

# VMIAC POLICY AND PROCEDURE MANUAL

## Service Users Feedback Complaints Policy

### 1. PURPOSE

This procedure outlines how VMIAC receives, responds to, records and reports on feedback and complaints from consumers and service users in relation to any aspect of VMIAC's services.

### 2. SCOPE

This procedure applies to all Committee of Management (CoM), staff, volunteers, and contractors, receiving or managing feedback and complaints from consumers and service users made to or about us, regarding our services and staff, or our complaint handling process.

This procedure does not apply to the raising of concerns or grievances by a member of VMIAC staff. See the Grievances Policy & Procedure.

### 3. DEFINITIONS

Relevant definitions can be found in Complaints Feedback Policy.

### 4. PROCEDURE

#### Submitting Feedback

VMIAC invites feedback (including compliments and complaints) through multiple methods to promote a fair, safe, transparent and accessible system of receiving and responding.

This system enables submission feedback by either an identified or anonymous person, by:

- Speaking to any VMIAC staff member.
- Filling in the VMIAC Feedback Survey or writing a letter and returning it in-person, via feedback boxes in office or by post to: *VMIAC, 1/22 Aintree Street, Brunswick East, VIC, 3057.*
- Submitting the online Feedback Form on the VMIAC Website
- Phone VMIAC (03) 9380 3900

#### Responding to Feedback

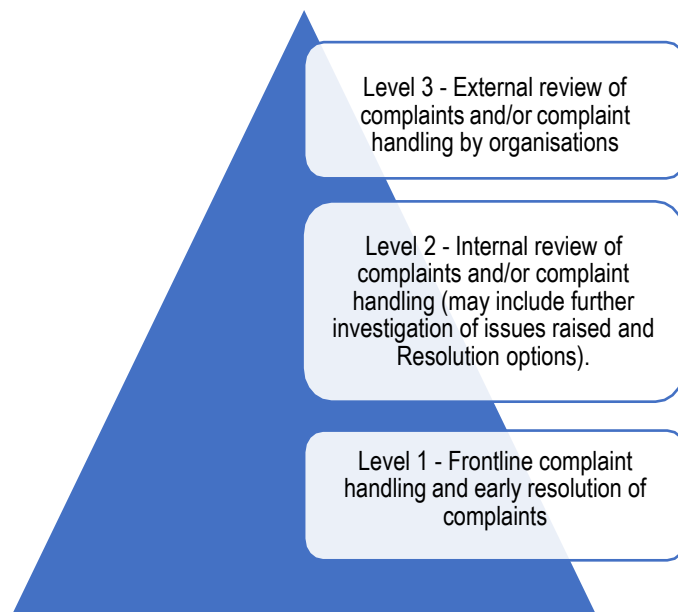
In responding to any complaint, people working for VMIAC will ensure:

- each complaint is handled respectfully, taken seriously, and investigated fairly.
- no retribution or discrimination results from the submission of a complaint.
- the resolution of complaints, to the satisfaction of the complainant, is a goal of the complaints process.
- responses to feedback and complaints are consistent and timely.
- independent and accessible mechanisms for submitting and resolving complaints are provided.

All Feedback will be acknowledged either written or verbally. It may be appropriate to contact a person who provided feedback to communicate (verbally or in writing) any changes made as a result of their information, to contribute to a positive relationship between the organisation and its clients/ stakeholders.

Compliments about a staff member or team will be acknowledged by the relevant senior manager and passed on to line managers and other staff as appropriate.

Feedback which could support service improvement will be provided to the relevant senior manager who will ensure information is forwarded to relevant staff for consideration in service planning and quality improvement activities.



### Responding to a Complaint

Where a person indicates that they would like to make a complaint, all options for submitting and resolving their complaint will be explained, and consumer should be advised on how they can access an advocate/support person throughout the process.

Any complaint that involves alleged abuse (including physical, emotional, financial or sexual abuse), or actions of a criminal nature will be forwarded onto relevant authorities.

Any staff receiving feedback should request consent for VMIAC to use the information they have provided, including their own details and those of the consumer, to investigate their concerns effectively and provide feedback if wanted. They should be advised that they are welcome to provide anonymous information, alongside details of how this may impact on or limit the potential for VMIAC to respond to the feedback.

Complaints will be responded to using the following three levels of complaints management.

#### Note:

Depending on the level of complexity, a complaint can immediately be assessed as Level 2 or 3.

#### Level 1 – Complaint resolution at first point of contact

Management of complaints at a local, team level through discussion, development of mutual understanding and negotiation of a resolution to the complainant's satisfaction should occur as the first response when an issue or complaint is raised, in most circumstances.

Significant complaints relating to service delivery or management that alleges a possible issue of safety or wellbeing or impact the reputation of VMIAC should always proceed immediately to level 2.

If this option is declined or is not suitable then the issue is to be immediately reported to the responsible senior manager.

#### Level 2 – Internal review of complaint by senior staff

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This level applies:

- where a complainant is not satisfied with the outcome of Tier 1 resolution
- where a complainant declines Tier1 resolution or
- for a significant/serious complaint.

This level of complaint is overseen by a management level position. The CEO will usually assign who will lead the assessment, investigation and resolution processes for a level 2 Complaint.

Serious staff conduct issues, breaches to legislation, possible criminal actions or risk to organisational reputation will be escalated immediately to a Senior Manager, the Deputy CEO and /or relevant member/s of the Executive Leadership Team.

Complaints involving alleged abuse of any kind, should be responded to according to relevant legal obligations and policies or procedures relating to Critical Incidents, Sexual Harassment and Bullying.

The CEO may elect to appoint an independent investigator (internal or external) to review and manage serious complaints.

The complainant should be contacted within two (2) working days (or earlier if urgent) to acknowledge receipt of their complaint and advise of the planned process that will be followed.

To enable the complaint to be understood, the detailed information will be sought by the nominated manager, including:

- Name and contact details
- Who was involved?
- What happened and when?
- Any other information to support the complaint, if available?
- Is anyone else involved and/or aware of the issue?
- Has anything been done to address this matter?
- What does the complainant want to happen now?

It is expected that complaints should be resolved, and the outcome communicated to all involved within 28 days. If the issue is complex and requires longer to resolve, the nominated manager is required to communicate regular updates to the person until the issue is resolved or the matter finalised.

If the complaint involves staff conduct, the manager handling the complaint will ensure an appropriate response is provided, including contacting the Corporate Services Manager to seek advice.

Complaint, investigation and outcomes will be fully documented in the consumer's file and in the Feedback /Complaints Register.

Where contact details and consent have been provided, written communication will usually be sent to complainant within seven working days of complaints being received with details of what is being done/ has been done to investigate and resolve the complaint, expected timeframes and details of the appropriate contact person.

### **Level 3 – External assessment, investigation, review**

Where a complaint cannot be resolved to a complainant's satisfaction, referral for external assessment, investigation, mediation and/or review may be appropriate.

Consumer and service users should be advised of their right to raise a complaint to an external regulatory body-and that there will be no retribution or discriminatory action taken if they do prefer to submit their complaint externally.

The Deputy CEO should be notified as soon as practical if a complaint has, or is likely to go, to an external organisation for resolution. Where required, these matters should be communicated immediately to the CEO.

## Complaint management process



### Receive

Unless the complaint has been resolved at the outset, we will record the complaint and its supporting information. We will also assign a unique identifier/number to the complaint file.

The record of the complaint will document:

- Contact information of the person making a complaint and the date received
- Issues raised by the person making a complaint and the outcome/s they want
- Any other relevant information, and
- Any additional support the person making a complaint requires.

### 1 Acknowledge

We will acknowledge receipt of each complaint promptly, and preferably within 5 working days. When appropriate we may offer an explanation or apology.

Consideration will be given to the most appropriate medium (e.g. email, letter) for communicating with the person making a complaint.

### 2 Assess and investigate

#### 2.1 Initial assessment

After acknowledging receipt of the complaint, we will confirm whether the issue/s raised in the complaint is/are within our control. We will also consider the outcome/s sought by the person making a complaint and, where there is more than one issue raised, determine whether each issue needs to be separately addressed. When determining how a complaint will be managed, we will consider:

- How serious, complicated or urgent the complaint is
- Whether the complaint raises concerns about people's health and safety
- How the person making the complaint is being affected
- The risks involved if resolution of the complaint is delayed, and
- Whether a resolution requires the involvement of other organisations.

#### 2.2 Investigating the complaint

After assessing the complaint, we will consider how to manage it. We may:

- Give the person making a complaint information or an explanation
- Gather information about the issue, person or area that the complaint is about, or
- Investigate the claims made in the complaint.

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We will keep the person making the complaint up-to-date on our progress, particularly if there are any delays. We will also communicate the outcome of the complaint using the most appropriate medium. Which actions we decide to take will be tailored to each case and take into account any statutory requirements.

### 3 Determine outcome and provide reasons for decision

Following consideration of the complaint and any investigation into the issues raised, we will contact the person making the complaint and advise them:

- The outcome of the complaint and any action we took
- The reason/s for our decision
- The remedy or resolution/s that we have proposed or put in place, and
- Any options for review that may be available to the complainant, such as an internal review, external review or appeal.

### 4 Close the complaint: document and analyse data

#### 4.1 Document

We will keep records about:

- How we managed the complaint
- The outcome/s of the complaint (including whether it or any aspect of it was substantiated, any recommendations made to address problems identified and any decisions made on those recommendations), and
- Any outstanding actions to be followed up, including analysing any underlying or root causes.

#### 4.2 Analyse data

We will ensure that outcomes are properly implemented, monitored and reported to the complain handling manager, senior management or the Chair of our governing body.

### Special considerations

Staff should take steps to ensure that an appropriate response is provided to support consumers who identify as: Aboriginal, Torres Strait Islander; culturally and linguistically diverse; gay, lesbian, bisexual and transgender; or who have a disability, to feel safe and free from fear of retribution when making a complaint.

Where the usual feedback process is not suitable for a client or other relevant person, steps will be taken to ensure appropriate adaptations are made.

## 5. IMPLEMENTATION AND COMMUNICATION

The Complaints Feedback Policy will be communicated throughout VMIAC via:

1. Circulated to staff for feedback
2. Quality Assurance Working Group for review and endorsement
3. Tabled for approval to CoM
4. Once approved distribution via email to staff
5. Inclusion in VMIAC's Sharepoint [Policy & Procedure Folder](#)
6. Inclusion in VMIAC Policy & Procedure manuals
7. Included in Staff orientation and training
8. New policy guidelines and procedure included in information brochures

9. Publish policy and procedure on website

## 6. RELATED DOCUMENTS AND LINKS

- Service User Feedback Complaints Policy
- Grievance Policy
- Grievance Procedures
- *Disability Services Act 1986* (Cwlth)
- ISO9001:2008 Quality management systems -Requirements
- ISO10002:2014 Guidelines for complaint management in organizations
- National Standards for Disability Services

## 7. REVISION

<b>GOVERNANCE</b>	
Category	Feedback and Complaints
Standards	Standard 4 Feedback and Complaints
Policy owner	Corporate Services Manager
Approval authority	Chief Executive Officer
Drafted by	Corporate Services Manager
Date effective	3.3.2022
Date last reviewed	2020
Scheduled review date	2025
Version	4 – 03/03/2022
Content enquiries	Corporate Services Manager