

Complaints Management



Contents

1. Purpose 3

2. Scope and audience 3

3. Policy expectations and standards 3

3.1 Policy Statement 3

3.2 Transparency and access 3

3.3 Responsiveness 4

3.4 Confidentiality 4

3.5 Unacceptable complainant conduct 4

3.6 Proportionality 5

3.7 Timelines 5

3.8 Right of review 5

3.9 Ceasing a complaint investigation 5

4. Outcomes 5

5. Risk Management 6

6. Definitions 6

Appendix 1: Complaint Handling Procedure 8

Tier 1: 8

Tier 2: 8

Tier 3: 8

1. (Be) Receptive 8

1.1 Informing customers about their right to raise a complaint 8

1.2 Identifying a complaint 8

1.3 Removing barriers for making a complaint 9

2. Respond 9

2.1 Complaint response timeframes 9

2.2 Acknowledgment of complaints 9

2.3 Mandatory Reporting, Complaints from My Aged Care and National Disability Insurance Scheme participants 10

3. Resolve 10

3.1 Effective resolution of complaints 10

3.2 Follow-Ups 11

4. Record-Keeping 12

4.1 Data recording 12

4.2 Feedback Register 12

4.3 Complaint Procedure Review 12

1. Purpose

The purpose of this Policy is to outline the principles used by Guide Dogs NSW/ACT (GDN) in responding to complaints. In conjunction with the Complaints Management Process, it provides a structured, consistent and transparent approach to complaints management.

2. Scope and audience

Complaint management is the responsibility of all staff as part of effective communication and provision of quality services. All employees (permanent, temporary, casual, contractors and volunteers) are required to respond to complaints in accordance with the principles outlined in this Policy.

Concerns for a Guide Dog or Handler received from members of the public are managed in accordance with the Public Concern for Guide Dog or Handler Procedure.

This Policy does **not** cover:

- Feedback other than complaints
- Staff grievances
- Staff concerns about a person's welfare
- Incidents
- Abuse and negligence
- Requests for service and information

3. Policy expectations and standards

3.1 Policy Statement

GDN encourages and welcomes all feedback, including complaints. GDN recognises the value of feedback in supporting continuous improvement and strengthening stakeholder relationships. GDN has a "No Wrong Door" approach to receiving complaints with a range of services accessible to all supporting multiple ways to provide feedback and it upholds the rights of individuals to raise complaints without fear of retribution.

The Complaints Management Policy ensures complaints received by GDN are:

- treated in a fair and respectful manner
- handled confidently and promptly
- managed and finalised with an outcome
- to include complainants and/or their advocate in the resolution of the complaint

3.2 Transparency and access

- Customers, family members, representatives, supporters or advocates can complain to any GDN staff member in any format that suits their communication

needs. This may include all communication channels such as email, phone, or in person, or via our website or on social media.

- Customers, family members, representatives, supporters and advocates are provided with information on how to raise a complaint about any aspect of our service via our website, on Service Agreements and in person where applicable. Information includes details on external complaint resolution mechanisms.
- Information on how to make a complaint is provided in a format that meets the communication needs of customers and their representatives.
- Customers and their representatives are welcome to involve an advocate in the complaint process. A referral for advocacy from Blind Citizens Australia (BCA) can be made on a complainant's behalf if requested. Complaints can also be made to the NDIS Quality and Safeguarding Commission.
- When a child or a young person makes a complaint, GDN will identify a support person to assist the complainant during the complaint handling process.
- GDN appreciates the need to provide culturally appropriate complaint mechanisms. Upon request the Complaints Policy can be translated into other languages and an interpreter provided to assist in the complaint process.
- Anonymous complaints are accepted, read and recorded although they may not be able to be as thoroughly investigated or effectively resolved as complaints with an identified complainant.
- All actions and decisions in relation to complaints are not influenced by age, culture, disability, language, religion, gender and sexuality of the complainant.
- GDN staff are aware of their responsibilities and are empowered to manage complaints with the goal of achieving positive outcomes.

3.3 Responsiveness

- GDN staff are to respond to individuals providing complaints in a timely, respectful and courteous manner.
- Complainants will be kept informed by GDN staff throughout the complaint handling process.
- Complainants will be involved in resolutions.

3.4 Confidentiality

- Complaints received by GDN will be handled in accordance with the *Privacy Act Amendment (Notifiable Breaches) 2017* and the Australian Privacy Principles (APP) 2014.
- GDN respects the privacy of all complainants in relation to the collection of personal information to ensure:
 - complaint records are complete, accurate and up-to-date
 - only information pertinent to the complaint is collected
 - complaints are confidential and securely stored on a complaint register.
 - complainants are informed prior to investigation how their personal information is likely to be shared with others, such as managers, insurers and other service providers as required to resolve the issue.
 - The nature of a complaint is not detailed in a person's file.

3.5 Unacceptable complainant conduct

- GDN staff are entitled to be treated with respect and courtesy when handling complaints.

Guide Dogs.

- Contact with a complainant exhibiting unacceptable complaint conduct will be ceased after the option to escalate to a Manager has been offered or refused.
- Unacceptable complainant conduct includes:
 - Threats to personal safety, property or the reputation of an individual or organisation.
 - Harassment
 - Physical abuse toward an individual.
 - Verbal abuse including offensive language directed at an individual.

3.6 Proportionality

- GDN uses the NSW Ombudsman Complaint Categories. These are referred to as Tier 1, 2 and 3.
- The level, nature and required escalation of the feedback or complaint will determine how it will be managed.
- Complainants will be advised if their complaint is to be managed as a Tier 2 or 3 complaint

3.7 Timelines

- Complaints are dealt with promptly.
- Timeframes for the effective management of the complaints is as follows:
 - i. Acknowledgment – two working days after receipt of complaint.
 - ii. Investigation and initial response – 20 working days after receipt of complaint.
 - iii. Follow up – 28 working days after receipt of complaint.
- Complex complaints may require longer timeframes. In these circumstances, complainants receive regular updates on the status of their complaint.

3.8 Right of review

- If a complainant is unhappy with the response or resolution of their complaint, they can request a review.
- If the complainant is still dissatisfied they will be supported to refer their complaint to the relevant external party.
- If the complainant is not satisfied with the person managing the investigation of the complaint they can request a change.

3.9 Ceasing a complaint investigation

- A complainant can choose to withdraw a complaint at any time
- Before GDN will consider declining or ceasing to deal with a complaint the following steps must be taken:
 - All relevant evidence and/or issues presented by the complainant must be appropriately responded to.
 - An internal review of the complaint handling process must be undertaken.
 - Referral of the complainant to an external review agency, if appropriate.

4. Outcomes

This Policy ensures staff are receptive to complaints from customers, family members, representatives, supporters, and advocates. Along with the Complaint Management Process it provides a framework for consistent and prompt management and resolution of complaints.

Following consideration of the issues raised, we will contact the complainants, and advise them of:

- the outcome of the complaint and the action we took
- the reasons for our decision
- the remedy or resolutions that we have proposed or put in place
- any options for review that may be available to the complainant, such as internal review, external review.

We will address each complaint with integrity and in an equitable, objective and unbiased manner. Our investigations will be outcome focused. If there are any delays, we will keep the customers up-to-date with the progress and status. Investigation records will be complete and informative.

5. Risk Management

Risk is the chance of something going wrong. Poorly managed complaints can further affect customer and stakeholder satisfaction, company reputation and escalate the seriousness of a complaint. An inefficient Complaints Management system fails to recognise opportunities for improvement and risk minimisation. We manage risk to achieve better outcomes for our Customers. Risk management facilitates continuous improvement by linking risk to organisational planning and performance reporting.

6. Definitions

- **Apology:** An apology is an expression of sympathy or regret for any harm or inconvenience caused by an action. The apology need not be an admission of fault in connection with the matter.
- **Advocate:** The person supporting the complainant regarding any aspect of a service provided by GDN.
- **Concern:** Relates to a question regarding how GDN services are or might be affecting Customers/representatives; however, a response is not sought. A response may not be provided.
- **No Wrong Door.** It enables Customers to approach GDN with the problem they need to address, rather than a preconceived idea of the programs or services they think that they should receive. No Wrong Door also incorporates the concept of Priority, Complexity, Risk (PCR), where GDN can provide a differential response based on the client's situation.
- **Complaint:** Any expression of dissatisfaction made to an organisation related to its product, or the complaints handling process itself, where a response or resolution is explicitly or implicitly expected.
- **Complainant:** A person, organisation, its representative, or an advocate making a complaint. A complainant may choose to remain anonymous.
- **Customer:** Client, customer, supporter – anyone who has a transactional relationship with GDN
- **Feedback:** Relates to a constructive comment that can be positive or negative regarding services provided by GDN. It might be accompanied by a suggestion on how GDN might improve its performance however a response is not sought. Information may be documented for consideration in service enhancement, but

Guide Dogs.

GDN may not provide a response. Feedback that is considered to be of a serious nature may be investigated, however a response may not be provided.

- **Incident:** An unplanned event or situation resulting in or with the potential to result in injury, loss or damage.
- **Investigation:** A detailed official enquiry to gather facts and information in order to solve a problem or resolve an issue.
- **Outcome:** The resolution of a complaint. The resolution may or may not meet the expectations or requirements of the complainant. The outcome should be fair and just, and in line with this policy.
- **Resolution:** The outcome or solution to the complaint. A resolution may range from an apology, a change in how a service operates, to an external review of the complaint.
- **Stakeholder:** A stakeholder is any person, organisation, social group, or society that has a stake in the business. Thus, stakeholders can be internal or external to the business. A stake is a vital interest in the business or its activities. It can include ownership and property interests, legal interests and obligations, and moral rights. A legal obligation may be the duty to pay wages or to honor contracts. A moral right may include the right of a consumer not to be intentionally harmed by business activities.
- **GDN:** Guide Dogs NSW/ACT

Appendix 1: Complaint Handling Procedure

GDN uses a three-tiered approach to complaint handling; the aim is to resolve the majority of complaints at the frontline, this is considered the most effective model.

Tier 1:

- Complaints that have no impact or risk to service provision for the organisation;
- Relates to issues that are often easily and quickly resolved by changing the way something is done;
- Generally, do not require an investigation;
- Acknowledged by phone or email (as appropriate);
- Recorded in the Complaints Register.

Tier 2:

- Any issue that cannot be resolved quickly by the staff receiving the feedback or complaint;
- Any issue that may requires assessment or investigation;
- Significant issues or issues causing lasting detriment;
- Issues that need to be escalated to the next level
- Recorded in the Complaint Register

Tier 3:

- Any serious adverse event, long term damage or death that require a formal investigation
- Any issue that has been referred from an external investigation agency, for example the NDIS Commission or NSW Fair Trading
- Issues that need to be escalated to the Executive Leadership Team.
- Recorded in the Complaint Register and a Complaint Record is raised

Complaints should be dealt with promptly, courteously and in accordance with their urgency. The essential steps in investigating and resolving complaints are:

1. (Be)Receptive
2. Respond
3. Resolve
4. Record

Customers and/or their representatives are encouraged to complain directly to the person providing the service; alternatively, they can contact Head Office, speak with a Guide Dogs staff member or complete the feedback form on the website www.nsw.guidedogs.com.au

1. (Be) Receptive

1.1 Informing customers about their right to raise a complaint

It is the responsibility of staff to provide information on how to make a complaint to customers. This can be in person or via telephone or email. Information is available on how to make a complaint or provide feedback on the website and on documents such as Service Agreements.

1.2 Identifying a complaint

A complaint is an expression of dissatisfaction made to or about an organisation, related to its products, services, staff or the handling of a complaint, where a response or resolution is explicitly or implicitly expected or legally required. Staff are to listen carefully for various forms of complaint language, such as, I'm not happy with, I don't like, I preferred.

1.3 Removing barriers for making a complaint

Staff are to be aware of, and where possible, remove barriers that may prevent customers, their families or representatives from making a complaint.

2. Respond

2.1 Complaint response timeframes

Complaints are expected to be dealt with promptly. GDN has the following timeframes for the effective management of complaints as follows:

Complaints Process Stage	Timeframe
1. Acknowledgement	two working days after receipt of complaint
2. Investigation and resolution	20 working days after receipt of complaint
3. Follow up	28 working days after receipt of complaint

2.2 Acknowledgment of complaints

Complaints are received in written form (letter, email, online) or verbally (in person, by telephone). GDN will also accept anonymous complaints and investigate these as far as possible. Complaints, both verbal and written, must be acknowledged and responded to as soon as practicable. Initial acknowledgement will be within two working days of receipt and will be recorded in the GDN Complaint Register. Any complaint that is categorised as Tier 2 or 3, must be acknowledged in writing. Staff handling the complaint must act without bias and ensure that there is no conflict of interest in all actions connected to making the decision regarding resolution.

- At receipt of a complaint the staff member determines whether they can act and resolve the issue at first contact (Tier 1).
- The staff member who first receives the complaint is expected to clarify with the customer what they think should happen to resolve the issue and their expected timeframes and response.
- Front line staff, can report a complaint either by using the Feedback register on Explorer or reporting it to their Manager.
- Complainants are to be advised of their right to have an advocate involved in the complaint resolution process
- Where an anonymous complaint has been received, the issue or allegation should still be recorded, assessed, and reviewed.
- Any complaint assessed as a Tier 2 or 3 must be forward the complaint to the relevant Manager.
- Tier 1 complaints are acknowledged by phone (or email if appropriate) within two business days of receipt of the complaint;
- Tier 2 and 3 feedback or complaints are acknowledged in writing (email or letter) within two days of receipt of the complaint.

2.3 Mandatory Reporting, Complaints from My Aged Care and National Disability Insurance Scheme participants

2.3.1 Serious incident reporting for Registered NDIS Support Providers:

Providers are required to report serious incidents to the National Disability Insurance Scheme (NDIS) Commissioner and to the relevant statutory authority in the local jurisdiction.

A Reportable Incident is:

- the death of, or serious injury to, a participant
- allegations of, or actual sexual or physical assault of a participant
- significant damage to property or serious injury to another person by a participant
- an event that has the potential to subject a participant or National Disability Insurance Scheme to high levels of adverse public scrutiny

2.3.2 Dealing with complaints from Commonwealth Home Support Program participant's (CHSP) and their carers must be actively encouraged to provide feedback about the services they receive. A person has the right to call an advocate of their choice to present any complaints and to assist them through the complaint management process. A complaint can be raised in the following ways:

- Directly with GDN as per this policy and procedure
- With the Aged Care Complaints Commissioner (Complaints Commissioner) on an open, confidential or anonymous basis by phoning 1800 951 822 or by visiting the [website](#).

2.3.3 Dealing with complaints from National Disability Insurance Scheme (NDIS) Participants

NDIS participants and their carers must be actively encouraged to provide feedback about the services they receive. A person has the right to call an advocate of their choice to present any complaints and to assist them through the complaint management process.

A complaint can be raised in the following ways:

- Directly with GDN as per this Policy and Procedure
- In NSW
 - With the NDIA Quality and Safeguarding Commission (Complaints Commission) on an open, confidential or anonymous basis by
 - Phoning: 1800 035 544 (free call from landlines) or TTY 133 677. Interpreters can be arranged.
 - [National Relay Service](#) and ask for 1800 035 544.
 - Completing a [complaint contact form](#).

3. Resolve

3.1 Effective resolution of complaints

Every effort is made to resolve complaints as soon as practicable. Complaints must be investigated and responded to within a 20 working days timeframe. For complex and/or contentious complaints, where it may be necessary to seek input from external parties, the complainant must be updated. Actions and changes taken as part of the complaint

resolution that relate to processes or procedures are to be recorded in the Feedback Register and identified in the Monthly Feedback Report.

- Frontline staff are encouraged to resolve Tier 1 complaints at the local level. Details of the resolution are to be entered into the register Explorer or forwarded to the relevant Manager, along with a summary of the complaint and follow up actions.
- Tier 2 and 3 level feedback or complaints require an investigation and need to immediately be forwarded to the relevant Manager.
- If a complaint involves a staff member or a volunteer, an attempt to conduct mediation will occur. It is not mandatory for mediation to occur or for a person to attend mediation if they do not want to.
- The Manager is responsible for contacting the complainant, completing the complaint register form and acknowledging the complaint in writing in the complainants preferred format.
- The Manager informs the Executive as appropriate.
- The designated investigating officer uses the 4 Step process of Complaint Management (Appendix 1) to conduct an outcome focused investigation which is aimed at quickly identifying and remedying problems uncovered by the person raising the complaint.
- When necessary, the investigating officer may discuss the feedback or complaint with the Customer Service Manager to determine the actions to be taken.
- The investigating officer is responsible for updating the relevant sections of the complaint register entry and drafting a response letter to inform the complainant of the outcome of the investigation and any actions to be taken. The response letter includes the name of the person responsible for implementing any actions. The draft letter includes information about alternative options of informal and external recourse available.
- A copy of the approved response letter must be forwarded to the relevant Manager who informs the complainant as well as any other parties responsible for implementing the agreed action of the outcome.
- The Customer Service Manager ensures that all relevant documentation, including the complaint register form and copy of the Acknowledgement Letter is saved in a secure location and is responsible for updating the Feedback Register.

3.2 Follow-Ups

Every effort is made to resolve complaints as soon as practicable. Complaints must be investigated and responded to within a 20-working day timeframe. For complex and/or contentious complaints, where it may be necessary to seek input from external parties, the complainant must be provided with a letter to provide an initial update.

Actions and changes taken as part of the complaint resolution that relate to processes or procedures are to be recorded in the Feedback Register and identified in the Monthly Feedback Report.

- The investigating officer is responsible for ensuring the actions to implement the resolution are recorded and communicated to the appropriate GDN staff member.
- Managers are responsible for reviewing the feedback register and follow up actions. The Customer Service Manager and Engagement Manager will review the register for continuous improvement opportunities and take forward to the GDN Quality Committee.

4. Record-Keeping

4.1 Data recording

GDN is committed to recognising, respecting and protecting the privacy, dignity and confidentiality of any person involved which may include GDN staff. Information about a complaint is to be recorded separately, stored securely and only accessed on a 'need to know' basis.

- Staff are to ensure that the information collected directly relates to the nature of the complaint.
- Staff are not to record details of complaints in a customer's record however it is at the discretion of the Manager to provide information that relates to service delivery in secure notes.
- All information related to complaints is to be recorded in the Feedback Register.

4.2 Feedback Register

The Feedback Register is a summary of all complaints received. The Feedback Register is used for quality and continuous improvement purposes and to provide for the collection of statistical and other information relating to complaints. The complaint register has limited access to GDN staff depending on their level of responsibility.

The Feedback Register enables GDN to:

- review issues raised in complaints
- identify and address systemic issues raised through the complaint's management and resolution process
- report information relating to complaints to the Commissioner, if requested to do so by the Commissioner
- Track and record complaints and their progress

4.3 Complaint Procedure Review

A review of this Procedure will occur as part of the Quality Management System review to ensure it remains compliant with legislation as well as to identify improvement opportunities. It is the responsibility of the Management team to review the Complaints Management system including the Policy and Procedure every two years.