



Complaints and Compliments Policy

1. Purpose

This policy provides a framework for the management of complaints and compliments which will further inform quality improvement activities of Quality Management Services (QMS).

2. Persons affected

This policy applies to QMS Board, management and staff members to implement on behalf of all clients and stakeholders.

3. Policy Statement

QMS encourages feedback from reviewers, services, training participants and funders in any aspects of the working relationship with QMS whether this in the form of a complaint, appeal or a compliment. Complaints will be taken seriously and dealt with confidentially.

All QMS clients and stakeholders have the right to make a written or verbal complaint. The complaint will be fairly investigated, a resolution sought in a timely manner and its outcome communicated to the complainant.

After the complaint has been made clients and stakeholders can continue where appropriate to be involved in QMS activities without fear of reprisal.

QMS will use information provided in complaints to support continuous quality improvement, will maintain a register for complaints and report trends to the QMS Board.

Compliments will be welcomed as one measure of QMS' success in meeting client expectations. With the permission of the client, compliments may be used to support QMS marketing strategies. QMS will maintain a register and trends will be reported to the QMS Board.

4. Definitions

- 4.1 A complaint is any expression of dissatisfaction or concern made to QMS by, or on behalf of an individual client, including government agencies, groups or members of the public. They relate to the QMS products, services, staff or reviewers or the complaints handling process itself.
- 4.2 A dispute is where there is a concern with an issue that has not been effectively resolved between the parties involved
- 4.3 An appeal is when a person is unhappy with the decision/outcome of a complaints/dispute resolution process. This includes an appeal against the outcome of a review.
- 4.4 A compliment is an expression of praise or admiration or congratulations, in the same circumstances as the above description of a complaint.

5. Responsibilities

- 5.1 The Board is responsible for ensuring all complaints/disputes and appeals are handled effectively and delegates to the CEO the responsibility for the effective implementation of this policy.
- 5.2 The Executive Assistant is responsible for maintaining this policy, procedures and associated documents on the QMS server.

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- 5.3 The Organisational Development Manager is responsible for developing and monitoring feedback mechanisms to inform organisational planning.
- 5.4 The Marketing and Communications Officer is responsible for strategies to effectively promote the policy to stakeholders.
- 5.5 All Board members, management, staff, consultants and reviewers (including consumer reviewers) are responsible for complying with this policy.
- 5.6 Staff are responsible for seeking a documented exemption from the CEO in any situations where they are unable to follow policy or procedure.

6. Procedures

6.1 Promotion of Policy

- 6.1.1 The QMS Complaints and Compliments Policy is promoted through information provided to all stakeholders, QMS website, information provided during service provision and evaluation on completion of service.

6.2 Compliments

- 6.2.1 All staff will forward significant compliments to the Marketing and Communications Officer who will seek the permission of the organisation making the compliment for use in QMS promotional activities.
- 6.2.2 Compliments relating to a particular staff member will also be forwarded to their line manager to inform performance review. A copy will be kept in the staff personnel file.

6.3 Complaints, Disputes and Appeals Lodgement

- 6.3.1 Complaints, disputes and appeals can be lodged by phone, in writing or by email to managers, CEO or President of QMS.
- 6.3.2 The person receiving a complaint, dispute or appeal will record data as specified in 6.6.

6.4 Investigation and Follow Up by QMS

- 6.4.1 The President, CEO or manager who receives the complaint, dispute or appeal will discuss the complaint, dispute or appeal with the complainant and clarify whether the complainant wishes to pursue further action within two days of lodgement. The outcome of this discussion will be confirmed in writing within seven days of lodgement.
- 6.4.2 If the complaint/dispute is satisfactorily resolved without further investigation, then a record of the complaint and its outcome will be held on file.
- 6.4.3 If further investigation is required, the CEO will nominate a manager or Board member to be responsible for undertaking the investigation who is not directly involved in the complaint.
- 6.4.4 The nominated investigator will contact all parties involved to gain their perspectives and if appropriate, will arrange a meeting between parties to further discuss the issue and attempt to resolve the issue
- 6.4.5 The nominated investigator will determine actions for how the complaint /dispute could be best resolved, including producing a written summary of the complaint process including a description of both perspectives, proposed outcomes and a timeframe for achievement

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- 6.4.6 The nominated representative will provide both parties with a follow up letter and the above written summary with in six weeks of lodgement. If this timeframe needs to be extended a letter explaining the delay will be forwarded. Copies of all correspondence will be held on file.
- 6.4.7 The nominated representative will ensure that proposed outcomes agreed are implemented within the timeframe and reported on to the complainant and the Board.
- 6.4.8 A complainant that is not happy with the above outcome will be encouraged to make a formal appeal in writing to the QMS President within three weeks of the outcome.
- 6.4.9 An appeal panel, including a Board member, CEO and independent, will be convened to investigate the appeal.
- 6.4.10 The appeal panel will meet with the appellant to discuss the issue and seek solutions to the concerns.
- 6.4.11 A complainant/appellant can also seek external advice through the relevant parties ie funders, QIC or Complaints Commissioner or Ombudsman.
- 6.4.12 There is no charge for investigation of complaints in line with Australian Standards however there may be a charge in line with Freedom of Information Legislation where applicable.
- 6.4.13 All complaints are confidential.

6.5 Mandatory Reporting

- 6.5.1 In the instance where a complaint alleges criminal behaviour, the CEO is to be notified immediately. The CEO will decide if the matter is to be referred to the police for investigation, in line with “whistle blowers” and freedom of information legislation. That is where they are made in the interest of public information which involves improper conduct; act or omission that constitutes an offence under written law; mismanagement of public resources; poses a risk to public health, safety and the environment.
- 6.5.2 In the case of referral to the police, no internal investigation will be undertaken which may prejudice any police investigation.

6.6 Documentation and Reporting

- 6.6.1 All complaints must be documented immediately using the Complaints Report form.
- 6.6.2 All complaints, disputes and appeals and their outcomes need to be formally documented in the client contact record or reviewer contact record of the database and in the relevant hard copy file.
- 6.6.3 All complaints, disputes and appeals must be recorded onto the Complaints Log.
- 6.6.4 For feedback it is suggested that evaluation forms or feedback forms be used where available.
- 6.6.5 Suggestions for change resulting from resolved complaints need to be documented on the Recommendation Following Complaint Form.
- 6.6.6 Implementation of any actions from the complaint/appeal process should occur within the agreed timeframe and reported back to the complainant/appellant and the Board

6.7 Recommendations resulting from a Complaint

- 6.7.1 The Recommendation Following Complaints Form is used where there is an identified need for a practice review after any complaint.

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- 6.7.2 The form is filled in by the person receiving the complaint and forwarded to the line manager who will complete the Recommendation Following Complaints Log.
- 6.7.3 Additions to the Log will be discussed at the Management Team.
- 6.7.4 Agreed improvements will be noted on the Quality Log.
- 6.7.5 An overview of complaint trends will be provided to the QMS Board in quarterly reports detailing types of complaints received and outcomes.

6.8 Use of Advocates

- 6.8.1 At any time, the complainant and the person being complained about (if applicable) are able to have an advocate of their choice to assist them. The advocate shall be present at all times and assist with documentation at the complainant's request.
- 6.8.2 Information will be provided to all stakeholders to inform them of third party resolution options including funders, QIC, Complaints Commissioner or Commonwealth Ombudsman (www.comb.gov.au) where applicable.

6.9 Complaints involving QMS staff members or reviewers

- 6.9.1 Any complaints involving a staff member or QMS reviewer will be handled directly by the line manager. It is inappropriate for any staff member or QMS reviewer to investigate a complaint in which they may be involved. All complaints of this nature will be reported to the CEO.
- 6.9.2 A complaint relating to the CEO of QMS the complainant should contact the QMS President in writing
- 6.9.3 The standard investigation, reporting and documentation procedures should be followed in such cases.

6.10 Complaints/Compliments regarding QIC or other quality framework

- 6.10.1 Any complaint regarding QIC or any other quality framework should follow the process outlined in the appeals process of the given framework, eg the Protocols for implementation of the QIC Standards Accreditation Program, the Home and Community Care (HACC) Appeals Process and the South Australian Department for Families and Communities, Office for the Ageing (OFTA).
- 6.10.2 QMS will provide services with information on the internal complaints process for QMS as well as that for relevant external bodies as appropriate upon request.
- 6.10.3 Complaints regarding an external program shall be submitted in writing to the external body. Where QMS receives such a complaint it will be forwarded to the relevant external body. The complainant will be informed of this action and QMS will work to assist in the resolution of complaints.

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7. Legislative Context

- 7.1 Privacy Act 1988
- 7.2 Privacy Amendment (Private Sector) Act 2000
- 7.3 Public Interest Disclosure Act 2003
- 7.4 Freedom of Information Act 2000
- 7.5 Racial Discrimination Act 1992
- 7.6 Human Rights Commission Act 1981
- 7.7 State Disability and Equal Opportunities Acts
- 7.7 Whistle Blowers Act SA 1993

8. Other References

- 8.1 QIC Core Standards 1.6, 2.4, 2.5
- 8.2 ISQua Standard 2.6.6
- 8.3 HACCCNSS 6
- 8.4 The Australian Standard for Complaints Handling AS4269 -1995
- 8.5 Guidance to Good Practice in the Western Australian Public Sector a companion reference to the National Standards for Complaints Handling.

9. Associated Document

- 9.1 QMS Confidentiality and Privacy Policy
- 9.2 QIC Review Preparation Kit
- 9.3 HACCC Appraisal Appeals process
- 9.4 Guidelines for Services undergoing HACCC Appraisal or SEII Assessment
- 9.5 Review Evaluation Forms
- 9.6 QMS Complaints Log
- 9.7 QMS Complaints Report
- 9.8 QMS Recommendations following complaint form
- 9.9 QMS Recommendations following complaint log
- 9.8 QMS Risk Management Policy
- 9.9 QMS Risk Register
- 9.10 Have your say brochure
- 9.11 QIC Service Contract
- 9.12 Protocol for implementation of the QIC Standards and Accreditation Program
- 9.13 QMS Risk Management Plan.
- 9.14 Quality Log
- 9.15 QIC Protocol

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