ombudsman.act.gov.au/) <https://www.ombudsman.act.gov.au/>.

Generally, we do not review a matter at a Level 3 if it is already being reviewed by one of these external agencies.

6.7 Complaints Involving Third Parties

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

Where our services are contracted out, we expect contracted service providers to have an accessible and comprehensive complaint management system.

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In the first instance complainants should raise concerns directly with the service provider. This may include one or more levels of review, depending on the provider's internal processes.

If the matter is not resolved by the service provider to the complainant's satisfaction, we will take complaints about the actions of service providers refer these to the most appropriate area for assessment and possible investigation.

Complaints referred to the Assistant Director, Investigations, RAQ, are then managed in accordance with CHaMP in line with usual procedures. If RAQ are unable to deal with any part of a complaint, we will advise the complainant as soon as possible and provide guidance as to where such issues may be directed (if known and appropriate).

Complaints about regulatory compliance of regulated service providers can also be referred to the Human Services Registrar. The Human Services Registrar provides responsive regulation of service providers, including specialist disability service providers, to oversee safeguards for the NDIS. We will make an assessment about when it is appropriate to refer complaints to the Human Services Registrar and we do not expect complainants to be able to determine this.

These complaints will be managed outside of CHaMP, in accordance with the legislated regulatory oversight responsibilities of the Human Services Registrar.

7. Roles and responsibilities in complaints handling and management

We define different roles and responsibilities for parties to a complaint through a governance structure. We expect all our employees to be committed to the effective and efficient handling of complaints, and to respond in accordance with this Policy. We are also committed to using complaints to improve our services.

We also have a Complaints Handling Authorisation Charter. This is a formal statement of purpose, authority and responsibility of our complaints handling functions. It establishes the authority to take actions under the Complaints Handling and Management Policy framework.

7.1 CSD Leadership

- | | |
|---------------------------------|--|
| Director-General | <ul style="list-style-type: none">• will promote a culture which values complaints, their effective handling and continuous improvement. |
| Deputy Director-General | |
| Executive Group Managers | |

7.2 CSD staff

- | | |
|----------------------------------|--|
| Executive Branch Managers | <ul style="list-style-type: none">• will support effective complaints management and drive improvements through analysis of complaints data.• will provide regular reports on issues arising from complaints handling and ensure follow through of any recommendations and commitments. |
| Senior Directors | |
| Complaint Handling Staff | <ul style="list-style-type: none">• will demonstrate exemplary complaint handling practices gained through appropriate ongoing training, support and collaboration. |
| All CSD Staff | <ul style="list-style-type: none">• will resolve complaints at the first opportunity and be able to assist complainants to access escalation processes.• will be aware of and able to communicate CSD's complaint handling procedures, understand their responsibility to be alert to complaints, and assist staff handling complaints to resolve matters promptly. |

**Community Services
Directorate Complaints
Management Committee
(CSDCMC)**

- foster a consistent and collaborative approach to complaints handling practices, including continuous improvement mechanisms, across CSD.
- consider issues relating to broader CSD policy and procedure and convey outcomes back to divisions.
- report on the actions and decisions made by the CSDCMC to the Deputy Director-General and the Strategic Board of Management where appropriate.
- moderate and publish all Tier 3 procedures developed under this policy with a view to quality and consistency.

We will support and train staff with direct responsibility for handling complaints to ensure they develop an in-depth knowledge of operations within their own divisions, as well as an understanding of the broader activities across the Directorate. These staff will have experience and qualifications, and we will support them with ongoing professional development to ensure best practice in complaints handling. Ongoing training may include self-learning through manuals and procedures, internal collaboration groups, or internal or external training sessions.

7.3 Community members providing complaints to CSD

We expect all community members and our staff to be respectful to ensure all complaints are dealt with fairly, efficiently and effectively, and we are meeting our obligations to work health and safety standards and duty of care. We expect complaint investigators and community members to adhere to the ***Individual Rights and Mutual Responsibilities of the Parties to a Complaint agreement***.

When complainants do not meet their responsibilities under this agreement, we may decide to limit their ability to communicate with staff or access certain services.

We have a zero tolerance policy in relation to any harm, abuse or threats to our staff. We may refuse to take any further action on a complaint, or to have further dealings with the complainant. We will report any criminal conduct to police, and in certain cases we may also consider legal action.

8. Relevant legislation

Legislation underpinning the application of the CSD Complaints Handling and Management Policy suite includes:

- *ACT Aboriginal and Torres Strait Islander Elected Body Act 2008*
- *ACT Civil and Administrative Tribunal Act 2008*
- *Adoption Act 1993*
- *Annual Reports (Government Agencies) Act 2004*
- *Crimes (Sentence Administration) Act 2005*
- *Freedom of Information Act 2016*
- *(Health Records (Privacy and Access) Act 1997*
- *Human Rights Act 2004*
- *Human Rights Commission Act 2005*
- *Information Privacy Act 2014*
- *Official Visitor Act 2012*
- *Ombudsman Act 1989*
- *Public Interest Disclosure Act 2012 (ACT)*
- *Public Sector Management Act 1994*

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Operational legislation includes:

- *Children and Young People Act 2008*
- *Disability Services Act 1991*
- *Housing Assistance Act 2007*
- *Residential Tenancies Act 1997*
- *Territory Records Act 2002*
- *Work Health and Safety Act 2011*
- *Working with Vulnerable People (Background Checking) Act 2011*

ACT legislation is available at [ACT Legislation Register](#)

Other relevant references

- *Community Housing Providers National Law (ACT) Act 2013*
- *United Nations Declaration on the Rights of Indigenous Peoples*
- *United Nations Convention on the Rights of Persons with Disabilities*
- *United Nations Convention on the Rights of the Child*

9. Related policies

- *T1. Complaints Handling and Management Policy: Authorising Charter*
- *T2. Complaints Handling and Management Policy: How a complaint will be handled*
- *T2. Complaints Handling and Management Policy: Unreasonable conduct of a complainant*
- *T3. Complaints Handling and Management Procedure: How to handle a complaint*
 - *Housing ACT*
 - *Children, Youth and Families*
- *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*

10. Document information

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

11. Version history

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

Date	Amendment details
05/08/2021	Amalgamation of T2 policies: Dictionary of terms. and Principles – into T1 Governing policy (this document). Escalation of accessibility statement Minor edits
18/01/2022	Doc name: T1. Complaints Handling and Management Policy 2.3 Internal edits within RAQ: clarifying definitions and points of expression
20/01/2022	Doc name: T1. Complaints Handling and Management Policy 2.4 Following general review at sub/committee, clarifying points of expression throughout, inclusion of complaint level definitions.
28/01/2022	Doc name: T1. Complaints Handling and Management Policy 2.5 Following general review at sub/committee, clarifying points of expression throughout, inclusion of complaint level definitions.
01/02/2022	Doc name: T1. Complaints Handling and Management Policy 2.6 Minor clarification of expression.
22/02/2022	Doc name: T1. Complaints Handling and Management Policy 2.6.1 Inclusion of new sections: Conflict of Interest, Complaints involving third parties. update to Level 1 definition and timeframe. inclusion of additional role in section 7.2. minor clarification of expression.
03/03/2022	Doc name: T1. Complaints Handling and Management Policy 2.6.1 Further discussion of feedback on version, agreed terminology of 'business days' and exclusion of internal reviews on complaints investigations in favour of escalation pathway.
08/03/2022	Version 2.7 for endorsement

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Date	Amendment details
02/09/2022	Version 3.0 following feedback
06/10/2022	Endorsement from CSD Strategic Board of Management
30/11/2022	Version 4.0 following feedback from Communications & Media Team
07/06/2023	Reviewed for grammatical errors and linkages to sources

APPENDIX A: GLOSSARY OF TERMS

Accountability

CSD will be accountable for the decisions it makes in resolving complaints by making its decision-making process and reasons transparent and submitting to scrutiny.

Allegation

An allegation is an individual instance of alleged fraud or corrupt conduct committed by staff.

Closure

Upon the completion of an investigation, the complainant will be provided with an outcome statement of findings and any recommendations. The outcome should be provided in writing. If the complainant is provided with a verbal summary prior to provision of the written findings this should be recorded appropriately. The closure of a complaint does not necessarily mean a complainant has received the exact outcome they had been seeking.

Complainant

A complainant is a person expressing dissatisfaction about us, our services, staff or the handling of a complaint where a response or resolution is expected or legally required.

People making complaints have the right to be supported by a friend, an advocate, an interpreter, or community elders. Anyone may represent a person wishing to make a complaint with their written consent (e.g., an advocate, family member, legal or community representative, member of Parliament, or a representative from another organisation).

Complaint

A Complaint is an expression of dissatisfaction made to or about us, related to its services, policies, staff or the handling of a complaint, where a response or resolution is explicitly or implicitly expected or legally required.

Complaints may be received in any format – written, electronic (including through social media), by telephone or face to face.

Examples of things a person may make a complaint or express dissatisfaction about include:

- The process used by the Directorate to make or not make a decision
- A Service the Directorate has provided or not provided
- A service which is funded by the Directorate (CSD will process if a complainant is not satisfied with the outcome of a provider's complaint handling policy and procedures)
- A decision or action of the directorate in relation to the individual's personal information which may be a breach of the directorate's obligations under the Information Privacy Act 2009
- A decision or action of the directorate which may breach the Human Rights Act 2019
- Any other thing a person wishes to make a complaint or express dissatisfaction about and is not excluded from this policy

This policy does not apply to requests regarding:

- Workplace harassment including staff grievances
- Employees' misconduct (for the complaints about the misconduct of the directorate's employees, the investigation is undertaken under the ACT Public Service Enterprise Agreement)
- Public interest disclosures
- Appeals against a decision made about eligibility to receive services

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- Complaints from funded or licensed service providers regarding the terms and conditions of their contractual arrangements with CSD
- Work health and safety notifiable incidents
- Disputes (e.g., legal, contractual)
- Allegations of fraud and corruption
- Service/information requests
- Matters currently being dealt with or have been previously dealt with by a court, tribunal or external complaints agency
- Matters involving criminal offences
- Review of decision

Complaint Categories

Complaints should be categorised in a way which demonstrates compliance with higher level strategic objectives. All complaints should be categorised into one of the following complaint categories:

- **Responsiveness** – unreasonable delays in processing a person’s application, responding to an inquiry or providing a decision. Failing to adhere to timeframes referred to in policy/business rules.
- **Objectivity and fairness** – a request by a client was not managed in an objective and unbiased manner. Conflicting interests should not interfere or be perceived to interfere.
- **Access to services and resources** – placement/movement in public housing. Supporting children and young people in care of the Director-General. Application of community funding and resources.
- **Privacy and disclosure** – personal information about any individual disclosed or used which is not in accordance with relevant privacy laws and ethical obligations.
- **Communication** – no clear explanations for policies/procedures and decisions in communication with clients or giving incomplete, incorrect, misleading or confusing oral or written advice. Refusing to provide a written explanation for a decision.
- **Failure to apply policy and procedure** – not applying clear processes articulated in established/draft/interim policy and procedures of CSD. Poor, inadequate or incomplete application of policy and procedures which adversely impacts or influences a decision. Wrong or limited interpretation of policy and procedures.
- **Unprofessional behaviour/attitude of an officer** – rudeness, discourtesy or unhelpfulness or disrespectful behaviour in dealing with a member of the public. failing to honour a promise or commitment given to a person. Imprudent disclosure of confidential information or private information to an unauthorised recipient.

Complaint Handling Process

Complaint handling process is where CSD deploys policies, procedures, practices, staff, and resources to manage complaints. It consists of six stages:

- Receive
- Acknowledge
- Triage
- Investigate
- Closure and Review

Tier 1

- Learn

Stages may overlap and do not need to be completed before starting a next stage, or always in this order.

Complaint Handling Staff

Complaint handling staff refers to CSD staff member or members investigating into a complaint, communicating with the complainant(s), and completing the case record. The name, position, and contact method of a complaint handling officer should be communicated clearly to the complainant(s) once the complaint case is established.

Complaint Receiving Staff (First Point of Contact)

Complaint receiving staff, or first point of contact, refer to the CSD staff to whom complainants report their complaints face to face, or via email, phone calls, or online forms. According to the No-wrong-door policy, any CSD staff members are likely to be the first point of contact for a complaint, and thus should acquire sufficient knowledge of complain handling and refer the complaints to appropriate complaint handling staff as soon as possible.

Compliments

An expression of praise, commendation or admiration in respect of the services delivered by CSD or the staff employed to deliver those services.

Concern

A less formal expression of worry or anxiety about an issue.

Confidential

A system is confidential if it complies with relevant privacy legislation and principles.

Conflicts of Interest

CSD staff should disclose conflicts of interest which might affect or appear to affect their handling of the complaint. Staff investigating complaints shall not participate in the investigation of any matter in which they have had direct involvement over the preceding 12-month period. Where previous involvement exists, and the time period since involvement is greater than 12 months, the extent to which the staff member may be involved shall be determined by the Executive Branch Manager of the relevant business unit.

Consent

Consent is specific, formal agreement by a person to something which concerns them.

Critical Incident

A critical incident is any event which poses a serious risk to the life, health or safety, of an individual who is receiving services from CSD. It can include incidents where staff, clients and third parties feel unsafe and under stress.

Decision

In the context of this policy, decision refers to an administrative decision of CSD.

Escalation

If a complainant is unsatisfied with the outcome given by a business unit, they can escalate their complaint internally and externally.

A complainant or receiving officer can automatically escalate a complaint to Level 2 or Level 3 in the following circumstances:

Tier 1

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

Feedback

Opinions, comments and expressions of interest or concern made to or about us, our services, staff or the handling of a complaint where a response or resolution is NOT expected or legally required.

File record

All material relating to the complaint and any investigation which are kept in a TRIM container and maintained in accordance with the ACT Territory Records Act 2002

Impartiality

Impartiality means coming to a complaint with an open mind and without any preconceptions about the outcome.

Integrity

Integrity in the complaint handling space means following the ACT Public Service Code of Conduct, valuing human rights, and upholding principles such as respect for people and procedural justice.

Internal review

An internal review is an impartial review of a decision about a complaint by an employee who was not the original decision-maker. If a complainant is dissatisfied with a decision about their complaint, they can request an internal review of the decisions. Both assessment and investigative decisions can be internally reviewed.

The Child and Youth Protection System Internal Decision Review process provides a clear and accessible process for affected parties to escalate specific CYPS decisions for reconsideration/review. The internal review of CYPS decisions process aims to balance the best interests of children, with natural justice principles and to improve the consistency and transparency of CYPS decision-making.

Investigation

An investigation is a fact-finding process—a search for, gathering and examination of information relevant to a decision or decisions reached by a CSD branch and complained by a community member or members. The nature and scope of an investigation will be discussed by the complainants and complaint handling staff and articulated in the terms of reference.

Investigation Report

An official record used to make a determination about a matter.

Legislation

Legislation is defined as laws and rules made by the government and enacted by parliament and can refer to a single law or to a collection of laws.

Misconduct

Misconduct is unacceptable or inappropriate conduct by CSD complaint handling staff, who act dishonestly, fail to act impartially or deliberately act wrongly, and as a result.

Notification brief

Brief written to the Executive Group Manager, Director General or Deputy Director General notifying them of an investigation or outcome of an investigation by RAQ.

No Wrong Door

No wrong door is a concept acknowledging it can be hard for people to know where they should direct their complaint. A complaint may be made to any CSD staff member who will ensure complaints are received, recorded, and responded to in a fair, consistent, and effective manner.

Policy

A statement of instruction setting out how we will fulfil our vision, mission and goals.

Procedure

A statement of instruction setting out how we will fulfil our commitment to adhering to the CHaMP policy suite, how it will be implemented, and by whom.

Procedural Fairness

Procedural fairness is about the fairness of the procedures followed when arriving at an administrative decision or a resolution to a complaint. To be specific, procedural fairness is achieved in the handling of a complaint by Directorate staff when these objectives are met:

- The decision or complaint resolution has been given a thorough consideration based on all the information available to the CSD business unit involved ensuring reasonable inquiries and investigations have taken place before a decision has been made
- Parties to a complaint have had an opportunity to put their case forward, have had a fair hearing, a fair opportunity to present their own cases and to answer questions
- Each complaint is addressed with integrity and in an equitable, objective, and unbiased manner
- No intentional detriment should occur to people making complaints in terms of their rights and access to entitled service
- Once a complaint has been escalated, it will be handled by a different person from the one who handled it at the previous level
- People making complaints have the right to be supported by a friend, an advocate, an interpreter, or community elders. Anyone may represent a person wishing to make a complaint with their written consent (e.g., an advocate, family member, legal or community representative, member of Parliament, or a representative from another organisation).

Public Interest Disclosure

A report of wrongdoing made about a public official in ACT which meets the requirements of the Public Interest Disclosures Act 2012.

Reportable Conduct

Under the ACT Reportable Conduct Scheme, CSD is required to report allegations, offences or convictions relating to child abuse or child-related misconduct by its employee, volunteer, or contractor to the ACT Ombudsman.

Resolution of A complaint

Resolution of a complaint refers to an outcome and explanation communicated with the complainant after a careful and impartial investigation into the process, and review of relevant policy and procedure used, to make a determination.

Request

In the context of complaints handling, a request means an act of asking for information, assistance or explanation supported by the CHaMP policy suite or other relevant legislations or policies. A Request can be made either by a community member or a CSD staff member. All CSD branches are obliged to respond to a request in a timely and impartial manner, or to provide sufficient reasons and alternatives if unable to do so.

Triage

The CSD complaints handling process is designed using a triage methodology which is applied by staff. In triaging a complaint, staff will consider the risks it bears, its urgency and complexity to decide how the complaint will be handled and by whom within the Directorate and its business units.

Terms of Reference

A Terms of Reference (ToR) consists of a set of instructions laying out the scope of the investigation, and the contents and functions of the final report. The ToR establishes a focus and sets limits on the investigation. The ToR should only be drafted after thorough communication between the complainants and the complaint handling staff. The ToR should be agreed upon by both parties.

Unreasonable Conduct by A Complainant

Unreasonable conduct by a complainant is any behaviour by a complainant which, because of its nature or frequency, raises substantial health, safety, resource or equity issues for people involved in the complaint process.

ACT	Australian Capital Territory
ACTPS	ACT Public Service
CHaMP	CSD Complaints Handling and Management Policy
Charter	CSD Complaints Handling Charter
CSD	Community Services Directorate
CSDCMC	Community Services Directorate Complaints Management Committee
CYPS	Child and Youth Protection Services
Directorate	Community Services Directorate
EBM	Executive Branch Manager
RAQ	Regulation, Assurance and Quality
ToR	Terms of Reference