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1. Purpose

The purpose of this procedure is to:

- outline the steps used to handle feedback and complaints and establish a standard approach to timely and effective outcomes,
- ensure that people giving feedback or making a complaint have timely access to external assistance, if required.

2. Scope

The complaint procedure shall be followed upon receipt of any complaint or feedback regarding any service or staff relating to the provision of any services.

3. Prerequisites

- Receipt of complaint either verbally or a completed complaint management form


4. Responsibilities

Managers will ensure that:

- All staff are made aware of the Complaint Management procedure and its content relating to the scope of their work
- All complaints are handled fairly, efficiently and confidentially if advised.
- The process is transparent, efficient and access is available to the person making the complaint
- The complaint is acknowledged

Support workers, carers and other administrative personnel will ensure that:

- Upon initial contact of a person making a complaint be available to listen to the concerns
- Not form a view of the merit of any allegations
- Provide information about the internal complaint process
- Outline other options available to the person regarding lodging a complaint

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5. **Procedure**

5.1 **Information received**

If a person is unhappy or dissatisfied with Reliant’s service, they can either submit a complaint:

- 1) to Reliant (see Complaint Record Form)
- 2) to Aged Care Quality and Safety Commission

if unhappy with Aged Care Quality and Safety Commission Decision:

- a) engage an independent mediator,
 - b) submit a complaint to Commonwealth Ombudsman
 - c) submit a complaint to Health Care Complaints Commission
- 3) to NDIS Commission


if unhappy with NDIS Commission Decision:

- a) NDIA review of decision; or
- 1) Submit a complaint to Commonwealth Ombudsman

5.2 **Option 1 - Resolution between the parties through conciliation**

If the person chooses to seek resolution through an internal conciliation process, then the following steps are appropriate:

- 1) The complainant may approach the other party directly or ask the Chief Operations Officer or appointed staff member to approach the other person or persons on their behalf. If a third party is to be involved in resolution, it is recommended that a trained conciliator be involved to assist the parties.
- 2) If the other person or persons admit to the behavior or the acts complained about, and an agreement between the parties is reached, the complaint is resolved.
- 3) Even if the person does not admit to the behavior or acts complained about, the parties may be able to agree to an outcome that is acceptable to the complainant and the other parties.
- 4) If an acceptable outcome is reached the Chief Operations Officer or appointed staff member will be responsible for ensuring that the appropriate people who need to know about the outcome are appropriately informed so that the outcome is implemented and followed. As matters handled this way are usually minor, resolution would generally include an apology and agreement not to repeat the behavior or actions complained about.

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5.3 Option 2 - Resolution through an internal investigation

If the person chooses to seek resolution through the internal and formal investigation process the following steps will be followed.


- 1) The investigator (Chief Executive Officer or appointed Director/staff member) will interview the complainant and the allegations will be particularised in writing. During this interview and in any consequent stages of the process an appropriate support person may support the complainant.
- 2) The investigator will put the allegations in full to the other party or parties.
- 3) If there are any disputes over facts, the investigator will interview any witnesses and gather evidence that will assist in making a finding and gather any other relevant evidence that will assist in making a finding. Based on the facts of the matter the investigator will make a finding whether the complaint has substance.
- 4) A report documenting the investigation process, the evidence, the findings and a recommended outcome will be made to the Board. The Board will assess the report, consult with any appropriate parties (not the parties to the complaint) and implement an appropriate outcome.
- 5) The Chief Executive Officer will advise the direct parties to the complaint and any other relevant parties of their decision.

5.4 Option 3 - Resolution through an External Investigation with Aged Care Quality and Safety Commission

The Aged Care Quality and Safety Commission is an independent government body that seeks to improve the quality and safety of Aged Care services and supports. The Aged Care Standards and Regulations require Reliant to inform a complainant as to how they can make a complaint about Reliant to the Commission. Please note, it is recommended, by the Commission, that a complainant should try and resolve their complaint with Reliant, before contacting the Commission.


Reliant will assist a person making a complaint to access an advocate should they wish. *The Aged Care Quality and Safety Commission* defines advocacy, as the process of standing beside someone and supporting them. The advocate may:

- support you in making decisions that affect their quality of life,
- Provide information about your rights and responsibilities, and discuss your options for taking action,
- support you when you raise an issue with the service provider,
- Support you at any stage of the complaints process.

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(a) Making a Complaint to the Aged Care Quality and Safeguards Commission:

- 1) Anyone can make a complaint to the Commission including; Home Care consumers, friends, families, carers, advocates, workers.
- 2) Complaints can be made to the Commission orally, in writing or by any other appropriate means and can be made anonymously. Complaints to the Commission may also be withdrawn, by the complainant, at any time.
- 3) Unless received anonymously, the Commission must acknowledge receipt of the complaint
- 4) In reviewing the complaint the Commissioner may
 - a) Review the document provided
 - b) Contact the consumer (or their representative) to confirm if they wish the concern or complaint be examined
 - c) Review basic information about the consumer
 - d) Undertake a detailed review of the service provider's history
 - e) Visit Reliant offices or the location at which Reliant services are provided
 - f) Request further information
 - g) Take other action that the Commissioner considers is appropriate in the circumstance
- 5) Review the document provided
 - a) Contact the consumer (or their representative) to confirm if they wish the concern or complaint be examined
 - b) Review basic information about the consumer
 - c) Undertake a detailed review of the service provider's history
 - d) Visit Reliant offices or the location at which Reliant services are provided
 - e) Request further information
 - f) Take other action that the Commissioner considers is appropriate in the circumstance
- 6) In dealing with the complaint the Commissioner may
 - a) Consider the views of any person with a disability affect by the complaint
 - b) Comply with the rules of procedural fairness
 - c) Seek to resolve complaint quickly, with little formality, as a proper consideration of the issues raised in the complaint allows
 - d) Work with you to resolve the complaint directly with the service provider
 - e) Commence a formal complaint process
- 7) After receiving the complaint if the Commissioner commences a formal complaint resolution process the following steps will apply
 - a) Conciliation

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- i) Assist the complainant and the service provider to discuss the issues and reach an agreement that resolves the concern. This may involve phone call, discussions and meetings
- b) Investigation
 - i) Investigate the issue
 - ii) Gather Information
 - iii) Discuss the issue with both parties
 - iv) Analyse records and conduct interviews
- c) Service provider resolution
 - i) Ask the service provider to examine the concern within a specified timeframe
 - ii) You will be consulted if the concerns have been addressed
- d) Mediation
 - i) If an outcome is unable to be reached that you are seeking an independent mediator may suggested
- e) While resolving the complaint process the Aged Care Commission may:
 - i) consult professionals about clinical or technical matters
 - ii) ask for information from you, the service provider or other people
 - iii) refer an issue to another organization if they can more appropriately deal with it

(b) Escalating a Complaint:

- 1) If you are not satisfied with the outcome of the complaint, you may:
 - a) contact the Commonwealth Ombudsman


5.5 Option 4 - Resolution through an External Investigation with Health Care Complaints Commission

The Health Care Complaints Commission deals with complaints about all health services and providers in NSW including:

Complaints process:

(a) Written Complaint Received

- 1) All complaints must be in writing and the easiest way to lodge a complaint is using our online portal. You can find out about the [types of complaints](#) the Commission manages or [contact us](#) for more information.
- 2) Assessment Officer assigned and complaint acknowledged. Once your written complaint has been received it will be assigned to an Assessment Officer. The Assessment Officer will

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acknowledge receipt of your complaint and will give you a case number for reference. You should always quote your case number when contacting the Commission.


- 3) Complaint assessed. The Commission aims to assess complaints within 60 days. On some occasions the assessment may take longer. This is because the information gathering process can take some time. The Assessment Officer will usually contact the provider for a response and may request records and other information. Further clinical advice may be required. The Assessment Officer may also contact you for more information.
- 4) Outcome. An Assessment Committee will consider all of the information obtained during the assessment process and decide on the most appropriate outcome. If your complaint is about a registered health practitioner, the appropriate Health Professional Council will also be consulted
 - a. Complaint outcome communicated. The Assessment Officer will write to you to advise you of the assessment outcome, and any next steps that might be involved. The Commission assesses all complaints carefully; however you have the right to request a review if you believe we may have missed something or if you have new information to provide. Requests for review should be made in writing, within 28 days of receipt of the assessment decision letter.

5.6 Option 5 - Resolution through an External Investigation with NDIS Commission

The NDIS Quality and Safeguards Commission is an independent government body that seeks to improve the quality and safety of NDIS services and supports. The NDIS Rules require Reliant to inform a complainant as to how they can make a complaint about Reliant to the Commission. Please note, it is recommended, by the Commission, that a complainant should try and resolve their complaint with Reliant, before contacting the Commission.

Reliant will assist a person making a complaint to access an advocate should they wish. *The National Disability Insurance Scheme Act 2013* defines an independent advocate, in relation to a person with disability, to mean a person who:

- is independent of the Agency, the Commission and any NDIS providers providing supports or services to the person with disability
- provides independent advocacy for the person with disability, to assist the person with disability to exercise choice and control and to have their voice heard in matters that affect them


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- acts at the direction of the person with disability, reflecting the person with disability's expressed wishes, will, preferences and rights
- is free of relevant conflicts of interest.

The Act acknowledges the important role of advocates (including independent advocates) and other representatives of persons with disability: and requires registered NDIS providers to cooperate with, and facilitate arrangements for, advocates (including independent advocates) and other representatives of persons with disability who are affected by complaints or incidents and who wish to be independently supported in that process by an advocate or other representative.

(a) Making a Complaint to the NDIS Quality and Safeguards Commission:

- 1) Anyone can make a complaint to the Commission including, NDIS participants, other people with disability, friends, families, carers, advocates, workers.
- 2) Complaints can be made to the Commission;
 - a) by phoning 1800 035 544 or TTY 133 677 or National Relay Service
 - b) in writing or completing a NDIS [complaint contact form](#)
 - c) by any other appropriate means and can be made anonymously.
 - d) Complaints to the Commission may also be withdrawn, by the complainant, at any time.
- 3) Unless received anonymously, the Commission must acknowledge receipt of the complaint
- 4) In reviewing the complaint the Commissioner may
 - a) Review the document provided
 - b) Visit Reliant offices or the location at which Reliant services are provided
 - c) Discuss the issues raised in the complaint with:
 - i) the complainant;
 - ii) an individual with a disability who is affected by an issue raised in the complaint;
 - iii) Reliant; or
 - iv) any other person
 - d) Request further information
 - e) Take other action that the Commissioner considers is appropriate in the circumstance
- 5) In dealing with the complaint the Commissioner must
 - a) Consider the views of any person with a disability affect by the complaint
 - b) Comply with the rules of procedural fairness
 - c) Seek to resolve complaint quickly, with little formality, as a proper consideration of the issues raised in the complaint allows
- 6) After receiving the complaint the Commissioner must decide to do one of the following


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- a) Take no action
 - i) Complaint is not made in good faith
 - ii) Complaint or issues have already been dealt with by the Commission
 - iii) Complaint has been withdrawn
 - iv) Person with a disability affected by the issues raised, does not wish for the issues to be considered by the Commission
 - v) Complaint or issues better dealt with by another person or body
 - vi) Not enough information to continue
 - vii) having regards to the circumstances of the case, further action is not appropriate or warranted
- b) Defer action
- c) Help the complainant and others who have been affected to work with Reliant to resolve the complaint by providing assistance or advice; or
- d) Undertake a resolution process
 - i) May require Reliant to examine and attempt to resolve the complaint or issues and report back to the Commissioner
 - ii) May request parties participate in a conciliation process
 - iii) May provide advice to Reliant u in relation to the complaint or issue
 - iv) May require Reliant to undertake remedial action and report back to the Commissioner
 - v) May take other action that the Commissioner considers appropriate in the circumstance.
- 7) The Commissioner may give written notice of their decision and they can be asked to reconsider their decision
 - a) application for reconsideration must be made within 42 days of notification of the Commissioners decision

The Commissioner may, at their own initiative, also authorise an inquiry to carried out in response to specific issues connected to a complaint, or series of complaints

5.7 Key Elements in Resolving a External Complaint

- The following are key elements in resolving a complaint:
- All parties have the right to have any complaint addressed.
- Any complaint can be addressed by either the formal or informal options under this procedure.
- There is a guarantee of timeliness, confidentiality and objectivity when an issue is raised.

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- The principles of natural justice will be given to both the person making the complaint and the person or persons who are subject of the complaint. Noting the rules of natural justice and procedural fairness in essence include such things as:
 - 1) The hearing rule – i.e. anybody affected by the complaint ought to have an opportunity to be heard.
 - 2) The bias rule – i.e. the decision-maker ought to be fair and impartial.
 - 3) The no evidence rule – i.e. decisions must be made based upon logically probative evidence.
- No person making a complaint will be victimised or disadvantaged for making a complaint.

6. **References**

6.1 **Initial document revision history – NDIS document**

Revision Number	Date	Details
A	Jan 20	Original
A1	Jan 20	NDIS Audit
A2	Mar 23	Updated to procedure

6.2 **Initial document revision history – General document**


Revision Number	Date	Details
A	Mar 23	Original

6.3 **External references**

[Aged Care Quality and Safety Commission](#)

[Health Care Complaints Commission](#)

[Charter of Age Care Rights](#)

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[NDIS Terms of Business for Service Providers](#)

[National Disability Insurance Scheme \(Registered Providers of Support\) Rules 2013.](#)

[NDIS NDIS Quality and Safeguards Commission Effective Complaint Handling Guidelines](#)

[NDIS \(Complaints Management and Resolution\) Rules 2018](#)

6.4 **Internal references**

[AD-FAC-00002 ,Complaint management factsheet](#)

[AD-FOR-00014 ,Complaint record form;](#)

[AD-POL-00008 ,Complaint Management Policy;](#)

7. **Definitions**

Identify and define frequently used terms or acronyms. Provide additional and/or relevant information needed to understand this SOP.