



THE **HADER** CLINIC
Corporate Policy

Complaints and Feedback Policy and Procedure

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1 Policy Statement

The organisation is committed to providing a culturally safe, respectful, accessible, responsive and inclusive process for receiving, managing and resolving complaints, compliments and feedback. All complaints will be managed fairly, confidentially and in a timely manner to support positive client experiences, continuous quality improvement and compliance with applicable legislative and accreditation requirements. Clients, families, carers, advocates and representatives may raise concerns without fear of retaliation or adverse impact on the services they receive.

The organisation recognises complaints as valuable opportunities to improve service quality, client safety and organisational performance. Complaints will be managed in accordance with principles of procedural fairness and natural justice.

The organisation supports the right of clients to access advocacy services and raise concerns without fear of retaliation, discrimination or impact on the services they receive.

2 Policy Rationale

The purpose of this policy is to establish a consistent framework for the management of complaints, compliments and feedback. Effective complaint management supports consumer rights, improves service quality, identifies risks, promotes accountability, and contributes to continuous improvement across the organisation. Complaints and feedback provide valuable opportunities to identify areas for improvement and strengthen organisational performance. Complaint management contributes to risk identification, service improvement, compliance monitoring and organisational learning.

3 Policy Scope

This policy applies to all employees, contractors, consultants, students, volunteers, clients, former clients, families, carers, visitors, advocates and representatives who provide or receive services from the organisation. It applies to complaints, compliments and feedback relating to service delivery, clinical care, staff conduct, communication, organisational decisions, facilities and administration. This policy applies regardless of how complaints are received, including verbally, electronically, via social media, through advocates, legal representatives or external agencies.

4 Principles of Complaint Management

The organisation is committed to managing complaints in accordance with the following principles:

- **Accessibility:** Information about how to provide feedback or make a complaint will be readily available and accessible.
- **Fairness:** All parties will be treated impartially and respectfully.
- **Transparency:** The complaint process and outcomes will be communicated openly.
- **Timeliness:** Complaints will be addressed as promptly as possible.
- **Confidentiality:** Information will be handled in accordance with privacy obligations.
- **No Retaliation or Victimisation:** Individuals raising concerns will not be disadvantaged.
- **Client-Centred Approach:** Clients will be listened to and involved in the process where appropriate.
- **Procedural fairness:** All individuals involved in the complaint process will have the opportunity to provide information and respond to concerns raised.
- **Continuous Communication:** Complainants will be kept informed of investigation progress and any delays.
- **Continuous Improvement:** Information obtained through complaints and feedback will be used to improve services

The organisation recognises and respects the cultural, linguistic, spiritual and individual needs of complainants. Complaint handling will take into consideration previous trauma and seek to minimise distress during the complaints process.

5 Roles and Responsibilities

5.1 Clinical Board of Governance

The Clinical Board of Governance is responsible for:

- Providing oversight of complaint management systems.
- Monitoring complaint trends and organisational performance.
- Reviewing significant complaints and associated risks.
- Ensuring corrective actions are implemented and evaluated.
- Review complaint trend analysis at least quarterly.
- Monitor implementation and effectiveness of improvement actions.

5.2 Director of Nursing

The Director of Nursing is responsible for:

- Providing clinical oversight of complaints.
- Conducting or coordinating investigations.
- Review of complaints involving clinical incidents.
- Ensuring appropriate investigation of complex matters.
- Maintaining appropriate records and ensuring complaints are documented within the complaints register.
- Escalating high-risk complaints where required.
- Reporting significant issues to governance committees
- Oversight of open disclosure requirements.
- Determine when Open Disclosure obligations apply.
- Escalate significant matters to external authorities where legally required.
- Ensure complainants are provided with information regarding escalation pathways where resolution is not achieved.

5.3 Program Manager

The Program Manager is responsible for:

- Managing complaints within their service area.
- Conducting or coordinating investigations.
- Implementing corrective actions.
- Maintaining appropriate records and ensuring complaints are documented within the complaints register.
- Escalating high-risk, serious, or systemic complaints to the Director of Nursing and Quality and Safety Manager as required.
- Supporting staff involved in the complaint process.
- Ensuring corrective actions are completed.
- Providing complainants receive written outcomes.
- Ensure complainants are provided with information regarding escalation pathways where resolution is not achieved.

5.3.1 Health Complaints Commissioner (HCC)

The Program Manager is responsible for:

- Receiving and coordinating responses to HCC complaints.
- Ensuring all complaint responses are submitted within required timeframes.
- Maintaining the HCC Complaints Register.
- Ensuring all complaint-related documentation is appropriately stored and filed.
- Monitoring complaint outcomes and implementing any required corrective actions or service improvements.
- Implementing corrective actions, and liaising with the Director of Nursing and Quality and Safety Manager regarding outcomes and recommendations where applicable.
- Complaints involving abuse, neglect, serious injury, reportable conduct, privacy breaches or unlawful conduct must be immediately escalated to the Director of Nursing.
- For significant complaints, a root cause analysis may be undertaken to identify contributing factors and prevent recurrence.
- HCC complaints and outcomes will be reported to the Governance Committee.

5.4 Quality and Safety Manager

The Quality and Safety Manager is responsible for:

- Maintaining the complaints register.
- Monitoring complaint trends.
- Coordinating investigations when required.
- Reviewing all client survey responses and identifying themes, risks, opportunities for improvement and corrective actions.
 - Preparing and distributing feedback summaries to the Program Director, Program Managers and Director of Nursing.

Monitoring completion of corrective actions arising from feedback and complaints

- Reporting complaint data to management and governance committees.
- Supporting continuous improvement initiatives.
- Verify completion and effectiveness of corrective actions identified through complaints, feedback and client surveys.

5.5 All staff, volunteers, students, contractors and consultants

All personnel are responsible for:

- Promptly reporting complaints.
- Treating complainants respectfully.
- Participating in investigations when required.
- Maintaining confidentiality throughout the process.
- Staff must immediately escalate complaints that allege abuse, neglect, reportable incidents or serious clinical concerns.

5.6 Clients

Clients are encouraged to:

- Raise concerns as soon as possible.
- Provide relevant information that supports investigation.
- Communicate respectfully with staff.
- Participate in the resolution process where appropriate.

6 Definitions

6.1 Advocate

A person authorised by a client to support or represent them in matters relating to their care, services, feedback, or complaints, including communication with the organisation. An advocate may be a family member, friend, carer, guardian, legal representative, or independent advocacy service.

6.2 Complainant

A person making a complaint, directly or through an authorised representative.

6.3 Complaint

An expression of dissatisfaction about a service, action, decision, policy, staff member or aspect of care where a response or resolution is expected.

6.3.1 Informal Complaint

A complaint that can be resolved promptly without requiring a formal investigation.

6.3.2 Formal Complaint

A complaint requiring documentation, assessment, investigation, escalation or formal response.

6.4 Compliment

An expression of satisfaction, appreciation or recognition regarding services, care or staff performance.

6.5 Feedback

Information, suggestions, comments or observations provided regarding services, whether positive, negative or neutral.

6.6 Health Complaints Commissioner (HCC)

The Health Complaints Commissioner resolves complaints about health services and the handling of health information in Victoria. The HCC can investigate and take regulatory action against general health service providers and to contribute to health service quality improvements.

6.7 Natural Justice

The legal and ethical principle that ensures decisions affecting an individual's rights, interests, or reputation are made fairly. Natural justice incorporates the principles of procedural fairness, including the right to be heard, the right to an impartial decision-maker, and the requirement that decisions are based on evidence.

6.8 Open Disclosure

An open discussion with a client regarding an incident that resulted in harm or potential harm.

6.9 Systemic Complaint

A complaint that identifies, or may indicate, broader organisational, operational, policy, process, staffing, governance, or service delivery issues that have the potential to affect multiple clients, staff members, or areas of the organisation. Systemic complaints may require organisation-wide review, corrective action, or quality improvement initiatives.

6.10 Systemic Improvement

Actions implemented to address underlying causes, trends, or recurring issues identified through complaints, feedback, incidents, audits, or quality reviews, with the aim of improving the safety, quality, effectiveness, or accessibility of services.

6.11 Procedural Fairness

A fair and unbiased process for managing complaints, investigations, and decisions. Individuals who are the subject of a complaint will be informed of the allegations, provided with an opportunity to respond, and have their views considered before a decision is made. Decisions will be based on relevant evidence and made without bias.

6.12 Reportable Complaint

A complaint involving matters that may require notification to an external authority, regulator, funding body, or statutory agency. This may include allegations of abuse, neglect, assault, serious misconduct, serious clinical harm, privacy breaches, reportable incidents, corruption, fraud, or other matters requiring mandatory reporting under legislation or regulatory requirements. Reportable complaints must be escalated immediately to the appropriate manager for assessment and action.

6.13 Vexatious Complaint

A complaint that is made primarily to cause annoyance, distress, disruption, or inconvenience rather than to genuinely resolve a concern. A vexatious complaint may involve repeated complaints about the same issue after it has been thoroughly investigated and responded to, without the provision of new information or evidence. The organisation will assess all complaints on their merits before determining whether conduct is vexatious.

7 Client Rights and Responsibilities

Clients have the rights to:

- Raise concerns without fear of retaliation.
- Receive timely responses.
- Have support persons or advocates.
- Receive updates throughout investigation.
- Receive written outcomes.
- Request review of complaint outcome.
- Escalate reviews externally

Clients have the right to receive information regarding available external complaint pathways if dissatisfied with the outcome.

Clients have the responsibility to:

- Provide accurate information.
- Treat staff respectfully.
- Participate in resolution processes where appropriate.

8 Policy and Procedure

8.1 Managing Feedback

- Feedback may be received verbally, in writing, electronically, through surveys or other communication methods.
- All feedback received will be reviewed by the Quality and Safety Manager
- Feedback will be reviewed and considered for service improvement opportunities.

8.1.1 Client Surveys

The Quality and Safety Manager is responsible for reviewing and analysing client feedback, complaints, compliments and survey results.

- A summary of all feedback will be provided to the Program Director, Program Managers and Director of Nursing.
- The summary will include:
 - Any required follow-up actions.
 - The person responsible for each action.
 - Progress of outstanding actions.
 - Actions that have been completed and closed.
- Completed feedback actions will be recorded in the relevant OneVault Feedback Audit.
- Documentation will include the actions undertaken, the staff member responsible for completing the action, and the date the action was completed.
- Records will be maintained in accordance with the organisation's record management and quality improvement requirements.

8.2 Managing Compliments

- Compliments will be acknowledged and recorded in OneVault – Client Feedback Monthly Summary
- Individual positive feedback will be shared with relevant staff member
- Staff positive feedback will be recorded on the OneVault home page

8.3 Informal Complaints

- Staff should seek to resolve informal complaints promptly whenever safe and appropriate to do so.
- Significant issues or unresolved concerns must be escalated for formal management.

8.4 Managing Formal Complaints

Formal complaints will be documented, assessed, investigated, responded to and closed in accordance with this policy.

8.4.1 Lodging a Complaint

Complaints may be lodged:

- Verbally
- In writing
- By email
- By online form
- Via third-party representative

8.4.1.1 Anonymous Complaints

- Anonymous complaints will be accepted.
- Investigation may be limited where information is insufficient.

8.4.2 Receiving a Complaint

- All complaints should be recorded in the Complaints Register
- The following information should be included in the initial entry
- Date complaint lodged
 - Name of complainant
 - Date of complaint
 - Nature of complaint

8.4.2.1 Complaint Response Timeframes

The organisation will:

- Acknowledge complaints within 2 business days.
- Assess complaints within 5 business days
- Seek to resolve complaints within 30 calendar days where possible
- Advise the complainant if delays occur

8.4.2.2 Escalation and Priority Timeframes

Certain complaints require expedited assessment, escalation and management due to the level of risk, regulatory requirements, or statutory response obligations.

The following timeframes apply:

Low Risk Complaints: Managed and resolved within 30 calendar days where practicable.

Moderate Risk Complaints: Investigation commenced within 5 business days and monitored through to resolution.

High Risk Complaints: Reviewed by the Program Manager immediately upon receipt and escalated to the Director of Nursing where appropriate.

Critical Risk Complaints: Immediate escalation to the Director of Nursing and Program Director, with urgent action taken to address identified risks.

Health Complaints Commissioner (HCC) Complaints: Responses must be coordinated by the Program Manager and submitted within fourteen (14) calendar days, or within the timeframe specified by the HCC.

Clinical Risk Complaints: Complaints involving allegations of clinical harm, serious deterioration, medication errors, neglect, abuse, or other significant clinical concerns must be escalated immediately to the Director of Nursing for review and further action.

Reportable Complaints: Complaints that may require notification to an external authority, regulator, or statutory body must be escalated immediately for assessment and reporting requirements.

8.4.3 Assessing Complaints

Complaints will be assessed based on severity, impact, potential risk, regulatory requirements and the need for investigation.

8.4.3.1 Risk Assessment Classification

- Low – Minor issue with limited impact.
 - Administrative concerns
- Moderate – Issue requiring investigation or service improvement.
 - Communication concerns
 - Delayed services
- High – Significant concern with substantial impact.
 - Alleged clinical harm
 - Privacy breach
- Critical – Serious concern involving immediate risk to safety, legal or regulatory compliance.
 - Abuse allegations
 - Serious injury
 - Police involvement
 - Mandatory reporting matters

Any complaint assessed as High or Critical risk must be brought to the attention of the Director of Nursing on the same business day it is received.

8.4.4 Addressing the Complaint

- Investigations may include interviews, record reviews, collection of evidence and consultation with relevant personnel.
- Actions will be proportionate to the nature and severity of the complaint.

8.4.5 Finalising the Complaint

Upon completion of the investigation:

- Findings will be documented.
- Outcomes will be communicated to the complainant where appropriate.
- Complainants will be advised of any available review or escalation pathways.
- Corrective actions will be implemented and monitored.
- The complaint will be formally closed in the complaints register.

8.5 Complaints against staff

The principles of procedural fairness will apply to any complaint involving an employee. Staff will be provided an opportunity to respond to allegations.

Outcomes for complaints against staff that are substantiated may include, but are not limited to:

- Participation in mediation
- An official warning
- Disciplinary counselling
- Requirement to providing a formal apology to the complainant
- Disciplinary action (e.g. suspension, probation or termination of employment)

9 Managing Unreasonable Complainant Conduct

The organisation supports the right of staff, clients, families, carers, and representatives to raise concerns and complaints. However, this right does not extend to behaviour that is abusive, threatening, discriminatory, intimidating, or unreasonable.

The organisation has a duty of care to provide a safe workplace. Staff, volunteers, contractors, and students are not expected to tolerate abusive, threatening, discriminatory, or violent behaviour while performing their duties.

The organisation is committed to balancing the rights of complainants to be heard with its responsibility to protect staff and maintain a safe environment for the delivery of care.

Where behaviour poses an immediate risk to health, safety, or wellbeing, the organisation may suspend engagement with the complainant until appropriate controls are in place. Restrictions must be approved by the Director of Nursing or Program Director.

9.1 Examples of Unreasonable Conduct

Unreasonable conduct may include, but is not limited to:

- Repeatedly raising the same issue after the complaint has been fully investigated and addressed.
- Excessive, repetitive, or unreasonable contact by telephone, email, letter, or in person.
- Refusal to accept a reasonable and evidence-based outcome.
- Aggressive, abusive, threatening, intimidating, or harassing behaviour towards staff or others.
- Unreasonable demands that exceed the organisation's authority or capacity.
- Recording or publishing conversations without consent where prohibited by law.
- Submission of excessive volumes of correspondence that do not add new information to the complaint.
- Making complaints that are frivolous, malicious, vexatious, or intended primarily to cause disruption.

9.2 Organisational Response

Where unreasonable conduct is identified, the organisation may implement strategies to ensure staff safety and maintain an effective complaints process. These strategies may include:

- Limiting communication to a single nominated staff member.
- Requiring communication to occur in writing.
- Restricting the frequency of contact.
- Declining to respond to issues that have already been comprehensively investigated and finalised.
- Ending conversations where abusive or threatening behaviour occurs.
- Referring serious threats, harassment, or safety concerns to appropriate authorities.

9.3 Fairness and Procedural Justice

Any actions taken to manage unreasonable conduct will be proportionate, documented, and based on the behaviour being demonstrated rather than the nature of the complaint itself.

The organisation will:

- Continue to assess complaints on their merits.
- Ensure procedural fairness is maintained.
- Provide reasons for any restrictions imposed.
- Review restrictions periodically where appropriate.
- Make reasonable adjustments for people with disabilities, communication difficulties, mental health conditions, or other circumstances that may affect their interactions with the organisation.

9.4 Record Keeping

All instances of unreasonable complainant conduct, actions taken, restrictions imposed, and reviews of those decisions will be documented and retained in accordance with the organisation's record management and privacy requirements.

10 Request for Review

A complainant who is dissatisfied with the outcome of a complaint may request a review.

- Reviews should be submitted in writing within 30 days of receiving the complaint outcome.
- The review will be conducted by an appropriately independent manager not previously involved in the complaint where practicable.
- Review outcomes will be communicated in writing.
- Where the complainant remains dissatisfied, information regarding external complaint pathways will be provided.

11 Record Management

All complaints, compliments and significant feedback will be documented, securely stored and retained in accordance with legislative, privacy and organisational requirements.

11.1 Complaints Register

The complaints register will record:

- Date received.
- Complainant details.
- Date of complaints
- Nature of complaint.
- Risk rating.
- Actions taken.
- Outcome.
- Date closed.
- Corrective actions and status.

12 Social Media and Online Feedback or Complaints

- Complaints or feedback received through social media or online platforms will be managed in accordance with this policy.
- Significant matters will be transferred to the formal complaints management process and recorded in the complaints register.

13 Escalation and External Complaints Pathways

Where a complainant remains dissatisfied, they may seek review through an appropriate external agency. Staff will provide information regarding relevant external pathways on request.

13.1 Health Complaints Commissioner

- Where a complaint is referred to the organisation by the Health Complaints Commissioner (HCC), the Program Manager will act as the lead responsible for coordinating the investigation and response.
- The Program Manager is responsible for managing all complaints received from the Health Complaints Commissioner (HCC).

13.1.1 Health Complaints Commissioner (HCC) Complaints Management

Upon receipt of a complaint from the HCC, the Program Manager will:

- Review the complaint and assess the issues raised.
- Collect and review all relevant information, documentation, and records related to the complaint.
- Prepare and submit a response to the HCC within the required timeframe of two (2) weeks, unless otherwise specified by the HCC.
- The Program Manager will consult with relevant personnel, implement any identified corrective actions, and report outcomes to the Director of Nursing and Quality and Safety Manager
- Where the HCC requests information, records or responses, the Program Manager will ensure documentation provided is complete, accurate, factual and approved by the Director of Nursing prior to submission where required.
- The Program Manager will report significant issues to governance committees

13.1.2 Financial Matters

Where a complaint relates to financial matters:

- A copy of the organisation's Office of Financial Conduct (OFC) / No Refund Policy will be provided to the HCC.
- The HCC will then address the financial dispute directly with the client, where applicable.

13.1.3 Record Keeping

- Copies of all correspondence and documentation relating to HCC complaints will be maintained in the HCC Complaints Register.
- A copy of the complaint and relevant correspondence will also be filed in the client's clinical record.
- The HCC Complaints Register will be maintained and managed by the Program Manager to ensure accurate record keeping, monitoring, and reporting of complaints.

13.2 AHPRA

Complaints regarding the professional conduct, performance or health of registered practitioners may be referred to AHPRA where appropriate.

13.2.1 AHPRA Complaint Management

Where the organisation becomes aware that a complaint has been made to the Australian Health Practitioner Regulation Agency (AHPRA) regarding a registered health practitioner, the Director of Nursing will cooperate with any AHPRA investigation and ensure all requests for information are responded to in a timely manner.

- Complaints received directly from AHPRA must be treated as high priority and managed in accordance with any specified response timeframes.
- All correspondence, documentation, and records relating to an AHPRA matter will be maintained securely and confidentially.
- Where appropriate, the organisation will undertake its own internal review or investigation to identify any risks, implement corrective actions, and support continuous improvement, irrespective of any external AHPRA investigation.

13.2.2 Notifications to AHPRA

The organisation may have an obligation to notify AHPRA where there is a reasonable belief that a registered health practitioner has engaged in conduct that places the public at risk. This may include:

- Practising while intoxicated by alcohol or drugs.
- Sexual misconduct in connection with professional practice.
- Significant impairment that places the public at risk of substantial harm.
- A significant departure from accepted professional standards that places the public at risk of harm.

Any concerns that may meet the threshold for mandatory notification must be escalated immediately to the Director of Nursing for assessment and determination of reporting obligations.

13.2.3 Record Keeping

- All AHPRA-related complaints, correspondence, investigations and outcomes will be recorded in the Complaints Register.
- A copy of relevant documentation will be retained within the staff member's personnel file where appropriate.
- Corrective actions arising from AHPRA matters will be monitored through the organisation's quality and risk management systems.

14 Continuous Improvement

Complaint data will be analysed for trends, recurring themes, causes, corrective action effectiveness and opportunities for system improvement.

- Trend analysis by complaint category.
- Repeat complaint monitoring.
- Identification of systemic issues.
- Risk register linkage.
- Review of complaint effectiveness.
- Consumer participation in improvements.
- Quality improvement initiatives
- Governance reporting

14.1 Monitoring and Reporting

- Feedback, complaint, compliment and client survey data will be reviewed regularly by the Quality and Safety Manager.
- Summary reports will be provided to the Program Director, Program Managers and Director of Nursing and will include identified trends, required actions, responsible persons, progress updates and completed improvements.
- Outcomes and completed actions will be documented within the relevant OneVault audit processes to support organisational learning and continuous improvement.

15 Privacy and Confidentiality

The organisation is committed to protecting the privacy, dignity and confidentiality of all individuals involved in the complaints management process. All complaints will be managed in a manner that respects the rights of complainants, clients, staff and any other parties involved.

Information relating to complaints will be collected, used, stored and disclosed only for the purposes of assessing, investigating, resolving and monitoring complaints, and in accordance with applicable privacy legislation, health records legislation and organisational policies. Access to complaint information will be restricted to authorised personnel who have a legitimate need to know in order to perform their duties or participate in the complaint management process.

Where a complaint involves a staff member, procedural fairness and confidentiality will be maintained throughout the investigation process. Information will only be shared with those directly involved in the investigation, decision-making process, or implementation of corrective actions.

Where complaints are referred to external agencies, including the Health Complaints Commissioner (HCC), AHPRA, law enforcement agencies, funding bodies or other regulatory authorities, only information relevant to the matter will be disclosed and only where authorised or required by law. Anonymous complaints will be accepted and investigated where sufficient information is available. The organisation will take reasonable steps to protect the identity of individuals who choose to remain anonymous.

Complaint information may be used in a de-identified format for quality improvement activities, trend analysis, risk management, governance reporting, staff education and service improvement initiatives. Personal identifying information will be removed wherever practicable.

All personnel involved in complaint management are required to maintain confidentiality and comply with the organisation's Privacy Policy, Code of Conduct and relevant legislative requirements. Unauthorised disclosure of complaint information may result in disciplinary action

16 Staff Education and Training

All personnel will receive training regarding complaint management processes during induction and through ongoing education programs as required.

- Open Disclosure
- De-escalation skills
- Cultural safety
- Trauma-informed practice

17 Documentation

Documentation may include:

- Complaint or feedback forms.
- Client survey responses
- Investigation records.
- Correspondence.
- Complaints register entries.
- Corrective action records.
- Closure documentation.

18 Legislation and framework

Privacy Act 1988

Australian Charter of Healthcare Rights

Health Complaints Act 2016

Health Records Act 2001

Health Practitioner Regulation National Law (Victoria) Act 2009

NSQHS Standards

National Open Disclosure Framework

19 Related Policies and Procedures

PL21185 Open Disclosure

PL22731 Privacy

PL21035 Code of Conduct for Staff and Volunteers

PL18271 Risk Management Policy

20 References

National Safety and Quality Health Service Standards

AHPRA guidance documents

20.1 [Health Complaints Commissioner](#)

20.2 [Australian Human Rights Commission](#)

21 Document Control

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Printed copies are uncontrolled. Current version available in OneVault.

2. Additional Documents

Complaint Handling Standards - 30 April 2024_0.pdf