



Complaints Management Procedure

PURPOSE

The Complaints Management Procedure aims to ensure procedural fairness in handling of complaints, standardize complaint handling practices, and establish mechanisms to track the number and types of complaints received by Partners for Mental Health (PFMH).

SCOPE

PFMH's definition of a complaint is:

An expression of dissatisfaction or concern regarding the activities of Partners for Mental Health or an engaged service provider acting on behalf of Partners for Mental Health.

In some instances, certain issues that meet this definition of a complaint can be raised verbally with employees or Directors of PFMH during the course of their duties. In the interest of efficiency, if these issues are able to be resolved to the complainant's satisfaction and in a timely manner, they are not required to be entered into the Complaints Management Register (see Appendix A for a sample).

Individuals receiving electronic correspondence from PFMH who report such communication as spam are captured in a separate Email Performance Register (see Appendix B for a sample).

ROLES AND RESPONSIBILITIES

Complainant

The person making the complaint. This may include a member of the public, partner, consumer, or a stakeholder.

Receiving Officer

The employee who initially receives a complaint and then assigns the complaint to the appropriate manager, director, or President for action. Where possible, employees receiving verbal complaints should attempt to resolve a verbal complaint at this point.

Determining Officer

The Determining Officer is responsible for managing the successful resolution of all incoming complaints. Duties will include:

- assessing, recording, monitoring and tracking all complaints;
- ensuring that sufficient detail is recorded in the Complaints Management Register;

- keeping complainants informed of the progress of complaints;
- ensuring that complaints are resolved within specified timeframes;
- ensuring written notification of outcomes to complainants, including the reason/s for those outcomes;

Reviewing officer

The President will conduct a review a complaint outcome if the outcome has been appealed by the complainant.

PROCESS

There are 5 phases involved in managing a complaint made to Partners for Mental Health:

1. Receiving a complaint
2. Assessing a complaint
3. Actions taken to address a complaint
4. Outcome and resolution
5. Monitoring effectiveness and reporting

1. Receiving a complaint

1.1 Method of contact

Complaints may be received by Partners for Mental Health via any mode of communication in order to express dissatisfaction. Contact can be made:

- in person
- by telephone
- in writing
- by fax
- by email

1.2 Documenting the issue

When a complaint is received, the Reviewing Officer shall document the issue within the Complaint Document Register, verifying that all information has been recorded accurately and all issues sufficiently documented.

An email notification shall be sent by the Reviewing Officer to the appropriate Determining Officer to start the complaint resolution process.

1.3 Reasonable assistance for complainants

As far as practicable, reasonable assistance should be provided to people who wish to make a complaint. Such assistance may include (for example):

- providing an interpreter if a complainant has language difficulties or is visually or hearing impaired;

The costs of arranging reasonable assistance will be met by Partners for Mental Health.

2. Assessing a complaint

Effective management of a complainant by PFMH staff in the initial stages of a complaint being made is critical in achieving a rapid resolution to a complainant's concerns, and may prevent a complaint being escalated.

If the complaint issue does not fall within the scope of PFMH's activities, the complainant should be directed to the appropriate authority with which to raise their concerns. Assistance should be provided to the complainant to identify the most appropriate avenue available to them in order to resolve their concerns.

When it is determined that a complaint is within PFMH's scope of activities, the Determining Officer will refer the complaint to the manager, director or President, as appropriate. The Determining Officer will also ensure the details of the complaint are registered in the Complaints Management Register.

2.1 Determining complaint category

When assessing a complaint, a determination will be made as to whether the complaint will be assigned a Level 1, 2 or 3 category. This assessment will determine how the complaint will be managed.

Level 1 Complaint

- may relate to a single issue;
- involves minimal risk to the complainant, PFMH or engaged service provider;
- will not require a detailed investigation; and
- will be suitable for immediate resolution.

The majority of complaints received by Partners for Mental Health are Level 1.

Level 2 Complaint

- may relate to one or more issues;
- involves a low degree of risk to the complainant, PFMH or engaged service provider;
- may require a more detailed investigation; and
- may involve consultation with other PFMH staff for proper resolution.

Level 2 complaints would usually be managed by the Determining Officer, or delegate.

If assessed as Level 1 or Level 2, the Determining Officer may—

- assign the investigation and determination of the matter to the appropriate PFMH employee;

- assign the investigation of the complaint to an appropriate officer, with the President approving the outcome of the complaint; or
- investigate, and determine the outcome of the complaint.

Level 3 Complaint

- may involve a serious or significant risk to the complainant, PFMH or engaged service provider;
- will involve a formal investigation; and
- is not suitable for resolution.

Level 3 complaints must be handled by the President, or delegate. The President may assign the investigation to an appropriate director, however, the President must sign off on the outcome of the complaint.

2.2 Determining the Complaints Management Timeframe

2.21 Acknowledgement

All complaints must be acknowledged in writing, either by sending an email or posting a letter, within **2 working days** of the complaint being received by PFMH.

2.22 Resolution

The timeframe that applies to resolving a complaint will depend on an assessment of:

- the urgency of the issue and the impact if the complaint is not resolved quickly
- the likelihood that the complaint can be quickly resolved
- the complexity of the issue.

Complainants must receive written acknowledgement and advice about the outcome of their complaint within required timeframes. The following timeframes must be applied:

- for complaints that have been assessed as either Level 1 or Level 2, a **5 working day** timeframe applies from when the complaint was first received.
- for complaints that have been assessed as Level 3, a **7 working day** timeframe applies from when the complaint was received by the department.

2.23 Timeframe extensions

If the complaint is unable to be finalized within the required timeframe, an extension letter must be sent to the complainant as soon as possible advising them and providing them with an expected finalization timeframe.

The determining officer must take all reasonable measures to ensure timeframes are met prior to sending an extension letter to the complainant. If an expected finalization timeframe is unable to be

provided, the determining officer must endeavour to provide an outcome within **20 working days** of the date of the extension letter.

2.24 Trivial and vexatious complaints

Caution should be exercised when determining if a complaint is trivial, vexatious, frivolous or made in bad faith. A director should be consulted before a final determination is made. There are some factors to be considered that may indicate if a complaint is trivial, frivolous, vexatious or has been made in bad faith. These factors include:

- constant complaints from the same complainant against PFMH or its employees about the same issue;
- a complainant seeking to revisit the same issue after an initial investigation and subsequent review when no new evidence or material is provided;
- a complainant making repetitive complaints and then withdrawing them;
- using complaints about another person as an attempt to divert the agency's attention from the complainant's own situation;
- making a complaint based on false statements of fact;
- a complainant making ongoing complaints on an issue which has previously been determined to be trivial, frivolous or made in bad faith.

Assessment may determine that the complaint lodged requires no further action because it was assessed to be vexatious or frivolous in nature. In this instance officers will document the following information in the complaints management register:

- the assessment undertaken and findings from the assessment;
- a recommendation to the line manager for endorsement that no further action is required following endorsement;
- notify the complainant/s in writing of the outcomes of the assessment, advising that no further action will be taken and that the complaint is closed, for instance, the complainant may be advised that the complaint lacked sufficient grounds, or that the complaint had been previously lodged and managed;

2.25 Anonymous complaints

Anonymous complaints will be accepted and recorded within the Complaints Management Register. However, there will be limitations as to how thoroughly an anonymous complaint can be investigated.

3. Actions taken to address a complaint

3.1 Acknowledging the Complaint

A complaint is required to be acknowledged, in writing, either by letter or email, within **2 business days** of the complaint being received.

If the complainant is a member of the public, telephone contact may be made with the complainant during the complaints management process, if verification and/or clarification of the details of the complaint is required.

3.2 Deciding whether to investigate a complaint

The following factors must be considered by the Determining Officer when deciding to investigate a complaint:

- the seriousness and/or systemic nature of the issue/s raised;
- the level of risk to the complainant, PFMH and/or the engaged service provider;
- the history or level of PFMH's involvement;
- recommendations from external agencies;
- the likelihood of a productive investigation.

If a decision or incident that forms the substance of a complaint occurred more than 12 months prior to the date that the complaint is lodged, the decision to investigate the complaint will be at the discretion of the determining officer.

3.3 Investigative approach

A standard approach to investigating a complaint may include:

- a review of internal policies and procedures;
- gathering of necessary information, consultation with relevant persons and assurance of a thorough understanding of the issues;
- observance of natural justice;
- establishment of facts, including analysis of any evidence for quality, corroboration or contradiction;
- consideration of relevant policies and procedures and assessment criteria;
- consideration of the merits of the original decision making process, if relevant.

3.4 Review Documentation

For Level 3 complaints, the assigned officer must detail in a brief (for example a Complaints Review Record) for the determining officer how his or her recommendation was arrived at. This may include reference to:

- the documents used to inform the decision (these should be attached)
- a background
- how the conclusion was determined.

This will provide a record of the process applied to inform the review decision.

3.5 Adherence to Complaints Management Timeframes

The President must ensure that all staff comply with timeframes for complaint responses. If timeframes are to be exceeded the reasons must be documented, an extension approved by the President, and revised timeframes registered in the Complaints Management Register.

The complainant must be contacted and advised of the revised timeframes for the response and reasons for the extension. Confirmation of the revised timeframes should be provided in writing.

3.6 Recording complaints

All staff are required to record complaint details within the Complaints Management Register, in accordance with the Complaints Management Procedure. This includes:

- All complaints which fall within the definition of 'complaint' and are made in writing, as set out in this procedure (refer to the definition of a complaint under Scope);
- All complaints that are received in writing, regardless of whether a verbal outcome is reached;
- Any complaints that PFMH are asked to respond to on behalf of the Board of Directors, provided they fall within the scope of the complaints management process;
- All complaint outcomes.

4. Monitoring Effectiveness and Reporting

Recording of complaints information enables PFMH to meet its reporting requirements, and will allow for identification of any trends or system issues that may inform improvements to products and services delivered.

Regular analysis of complaints data to identify and address any systemic issues, including improvements to products and services, policies and procedures, and staff training needs will be undertaken by the PFMH team.

The report will include:

- the number, types and outcomes of complaints received, broken down by Divisions
- the time taken to resolve complaints and the number of complaints that were not resolved within the required timeframe
- complaint issues and trends that identify business improvement opportunities.

5. Retention of records

The complaints management register is the primary tool for the electronic collection of data, however, accurate records relating to complaints must be maintained within each respective area of responsibility.