

QA-P003 FEEDBACK AND COMPLAINTS POLICY

1. INTRODUCTION

- 1.1. CORE Community Services (“CORE”) is committed to the provision of quality services to our customers and regards complaints and feedback as opportunities to improve practices, policies and procedures and lead to better outcomes to those we serve.

2. PURPOSE

- 2.1. To ensure that CORE monitors information relating to customer perception, including client complaints. Complaints and feedback are monitored to identify whether CORE has met client requirements.
- 2.2. Staff grievances are handled in accordance with **PC-P016 Managing Workplace Grievances**.
- 2.3. CORE have developed this policy to:
 - 2.1.1 Ensure that methods for obtaining and using this information are determined,
 - 2.1.2 Reassure clients that any complaints will be taken seriously, handled professionally and confidentially to achieve a timely resolution,
 - 2.1.3 Ensure that clients have a clear understanding of the steps involved in CORE’s Feedback and complaints handling process, and
 - 2.1.4 Provide clients with contact details of public independent authorities who may assist in the event of a dispute or grievance.

3. SCOPE

- 3.1. This policy applies across all CORE sites and sets out required action by all staff, students, volunteers, visitors, clients, and contractors.

4. RESPONSIBILITIES

- 4.1. The Board is responsible for the development of this policy.
- 4.2. The CEO, Management Team and Risk and Quality Assurance Manager are responsible for implementing this policy.
- 4.3. All staff, volunteers, students, clients, and contractors are to ensure they adhere to this policy.

5. DEFINITIONS

Client	Participants, consumers, community members, children,youth participant, families and stakeholders are henceforth referred to as ‘clients’ for the practicality of this policy.
Complainant	Person dissatisfied with the service, could be a client or any other person who has attended or had dealings with CORE Community Services.
Complaint	An expression of dissatisfaction, made regarding the quality of the service delivered by CORE, staff, or policies, procedures. Complaints can be made directly to CORE or the government department relevant to the program or indirectly via the Commonwealth Ombudsman, a cabinet minister or Member of Parliament.
Non-critical Complaints	Complaints are considered non-critical when the complaint is only relating to not acting or adhering to documented program requirements.

Critical Complaints	Complaints are considered critical when a complaint received relates to any serious conduct that may materially affect the work, reputation, safety or security of CORE, our staff and/or our clients.
Feedback	Feedback is the verbal or written communication expressing how the client feels about the service received from CORE. Feedback can include compliments or positive statements from customers/clients/members of the public who believe the delivery of services provided were exemplary and exceeded their expectations. This can be for a program or specific staff or contractor.

6. REFERENCES

- [QA-FORM 001 Feedback and Complaint Form](#)
- [QA-FORM 002 Feedback and Complaint Investigation Form](#)
- [QA-P001 Continual Improvement Policy](#)
- [PC-P016 Managing Workplace Grievances](#)
- [GOV-P007 CORE Code of Conduct](#)
- [QA-FORM 003 Continual Improvement Action Request Form](#)
- [QA- DOC 001 Continual Improvement Register](#)
- [ADC-P028 Complaints and Feedback Policy \(ADC\)](#)
- [ADC-SOP036 Complaints and Feedback Procedure \(ADC\)](#)
- [QA-SOP006 Complaints and Feedback Procedure](#)

7. POLICY STATEMENTS

- 7.1. This Policy requires CORE staff to ensure that the following are completed without delay:
- 7.1.1. Upon registration, commencement or engagement with/into a CORE program or service, all clients are made aware of CORE’s feedback and complaints handling process and their rights to take their complaint or grievance to the relevant government department (if appropriate) or via the Commonwealth Ombudsman, a cabinet minister or member of Parliament.
 - 7.1.2. Complaints received will be given priority and consideration to gathering the specific details of the complaint, in accordance with their seriousness and urgency. If there is an immediate risk to safety or security, the response will be immediate and escalated appropriately.
 - 7.1.3. Our objective is to provide a prompt response and amicable resolution of the complaint. Wherever possible and appropriate, complaints will be resolved quickly in order to reduce the likelihood of detrimentally impacting clients and the operation of CORE services.
 - 7.1.4. Complaints will be acknowledged and responded to in a timely manner in accordance with the [QA-SOP006 Feedback and Complaints Procedure](#). Expectations will be set by CORE during the complaint handling process and any anticipated delays will be communicated to all relevant parties.
 - 7.1.5. Resolution to any dispute between aggrieved parties will be addressed in an open and trusting environment.
 - 7.1.6. Complaints may be resolved using appropriate mediation and dispute resolution strategies where appropriate.

- 7.1.7. All feedback and complaints to be logged within the Continual Improvement Register and processes implemented to achieve resolution are documented.
- 7.1.8. Complaints raised are used as opportunities for CORE and its staff to improve the services to clients and the general Community.
- 7.1.9. All complaints concerning staff that allege breaches of critical policies and procedures including the **GOV-P007 CORE Code of Conduct** will be notified to the People and Culture Manager by the Service Manager or Supervisor within 2 business days of receiving the complaint.

8.0 FEEDBACK AND COMPLAINTS HANDLING FOR AGED AND DISABILITY

- 8.1 Complaints received by Aged and Disability service (ADC) should refer to **ADC-P028 Complaints and Feedback Policy** and **ADC-SOP036 Complaint and Feedback Procedure** which clearly document the requirements of the Aged Care Quality and Safety Commission.
- 8.2 ADC Complaints will be forwarded to the Risk and Quality Assurance Manager to be noted in CORE's Continual Improvement Register.

9.0 FEEDBACK AND COMPLAINTS HANDLING (ALL OTHER SERVICES)

- 9.1 Clients are encouraged to present and discuss their complaint with the staff that are delivering the service/program to immediately resolve the complaint.
- 9.2 Any unresolved complaints are to be immediately brought to the Service Manager/Supervisor's attention.
- 9.3 For unresolved complaints, clients will be asked to provide their complaint in writing (where possible) using **QA-FORM 001 Feedback and Complaints Form** in order for the complaint to be escalated.
- 9.4 The Service Manager/Supervisor must advise the Risk and Quality Assurance Manager of the existence and nature of the complaint (within 1 business day) and of any staff identified within the complaint.
- 9.5 The Risk and Quality Assurance Manager will ensure that the details of the complaint are included on the **QA-DOC 001 Continual Improvement Register** as a complaint.
- 9.6 Investigation is to commence within 2 business days of the complaint being made using **QA-FORM 002 Feedback and Complaint Investigation Form**.
- 9.7 The Risk and Quality Assurance Manager will investigate the complaint through consultation with all parties involved whilst checking for procedural fairness in all administrative procedures.
- 9.8 Interpreter and other communications services will be utilised as and when required.
- 9.9 Clients can be represented by an advocate or a carer.
- 9.10 The Complainant has the right for the complaint to be handled confidentially, protected from retribution and the right to be supported by one person of their choice at any meeting taking place during the complaint process.
- 9.11 The Risk and Quality Assurance Manager in consultation with the People and Culture Manager, Service Manager and/or Operations Manager or delegated representative will use mediation strategies that are culturally appropriate in response to the Complainant where needed.
- 9.12 Complainant will be notified within 2 business days of a solution being determined either verbally or in writing.
- 9.13 Where possible the Risk and Quality Assurance Manager will attempt to have clients sign off their satisfaction with the resolution.

- 9.14 Should the Complainant be dissatisfied with the process or with the results of the feedback and complaints handling process the individual will be referred to the CEO, People and Culture Manager or Operations Manager as escalation.

10.0 GOVERNMENT COMPLAINTS AND OR CRITICAL COMPLAINTS

- 10.1 Complaints forwarded directly from the government and/ or critical complaints will be directed to and handled by the CEO and People and Culture Manager; and/or a delegate appointed by the CEO and the People and Culture Manager. The Risk and Quality Assurance Manager will log this information on the **QA- DOC 001 Continual Improvement Register**.
- 10.2 The initial acknowledgement will be completed by the Risk and Quality Assurance Manager, detailing the likely action to be taken, this is to occur within 2 business days to the government department who forwarded the original complaint.
- 10.3 Risk and Quality Assurance Manager will then work with the Services Manager to understand the actions leading to the complaint and decide on a course of action to be taken.
- 10.4 The Risk and Quality Assurance Manager is to ensure ALL complaints are finalised, documented and resolutions communicated to the complainant or relevant government agency in a timely manner.
- 10.5 Critical complaints and procedural changes from resolutions will be tabled at the next management meeting.
- 10.6 The CEO is responsible for reporting all critical complaints to the Board in a timely fashion.

11.0 FEEDBACK AND COMPLIMENTS

- 11.1 Where possible, clients will be asked to forward their compliments in writing on the **QA-FORM 001 Feedback and Complaints Form** unless complaint has been received by emails, or letters.
- 11.2 Verbal feedback will be documented by the person receiving in the **QA-FORM 001 Feedback and Complaints Form** and forwarded to the manager, supervisor or team leader.
- 11.3 The manager, supervisor or team leader are responsible for providing details of the written compliment to the Risk and Quality Assurance Manager to add to the Continual Improvement Register.
- 11.4 Compliments and feedback received will be tabled at the next team meeting and also at the managers meeting.
- 11.5 Original hard copies will be held in a client feedback folder in a secured area in CORE site; and a copy will be stored on the client file stored in a secured location on the appropriate site.

12.0 CUSTOMER SATISFACTION SURVEYS

- 12.1 In addition to monitoring client perception via complaints, compliments and feedback client perceptions will be monitored by utilising the following:
- i. Paper surveys (translated into various languages).
 - ii. Online survey tool (such as Survey Monkey).
 - iii. CORE Central surveys.
 - iv. Monitoring social media accounts.
 - v. One on one interviews.
- 12.2 Service Managers and supervisors also conduct surveys throughout the year. These surveys will be analysed for trends and presented by the Service Manager at management meetings.

13.0 INVESTIGATION

- 13.1 Investigation of all complaints will follow the following process:
- i. Assessment,

- ii. Investigation,
- iii. Weighing evidence,
- iv. Correcting mistakes,
- v. Putting things right, and
- vi. Respond.

13.2 Investigation activities are to be recorded on **QA-FORM 002 Feedback and Complaints Investigation Form**.

14.0 CONTACT INFORMATION FOR ALTERNATE COMPLAINT HANDLING BODIES:

NSW OMBUDSMAN

Address: Level 24, 580 George Street, Sydney NSW 2000,

Email nswombo@ombo.nsw.gov.au

General inquiries 02 9286 1000

Fax 02 9283 2911, Toll free (outside Sydney metro) 1800 451 524;

Telephone Interpreter Service (TIS): 131 450 (We can arrange an interpreter through TIS).

Website: <http://www.ombo.nsw.gov.au>

AGED CARE QUALITY AND SAFETY COMMISSION (for Clients over 65)

Contact Number: 1800 951 822; or

Online at: www.agedcarequality.gov.au

In writing to the commissioner: GPO Box 9819, Sydney NSW

HEALTH CARE COMPLAINTS COMMISSION

Telephone [\(02\) 9219 7444](tel:(02)92197444)

Toll Free in NSW [1800 043 159](tel:1800043159)

TTY service for the hearing impaired [\(02\) 9219 7555](tel:(02)92197555)
or contact the National Relay Service on [133 677](tel:133677)

Fax [\(02\) 9281 4585](tel:(02)92814585)

Email hccc@hccc.nsw.gov.au

Office address Level 12, 323 Castlereagh Street (corner of Hay St)
SYDNEY NSW 2000

The office is located close to Central Station and is accessible by wheelchair.
[\(click here for a map\)](#)

Business Hours 9.00am to 5.00pm Monday to Friday

Post address Locked Mail Bag 18
STRAWBERRY HILLS NSW 2012

Document exchange DX 11617
SYDNEY DOWNTOWN

Interpreter service People who prefer a language other than English should contact the Commission through the Telephone Interpreter Service (TIS) on 131 450.

SOCIAL HOUSING RELATED COMPLAINT

Housing Contact Centre (Client feedback option)

1800 422 322 (8.30am to 4.30pm Monday to Friday)

feedback@facs.nsw.gov.au

Post: Client Feedback Unit, Locked Bag 7150, Liverpool BC 1871.

Alternatively, you can contact your local [DCJ Housing office- external sitelaunch](#). If you are deaf, or have a hearing impairment or speech impairment, contact us through the [National Relay Service- external sitelaunch](#).

15.0 POLICY INFORMATION

15.1 This policy will be reviewed every 3 years and the review will include management, staff and interested parties.

CONTACT OFFICER	Risk and Quality Assurance Manager
Document Owner	CEO
Approval Authority	Board

VERSION	Version Comments	DATE APPROVED	APPROVED BY	Date of next Review
V1	Created	12/1/2015	Board	2018
V2	Updated process to describe Complaint handling process will be completed by the Quality Coordinator to ensure Complaints are handled in an efficient and without favouritism.	30/04/2019	Board	30/04/2021
V3	Included Critical Complaint flow-chart, 8.0 Feedback and Complaints Handling for Aged and Disability and other minor wording changes throughout the policy.	06/07/2019	CEO (minor changes)	30/04/2021
V4	Minor edits	27/04/2022	Board	27/04/2024
V5	Minor edits – updated external Complaint services, changed review period from 2 years to 3 years.	30/10/2024	Board	30/10/2027