

Policy: Complaints Handling Policy

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1. Introduction

Arthritis, Pain Support & ME/CFS ACT is dedicated to providing excellent customer service and maintaining a healthy customer relationship at all levels from CEO down. We have a Complaints Policy to ensure all complaints are handled as efficiently and effectively as possible. As a customer of ours, you are entitled to make a complaint to us. The following outlines our policy and procedures for the handling of verbal and written complaints.

This policy must be provided to clients and staff alike. This policy forms part of the provider's compliance system. A copy is provided to:

- each person with a disability receiving support or services from us as an NDIS provider, and their family, carers, and advocates (as appropriate); and
- each person employed or otherwise engaged by us that works directly with NDIS participants or is involved in managing that work.

2. Purpose

The purpose of the Complaints Handling Policy and Procedures is to ensure that complaints are handled in a manner which is fair, objective and truth oriented. A complaints procedure is a set of processes that allow a complaint to be made, recorded and dealt with effectively.

3. Policy

At Arthritis, Pain Support & ME/CFS ACT complaints management is an essential component of customer service and business success. Not only is it the means to gather valuable customer insight, it also helps the Foundation progress to improvements that lead to reduced costs, increased profitability and increased customer satisfaction.

There are many factors that influence a client's decision to make a complaint. There is also a range in the types of complaints that can be made. Examples of factors and types of complaints include:

3.1 Service delivery complaints

- dissatisfaction with service provision
- accuracy and timeliness of information
- communication breakdown
- cultural issues
- stress and fatigue
- incidents of conflict
- inappropriate behaviour of staff and volunteers
- poor maintenance of facilities and equipment
- client abuse, harassment, discrimination and neglect
- breach of client confidentiality.
- Governance complaints:
 - financial mismanagement
 - fraud
 - procedures followed not in accordance with the organisation's constitution or organisational policies.
- Complaints of potentially criminal nature:
 - If the complaint has criminal implications, such as fraud or abuse, then the Police should be notified immediately.

3.2 Methods of complaint

There are two ways clients may chose to make a complaint to the organisation:

- verbal – face to face or by phone
- written – formal letter, e-mail, fax.

3.3 Anonymous complaints

- Some clients may wish to remain anonymous in making their complaint. This should be respected and the complaint investigated. This will be undertaken by the CEO or if the complaint is about the CEO, the Board. As anonymous complaints cannot be responded to individually the complaint will be investigated and any changes in processes that need to be made will be made and documented on the complaints register and in the appropriate policies and procedures.
- If the anonymous complaint fits the NDIA criteria for reporting the complaint will be reported following the due procedure for the complaint and in accordance with the . The complaint will still be investigated as per the above point internally.

3.4 Responding to complaints

All client complaints should aim to handle and resolve every complaint immediately, wherever possible, using the following:

- **Listen** - Validating the customer's concerns, letting the customer be right, and expressing appreciation for the feedback.
- **Apologise** - While you want to express regret for what occurred, you also want to ensure that you apologize for the effect of the issue, not necessarily the cause.
- **Solve** - Always give customers something, the recovery should fit the failure directly, and where possible, encourage the customer to return in the future.
- **Thank** – Just like when thanking the customer at the beginning of the interaction (when you expressed appreciation for the feedback), thanking them again for giving the Foundation the opportunity to make it right.

Verbal complaints

It suggests that employees:

- Listen carefully and respond to the client in a polite and respectful manner.
- Clarify your understanding of the complaint and ask the client how they would like the complaint resolved.
- Wherever possible, try to resolve the complaint at the time.
- If the circumstances do not allow the complaint to be resolved immediately, direct the complaint to the CEO.
- Advise the client that they may submit the complaint in writing (see **Client Complaint Form**)
- Follow the processes for written complaints below.
- Record complaint in the Complaints Register in conjunction with the CEO.

Written Complaints

- All complaints of a serious nature, e.g. corruption, fraud, harassment, etc. should be submitted in writing and referred to the CEO for investigation. If the complaint involves the CEO or the client feels that the CEO is not the appropriate person to handle the complaint, refer the matter to President of the Board of Arthritis, Pain Support & ME/CFS ACT.
- Upon receiving a written complaint, the CEO or Board should aim to provide a response within 10 working days.
- The response may include the following:
 - confirmation that the complaint has been received, and the matter is being investigated
 - an understanding of the complaint
 - suggested actions for resolving the complaint
 - complaint process, including the estimated timeframe for resolution
 - client satisfaction and right to appeal
 - contact name and number

Appeals and seeking outside assistance

- If complaint involves the CEO, the matter can be referred to the Board of Arthritis, Pain Support & ME/CFS ACT.
- If the complaint cannot be resolved internally, an option could be to seek support from the ACT Health Complaints Commissioner
<https://www.hrc.act.gov.au/complaints/information-for-people-making-complaints>
- For clients who are NDIS participants the matter can be referred to the NDIS Quality & Safeguards Commission
<https://www.ndiscommission.gov.au/complaints/make-complaint-about-provider-or-worker#paragraph-id-7584>
- For DVA clients the matter can be referred to the Australian Dept of Veteran's Affairs <https://www.dva.gov.au/about/feedback>

3.5 Foundation Responsibilities

General:

Provide an efficient, fair and structured mechanism for handling complaints.

- To provide our customers with access to the complaints handling process, including those customers with disabilities and special needs.
- To keep customers informed as to the progress of their complaint and the expected timeframe for resolution.
- Quarterly review the complaints so that they can improve the standard of customer service.
- Complaints management system must be subject to a regular review of policies and procedures. This includes seeking participant views on accessibility and incorporating feedback across the organisation.

NDIS Clients:

- Arthritis, Pain Support & ME/CFS ACT places the person with disability at the centre of the complaints process the person making the complaint, and any person with disability affected by issues raised in a complaint, should be included throughout the process to the extent possible. The Foundation must handle complaints based on the principles of procedural fairness and natural justice and comply with the requirements under the NDIS (Complaints Management and Resolution) Rules 2018.
- The process of making and resolving a complaint must be easy and accessible. Any person can make a complaint, including anonymously.
- NDIS clients must be aware of and be supported to access the complaints management system.
- They must be made aware of and be supported to access alternate avenues for complaints, such as the NDIS Commission.

- Arthritis, Pain Support & ME/CFS ACT must provide appropriate support and assistance to any person who wishes to make, or has made, a complaint. This includes support from staff, family or an advocacy service to make a complaint or during the complaints handling process.
- Arthritis, Pain Support & ME/CFS ACT must take reasonable steps to ensure that no person is adversely affected because of making a complaint or assisting the NDIS Commission in relation to a complaint.
- Complaints should be dealt with directly and quickly at the point of service, unless further investigation is required.
- All people involved in the complaint must be kept appropriately informed of the complaint's progress and resolution, including any actions taken and what to do if they are not satisfied by the response.
- The complaints management and resolution system must include a clearly documented process to receive and resolve complaints.
- Simple and accessible documentation about how to make a complaint must also be provided.

Who is responsible for making sure this system is followed?

While every staff is expected to comply with the system as laid down in this policy, it is the Complaints Officer who has primary responsibility for training all provider staff to comply with the requirements of this system, including making sure clients and others are aware of their rights to complain. The Complaints Officer also has primary responsibility for the oversight and review of the complaints management and resolution system. On all matters relating to the system and complaints, generally, the Complaints Officer reports to senior management of the provider, including the CEO, who bear ultimate responsibility for setting the objectives of the system and monitoring compliance.

2 Related Links

- ACNC <https://www.acnc.gov.au/raise-concern>
- Office of the Australian Information Commissioner <https://www.oaic.gov.au/>
- National Health Practitioner Ombudsman <https://www.nhpo.gov.au/>
- ACT Health <https://www.health.act.gov.au/contact-us/i-want-provide-feedback-about-private-health-service>
- Australian Charities and Not for Profit Commission (ACNC) Ph. 13 22 62 <https://www.acnc.gov.au/raise-concern>
- NDIA Commission: <https://ndis.gov.au/contact/feedback-and-complaints>

Procedure: Complaints Handling

1. Responsibilities:

CEO:

- Oversee all complaints (Complaints Officer).
- Communicate with complainant as per this policy and its procedures.
- Provide feedback, support and any disciplinary action required to staff and or complainant (such as discontinuing Foundation membership; termination of employment for staff member; referral to counselling)
- Implement any incident management procedures or necessary changes to these or the policy.
- Notify/report to any external agency as required (i.e. NDIS, ACT Health, Work Safe ACT)

Staff:

- Listen to complainant and explain complaint procedure.
- Notify CEO and or Service Coordinator as soon as possible (within 24hrs).
- Document in customer file on Nookal.
- Discuss any concerns with CEO and or Service Coordinator promptly.
- Attend counselling or further training as applicable.

2. Procedures:

2.1 Written and Verbal Complaints Received

Upon receiving a complaint, Arthritis, Pain Support & ME/CFS ACT will acknowledge your matter via telephone or in writing within 2 business days.

- If the complaint is urgent, or where the complainant is receiving Priority Assistance (for example, for medical reasons) Arthritis, Pain Support & ME/CFS ACT will prioritise the complaint and attempt to resolve it within 2 working days. If the Foundation cannot, an explanation of why and the reasons for taking longer will be provided.
- Arthritis, Pain Support & ME/CFS ACT will keep the complainant informed of the progress of the complaint, proposed actions and the expected timeframe for resolution.
- The Foundation's aim is to resolve complaints in a timely manner and will generally resolve a matter within 30 calendar days.
- Complex complaints may take longer than 30 calendar days to resolve. In these cases, Arthritis, Pain Support & ME/CFS ACT will regularly update the complainant on the progress and likely timeframe for resolution.

- Arthritis, Pain Support & ME/CFS ACT will advise the complainant of the outcome of your complaint. Where the complainant has requested the Foundation to do so, it will advise in writing.

2.2 Anonymous Complaints

- If Arthritis, Pain Support & ME/CFS ACT does not need the identifying information of the complainant to action the complaint, it is irrelevant information and should not be collected (i.e. complaint regarding broken pool equipment, or cold pool temperature)
- All anonymous complaints are to be referred to the CEO unless regarding the CEO then referred to the Board.
- All other policy and or procedures to be followed as per those for written and verbal complaints with the omission of contacting the complainant.

2.3 Complaints Involving NDIS Clients

May include when:

- something has gone wrong
- something is not working well
- something hasn't been done the right way
- something makes them unhappy
- they have been treated badly
- they have concerns about unfair pricing

Staff must provide appropriate support and assistance to any person who wishes to make, or has made, a complaint. This includes support from staff, family or an advocacy service to make a complaint or during the complaints handling process.

Staff must take reasonable steps to ensure that no person is adversely affected because of making a complaint or assisting the NDIS Commission in relation to a complaint.

2.4 Website Procedure Information

Step One:

If you have a complaint regarding any aspect of your account or services provided with Arthritis, Pain Support & ME/CFS ACT, we urge you to telephone our main office in the first instance or via email. The Foundation's objective is to resolve the vast majority of enquiries or complaints during your first contact with us.

If you prefer to put your complaint in writing, Arthritis, Pain Support & ME/CFS ACT will respond to your letter and will confirm any details in writing if you request us to do so.

If you like, you can appoint an authorised representative or an advocate to interact with us on your behalf. Please see our website for a procedure and form to appoint an authorised representative or advocate. When you discuss your complaint with us, we can assist you to clarify and formulate the complaint.

You can also make a complaint by using any of the other contact methods on our website, or please ask us if there is any other method you would like to use to send a complaint to us.

Step Two:

Complaints made to the Arthritis, Pain Support & ME/CFS ACT are overseen by our Chief Executive Officer (CEO). After a complaint is made, if it is not immediately resolved, we may need to investigate it. This process may take 15 Business Days, or longer (in which case we will update you with a reason for the delay and the expected timeframe).

If you are not satisfied with the response tendered to you, you may ask Arthritis, Pain Support & ME/CFS ACT staff directly to escalate your complaint. If so, our CEO will be notified and available to address the complaint as soon as possible (depending on availability).

Step Three:

When your complaint is resolved, we will confirm this with you within 10 business days. If your complaint is not resolved to your satisfaction by us, and depending on the nature of your complaint, you may refer your complaint to the following outside bodies as at 2.7.

What if you are unhappy about our decision?

If you are not satisfied with our response to your complaint, let us know and our Complaints Officer will try to schedule a time to meet with you to discuss your ongoing concerns with a view to resolving the matter in a friendly way. If you are not happy with our response, you have other options. You can take your complaint to the NDIS Commissioner; and/or the Health Care Complaints Commissioner (see 2 Related Links).

For direct complaints to the NDIA Commission:

- Complete the [online complaint form](#)
- Call 1800 035 544 (free call from landlines) or TTY 133 677. [Interpreters](#) can be arranged
- National Relay Service: ask for 1800 035 544

The NDIA Contact Centre is open Monday to Friday 9am - 6.30pm AEDT

2.5 Documentation

The complaint form and register are to be documented including the following

- information about the complaint
- any action taken to remediate or resolve complaints, and
- the outcome of any action taken

2.6 Worker Training

- All workers must be aware of, trained in, and comply with the required complaints management procedure.
- All workers must complete orientation to Arthritis, Pain Support & ME/CFS ACT as per Workplace Orientation Policy & Procedures.
- Orientation checklist and documents to be sighted by supervisor, service coordinator or CEO then uploaded to OneDrive (i.e. registration, driver's licence, CPD, First Aid, CPR etc.)
- All workers must complete NDIS Worker Orientation Module and certificates to be sighted and uploaded to OneDrive.

2.7 Links for Referring to Outside Organisations

Office of the Australian Information Commissioner Ph. 1300 363 992

<https://www.oaic.gov.au/>

National Health Practitioner Ombudsman Ph. 1300 795 265

<https://www.nhpo.gov.au/>

ACT Health (02) 5124 5932.

<https://www.health.act.gov.au/contact-us/i-want-provide-feedback-about-private-health-service>

Commission <https://www.ndiscommission.gov.au/complaints/make-complaint-about-provider-or-worker#paragraph-id-7584>

Outside Complaint Handling and Referral

In case the complaint contains or raises an issue that concerns other agencies or bodies, such as the possible commitment of a criminal offence, it is the responsibility of Arthritis, Pain Support and ME/CFS ACT to refer the complaint to the appropriate body in consonance with its obligations under the law.

Outside Final Report Requests

We may be required to report back to the NDIS Commission on the status of the complaint as well as on the progress of the corrective actions taken by us, if any. If the Commissioner requires such a report, we must abide by the direction in compliance with the Rules. The Complaints Officer will oversee this process, but all staff must do everything reasonable to support us to comply with the rules. This may include:

- The Commissioner may take a number of actions pursuant to the Rules in respect of a Complaint. Moreover, if a complaint raises a serious compliance issue, the NDIS Commission has powers to take action. The Complaints Officer and the key personnel are responsible for ensuring that we satisfy our obligations under the Rules. Again, we may need to seek legal advice in respect of our rights and obligations under the Rules in this situation.
- Complaint records must be kept for statistical purposes We are required by law to keep appropriate records of all complaints received in our capacity as an NDIS provider for at least 7 years from the date a record is made. These include, where appropriate:
 - a) information about complaints;
 - b) any action taken to resolve complaints; and
 - c) the outcome of any action taken. We are also required by law to collect complaints-related information to enable us to review issues raised in complaints, identify and address systemic issues raised through the complaints management and resolution process and, if requested, to report information relating to complaints to the NDIS Commissioner.

Procedural Fairness

To make sure everyone is treated fairly at each stage in the process, we will follow these steps for all complaints about our supports and services:

First, we will send you a message in writing. The message will:

- tell you that we have received your complaint; and
- tell you what we are doing to look into the complaint, when you can expect to hear from us, and who you can contact to discuss the complaint; and
- tell you and any person with a disability affected by the issue in your complaint how to raise the complaint with the NDIS Commissioner; and
- offer to help you to contact the NDIS Commissioner about the complaint. (Note: If you make an anonymous complaint, we will not be able to do this because we won't know who you are.)

Second, we will assess your complaint. This means we will look into your complaint by reviewing what happened, talking to you, NDIS participants, and any staff members who were involved, and looking at any documents or other records we have that might give us information about what happened.

Third, we will work with you to try to fix (resolve) the complaint. If appropriate, we will keep you involved in the resolution process. We will also keep you informed on the progress of the complaint, including any action taken. We will do our best to do this in a fair way that doesn't take too long. We will try to resolve your complaint within 21 business days. If this isn't possible, we will let you know why not in writing and give you an estimate of how long it will take for us to respond. (Note: If you make an anonymous complaint, we will not be able to do this because we won't know who you are.)

Fourth, we will respond appropriately to your complaint. Depending on the complaint and the results of our assessment and attempts to resolve the complaint, this may include a range of responses. For example, our response may be that:

- no further action is required; or
- you are owed an apology;
- you are entitled to a part or full refund of fees; or
- we need to change our policies and procedures to ensure similar events don't happen again; or
- it would be appropriate for us to support you or an NDIS participant to transfer to a different provider (at our cost for the handover); or
- we undertake to ensure the staff involved receive additional training and/or supervision, as appropriate.

We will tell you our decision and the reasons for our decision. (Note: If you make an anonymous complaint, we will not be able to do this because we won't know who you are.) We will also make sure that any recommended improvements or changes are put into place.

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