

General Warning

The purpose of this fact sheet is to give general introductory information about the complaints process. It does not contain legal advice.

WARNING: Alternative legal action should be considered before making a complaint. What is included in a complaint may be relevant to any current or future legal proceedings. If you are involved in legal action you should immediately see a lawyer and not proceed with a complaint.

If you (or the complainant, if you are complaining on their behalf) want financial compensation, support or money you should see a lawyer before making a complaint.

General complaint information

Complaints are rarely about just one thing. When you have a problem, it may be that a number of things have gone wrong. Below are some of the common areas where issues may arise that could lead to a complaint.

Discrimination	Disability and NDIS services	Policing, Custody and Detention
Seniors and Aged Care supports and services	Consumer and Business disputes	Phone and Internet services
Banking, Insurance and Superannuation	Energy and Water services	Housing and Real Estate
Health Care services	Employment issues	Education and Training providers
Government Agencies and Departments	Child Safety and Protection	State Fines and Debts
Corruption	Privacy and Access to Information	Media and Publications

There are different complaint bodies to handle different types of complaints. You should consider the different pathways available to decide the most appropriate pathway for your circumstances. One event could lead to multiple complaints. That means you may need to lodge more than one complaint to have all of your concerns addressed.

The online triage tool on this website can help you to identify the different complaint bodies that may be able to assist you.

It is usually quickest and easiest to try to resolve a complaint directly with the person or body you are having a problem with. Many complaint handling bodies will not act on a complaint unless you to have tried to resolve your complaint directly. If you do not feel it is safe or appropriate to complain directly, you should contact the relevant complaint body to discuss your situation.



Complaints involving discrimination

There are state and federal complaints bodies that handle complaints that about discrimination. If your situation involves discrimination, you should consider making a discrimination complaint in addition to any other complaints. Discrimination may occur when someone is treated less favourably on the basis of: race; sex; gender; disability; age; sexuality; relationship status; pregnancy; caring responsibilities; or having or being thought to have an infectious disease.

WARNING: The state and federal bodies that handle discrimination complaints have different rules, including time limits. You can make a complaint to both the state and federal complaint bodies, but they may decide not to address your concerns if you have already complained elsewhere. For example, if you have already lodged a discrimination complaint to anti-discrimination NSW, it is likely that Australian Human Rights Commission will decide not to act on your complaint. Please carefully review the discrimination factsheets for information about your options before making a discrimination complaint.

Workplace Injury Commission (WIC)

In this fact sheet, we introduce the Workplace Injury Commission (**WIC**). We outline how complaints can be made by people to WIC.

WIC helps injured workers in Victoria resolve disputes about their compensation. It's an independent service that offers informal ways to settle disagreements, mainly through conciliation or arbitration. If you disagree with a decision made by your WorkSafe Agent or employer, WIC gives you a chance to work through the issue together and find a fair outcome.

Legislation and Key Terms

Relevant Legislation:

Conciliations and arbitrations in relation to workplace injuries are facilitated through the Workplace Injury Commission (**WIC**), which assists workers to resolve their disputes in an efficient, fair and affordable way and was established under the <u>Workplace Injury</u> Rehabilitation and Compensation Act 2013. The other relevant legislation includes:

- Workplace Injury Rehabilitation and Compensation Amendment (Arbitration) Act 2021
- Accident Compensation Act 1985
- Occupational Health and Safety Act 2004

Key Terms: Below are key terms that appear throughout this factsheet and their meaning.

Arbitration: A formal process run by WIC where an independent arbitrator makes a legally binding decision on certain workplace injury disputes (mainly for injuries from 1 September 2022 onwards).

Complainant: An injured worker (or their dependent) who lodges a dispute about their compensation or return-to-work entitlements.

Complaint: A dispute about a decision, delay, or payment issue in the Victorian workers' compensation scheme.



Conciliation: An informal meeting facilitated by a WIC Conciliation Officer to help workers, insurers, and employers resolve disputes.

Dependants: Family members (such as a spouse, partner, or children) who may bring a claim if a worker dies due to a work-related injury or illness.

Genuine Dispute Certificate: A document issued by WIC when conciliation does not resolve a matter, allowing the worker to proceed to arbitration or court.

Medical and Like Expenses: Costs for treatment and rehabilitation related to a work injury, such as surgery, medication, physiotherapy, counselling, or equipment.

Medical Panel: A group of independent doctors that WIC can refer medical disputes to; their decision on medical questions is final and binding.

OHS Act: Occupational Health and Safety Act 2004, one of the laws relevant to workplace injury and compensation matters.

PIAWE (Pre-Injury Average Weekly Earnings): The calculation used to determine a worker's weekly compensation payments, including wages, overtime, and allowances.

Respondent: The insurer (WorkSafe Agent), self-insurer, or employer that made the disputed decision about a worker's compensation or return-to-work obligations.

Self-insurer: A large employer authorised by WorkSafe Victoria to manage and fund its own workers' compensation claims.

WIC: Workplace Injury Commission, the independent body that handles workplace injury compensation disputes in Victoria.

WorkSafe Agent: An insurance company authorised by WorkSafe Victoria to manage workers' compensation claims on its behalf.



Step 1: What type of Complaints can be made to this body?

WIC provides an informal and dispute resolution service. WIC focuses on matters about, but not limited to:		
	A) Claim and Eligibility Disputes	
Sub-category	Example	
Compensation claims	WIC can assist with disputes about for decisions made in relation to compensation claims.	
	You can apply for conciliation through the WIC if:	
	 you disagree with a decision you've received from a WorkSafe Agent or Self-insurer on your workplace injury compensation claim; or 	
	 a WorkSafe Agent or Self-insurer has not responded to a request or has not made a payment on your claim, within a reasonable time. 	
	If conciliation is unsuccessful and your dispute is about your payments, you can apply for arbitration. However note, your injury must have happened on or after 1 September 2022 and you must have received a Genuine Dispute Certificate in the WIC conciliation process.	
	Examples:	
	• Jackson was a worker who stacked boxes and advised their manager of a sore back. Jackson's manager moved Jackson to different duties temporarily. In the new role, Jackson suffered another injury. Soon after, Jackson claimed weekly payments and medical treatment for the injury. The self-insurer's agent concluded that Jackson had aggravated a pre-existing injury while at work. Despite seeking several internal reviews, the application was rejected.	
	 Mary received approval of her workplace injury compensation claim from WorkSafe. However, the amount she is being paid is much lower than she expected. 	
	• John has been on workplace injury compensation for 2 months, he was due to receive 4 more monthly payments until his next assessment. On the third month, the payment did not come, John called the WorkSafe Agent but did not receive a satisfactory explanation of what was going on with his payments, he still is unable to return to work according to his doctor.	
	Stephanie suffered an injury to her hand at work and applied for workplace injury compensation through her employer's Self Insurer, as advised by human resources. The Self Insurer retrieved the incident report from her human resources file and did not request any further documents or medical evidence. Her claim was denied but she is unable to return to work as a receptionist.	



Claim i	is rejected
or not	accepted

You should make a complaint if your WorkCover insurer (WorkSafe Agent or self-insurer) refuses to accept your claim for a workplace injury or illness. This means they have denied liability for your injury under the workers' compensation scheme. For example, the insurer might say your injury did not arise from your employment or argue you are not a "worker" covered by the law.

Example: Mei suffered a back injury at work, but the insurer sent her a letter denying her claim, stating that her injury was not work-related.

No decision made on your claim (delayed decision)

You should make a complaint if you lodged a WorkCover claim and the insurer hasn't made any decision within the required time (usually 28 days in Victoria). Insurers must accept or reject a claim within a set timeframe. If that time passes with no outcome, you have a right to dispute the delay as an effective "denial" by inaction.

Example: Ali filed a workers' compensation claim after a fall at work. Two months have gone by with no acceptance or rejection from the insurer.

B) Weekly Payment Disputes

(These disputes involve your weekly income replacement benefits – the wages paid by WorkCover while you cannot work due to injury.)

Sub-category	Example
Weekly payments stopped or reduced (before 130 weeks)	You should make a complaint if your weekly payments have been cut off or reduced by the insurer before you reach around 130 weeks on compensation. This often happens if the insurer believes you can return to work (i.e. they claim you have regained work capacity) or if they allege you didn't comply with program requirements. In any case, disputes about an insurer's refusal to continue paying weekly benefits or a reduction in the amount are handled by WIC. Example: Ahmed's WorkCover payments were suddenly stopped at 9
	months post-injury because the insurer decided he is fit for a desk job. Ahmed's doctor disagrees.
Weekly payments terminated at the 130-week limit	You should make a complaint if your weekly payments were ceased at the 130-week (2.5 year) mark because the insurer decided you no longer meet the strict requirements to continue receiving payments. Under the law, after about 130 weeks on compensation (the "second entitlement period"), you only remain eligible for weekly payments if you have no capacity for any work and this is likely to continue indefinitely. If the insurer stops your payments at this point and you disagree with their assessment of your work capacity or say your condition hasn't stabilized, WIC can conciliate this dispute.
	Example: Tara has been on WorkCover benefits for two and a half years. The insurer informs her that payments will end because they believe she can perform some type of work. Tara, who still cannot work according to her specialist believes that she has no current work capacity and should continue to receive weekly payments beyond 130 weeks.



You should make a complaint if you believe your weekly compensation amount has been calculated wrongly. For example, if your pre-injury average weekly earnings (PIAWE) were underestimated. This type of dispute covers any mistakes or disagreements in how your wage replacement is computed. It often arises if overtime, allowances, or other earnings weren't included properly, resulting in a lower weekly payment.

Example: Jordan normally worked overtime and received shift allowances before his injury. However, the insurer calculated his weekly payments based only on his base wage. Jordan notices the amount is too low and wants a correction to include his overtime in the PIAWE so that his weekly benefit is accurate.

Superannuation contributions not being paid

You should make a complaint if you are entitled to employer superannuation contributions as part of your weekly compensation (this typically kicks in after 52 weeks of weekly payments) and the insurer has failed to make these contributions or has stopped paying them. Under Victorian law, long-term injured workers may receive superannuation contributions on top of weekly wages after a certain period. A dispute can be raised if there's a disagreement about whether super contributions should be paid, or from what date they should start.

Example: Nina has been on weekly payments for over a year due to a serious injury. She recently learned that no superannuation contributions have been made to her fund, even though she should receive them after 52 weeks.

Interest on late compensation payments

You should make a complaint if an insurer significantly delayed a payment you were owed (such as back-paid weekly wages or a reimbursement) and did not include interest for the late payment. The law requires insurers to pay interest on compensation that is paid late (for example, if a benefit wasn't paid on time or a back-payment was withheld, interest accrues on that amount). If the insurer doesn't add the interest or disputes the amount of interest, you can bring the issue to WIC.

Example: Raj won an appeal that entitled him to six months of back-paid weekly compensation. The insurer eventually paid the lump sum but did so several months past the due date and did not add any interest for the delay.

C) Medical and Related Expense Disputes

(These disputes involve the coverage of medical treatment, rehabilitation, and other "medical and like" services related to your work injury.)

Sub-category	Example
Medical or treatment expenses are denied or stopped	You should make a complaint if your WorkCover insurer refuses to pay for a specific treatment or service related to your injury, or if they stop funding a medical or rehabilitation expense they previously covered. This includes disputes about any "medical and like expenses," for example, doctor or hospital bills, surgery costs, medication, physiotherapy, psychological counselling, chiropractic care, travel expenses to appointments, home help, prosthetics or equipment, and



similar needs. You can dispute the insurer's decision if they claim the treatment isn't reasonably necessary or not related to your work injury.

Example: Simone's orthopaedic surgeon recommended shoulder surgery for her work-related injury, but the WorkCover insurer denied approval for the operation, arguing it's not necessary. Simone can go to WIC to dispute this refusal and seek to have the surgery covered. In another case, Ben's insurer stopped paying for his physiotherapy sessions, saying he'd had "enough treatment." Ben disagrees since his doctor says he still needs rehab.

D) Permanent Impairment Benefit Disputes

(These disputes involve one-time lump sum compensation for permanent disability resulting from the work injury.)

Sub-category

Example

Permanent impairment lump sum (impairment benefit) dispute

You should make a complaint if there is a disagreement about your entitlement to a permanent impairment benefit - a lump sum compensation for a lasting impairment from your work injury. This typically happens if you believe you qualify for a lump sum (for example, you have a significant permanent disability above the required threshold) but the insurer disputes it. The dispute might be over whether your level of impairment meets the threshold, whether certain injuries or conditions are included in the assessment, or if the insurer has delayed the impairment assessment beyond the 120 days they have to make a decision. WIC can conciliate these disputes, and often an independent Medical Panel of doctors may be used to resolve disagreements about your impairment rating (the Conciliation Officer can refer such medical questions to the panel).

Example: Carlos sustained a serious back injury and a knee injury at work. He was assessed by his doctor at 15% whole person impairment, which would normally entitle him to a lump sum. However, the insurer refused to pay, saying his injuries don't reach the threshold when evaluated under their guidelines.

E) Return-to-Work Disputes

(These disputes involve issues with the return-to-work process and obligations under the Workplace Injury Rehabilitation and Compensation Act.)

Employer not meeting return-to-work obligations

You should make a complaint if your employer is failing to fulfill their legal obligations to support your return to work after your injury. Victorian employers are required to provide suitable duties (light or modified work that you can do within your medical capacity) and to plan and monitor your return to work for a set period after the injury. If your employer refuses to offer any suitable job, does not cooperate in making return-to-work plans, or otherwise does not meet their responsibilities (for example, not providing adjustments or not staying in communication about return to work), you can ask WIC to help resolve the issue. The conciliation process can remind or encourage an employer to comply, and while WIC



cannot force an employer to keep a job open, it can document the non-compliance and refer the matter for further action if needed.

Example: Priya has been cleared by her doctor to do partial hours with light duties, but her employer has not offered her any role or even discussed a return-to-work plan. Priya feels her employer is avoiding their obligation to help her back to work.

Accused of not cooperating with return to work (worker non-compliance)

You should make a complaint if your compensation benefits are being suspended or threatened because you're accused of not reasonably participating in return-to-work activities, and you disagree with that accusation. For instance, if the insurer or your employer claims you refused suitable work or failed to attend rehabilitation without a good reason, they can issue a non-compliance notice and halt your weekly payments. If you believe you have been compliant or that any non-participation was justified, you can dispute the non-compliance determination through WIC. Conciliation will look at whether you had a valid excuse or whether the job was truly suitable for you. This process can get your payments reinstated if the suspension was not justified.

Example: Mark's weekly benefits were suspended after he missed two occupational therapy appointments that were part of his return-to-work plan. Mark missed them because he was hospitalised for an unrelated illness, but the insurer still labelled him as non-cooperative.

F) Other Disputes and Complaints WIC Can Handle

Access to claim information is refused

You should make a complaint if you have requested important information or documents about your claim and the insurer (Agent or self-insurer) will not provide it to you. As an injured worker, you are entitled to access certain claim-related information. For example, independent medical examination reports, investigation reports, or other evidence the insurer relied on to make decisions (except for genuinely privileged or exempt documents). If the insurer denies you access without proper grounds, WIC can assist. A Conciliation Officer has the power to direct the insurer to release information in dispute, or to confirm if the refusal is allowed.

Example: Deepa's weekly payments were stopped based on an independent doctor's report, but the insurer refused to give her a copy of that medical report.

Provisional payments for a mental injury not provided

You should make a complaint if you filed a claim for a work-related mental injury (such as work-related stress, depression, or PTSD) and the insurer isn't providing the provisional payments for treatment that are required by law while your claim is being decided. Under Victorian workers' compensation, if you suffer a mental injury you have the right to short-term "provisional" payments. This means the insurer must start funding reasonable mental health treatment (for example, counselling sessions, psychologist or psychiatrist visits, medication costs) for up to 13 weeks while they assess your claim. If the insurer fails to commence these payments or refuses to pay for a particular therapy/service during this interim period, you can dispute it at WIC.

Example: Ella lodged a WorkCover claim for anxiety and trauma after a workplace bullying incident. While the claim is under review, she should be



getting her psychologist appointments paid for through provisional payments. However, a month has passed and the insurer hasn't approved or paid for any sessions.

Dependants' claim for a worker's death benefits

You should make a complaint if you are a dependent family member of a worker who died due to a work-related injury or illness, and there is a dispute about the compensation claim for the death. Dependents (such as a spouse, partner, children or other dependents) are entitled to certain benefits when a worker dies because of their job – this can include a lump sum death benefit, funeral and burial costs, and weekly pension payments to the partner or children. If the insurer denies the death claim (for example, disputes that the death was work-related) or there's disagreement over who qualifies as a dependant or the amount of benefits, WIC can conciliate the issue. Note: You are not required to go through conciliation for a death claim dispute before going to court, but you may choose to use WIC's services to attempt a resolution first. WIC's role in death cases is somewhat limited (for instance, they cannot determine dependency or force a settlement if the case is complex), but they can still help the parties reach agreement or at least narrow the issues in dispute.

Example: Jose's father died in a factory accident. Jose's family filed a WorkCover death claim for funeral expenses and a lump sum compensation. The insurer, however, denied that the death was work-related, refusing to pay any benefits.

Exclusions

Exclusions

The WIC does not handle complaints about:

- Disputes not related to a work-related injury or illness: WIC can only help with disputes about injuries or illnesses that happened as a result of work or during work activities.
- Disputes involving common law claims (e.g. suing for negligence): If you're suing your employer in court for damages beyond workers' compensation (like pain and suffering due to negligence), WIC is not involved in that process.
- Disputes about workplace discrimination, harassment, or bullying
- Disputes about WorkSafe Inspector decisions or safety enforcement: If your issue relates to health and safety breaches, enforcement notices, or complaints about WorkSafe Victoria's actions, WIC is not the right place.
- Complaints about WorkSafe Agents or self-insurers themselves (e.g. conduct, rudeness, bias): WIC can only resolve disputes about decisions and entitlements — not customer service or misconduct by insurers or claims agents.
- Disputes about return-to-work directions issued by WorkSafe: Return-to-work directions are regulatory enforcement tools. Disputes about their fairness or application aren't handled by WIC.



•	Disputes about private insurance (e.g. income protection, TPD): WIC only deals with WorkCover claims under the Victorian workers' compensation scheme, not private insurance policies.
•	Complaints about the outcome of WIC conciliation: You can't lodge a complaint just because you're unhappy with a conciliation outcome — the next step would be arbitration or court.
•	Disputes about injuries from unpaid or volunteer work (in most cases): Unless your role fits the legal definition of a "worker" (which is strict), WIC may not be able to deal with your claim.
•	Complaints about employment contracts, rosters, or HR decisions: Matters like unfair dismissal, demotion, redundancy, rostering, or entitlements under awards or contracts are outside WIC's powers.
•	Disputes where the injury or claim happened in another state or under a different jurisdiction: WIC can only handle claims made under Victoria's WorkCover scheme. Other states have different bodies.
•	Fraud investigations or criminal allegations: WIC doesn't investigate fraud, false claims, or criminal behaviour by workers or insurers.

Step 2: What is the Jurisdiction of the complaints body?

Jurisdiction	Description
State	WIC has powers to assist with conciliation and arbitrations under the law of Victoria.
Geographical Scope	WIC has powers to assist with conciliation and arbitrations in Victoria.
Time limitations	Conciliations
	The worker or a nominated person on the worker's behalf must request conciliation:
	 in writing, by completing and signing the Application for Conciliation form, and
	 within 60 days after the notice of decision was served on the worker.
	A copy of the application form is available <u>here</u> .
	WIC may accept your application for conciliation if you send it to WIC late. You must provide reasons for your late application on the Application for Conciliation Form.
	Arbitration
	WIC cannot arbitrate disputes about injuries before 1 September 2022 or liability disputes for injuries that happened after 31 March 2024.
	WIC need to receive a Referral for Arbitration Form from the worker within 60 days of the worker receiving a Genuine Dispute Certificate



from conciliation. A worker can also request to lodge the Form late where more than 60 days has passed.

The Referral for Arbitration Form is available here.

If the injury happened between 1 September 2022 and 30 March 2024, WIC can help with disputes about:

- Weekly payments
- · Medical expenses like surgery or physiotherapy
- Superannuation contributions
- Interest on unpaid amounts
- Calculating Pre-Injury Average Weekly Earnings (PIAWE)
- The worker's ability to work.

WIC can also help with disputes about liability, such as:

- Whether someone is a "worker" under the law
- If the worker was injured
- If the injury happened at work
- If the job was a major cause of the injury
- If the worker's condition is still affected by the injury
- If the injury is a mental condition not covered by compensation
- If the injury is a recognized disease.

If the injury happened on or after 31 March 2024, WIC can help with disputes about:

- Changing or stopping weekly payments
- Paying medical expenses like surgery or physiotherapy
- Changing or stopping superannuation contributions
- Interest on unpaid amounts
- Calculating Pre-Injury Average Weekly Earnings (PIAWE)
- The worker's ability to work after 130 weeks and if the injury is stable.

If the injury happened on or after 31 March 2024, WIC cannot help with disputes about liability.

Exclusions

WIC cannot handle:

- Claims made under another state or territory's workers compensation scheme: WIC can only help if the claim was made under Victoria's WorkCover scheme. If your claim is through NSW, QLD, SA, etc., you'll need to contact the relevant body in that state.
- Injuries that happened outside Victoria (in some cases): If your injury happened outside Victoria and your employment wasn't primarily based in Victoria, WIC may not have the power to deal with your claim. Jurisdiction depends on where your job is "connected" under the law.



	 Disputes lodged outside the 60-day time limit: Most disputes must be lodged with WIC within 60 days of receiving the insurer's decision. If you're outside this window, you may not be eligible, unless WIC grants special permission for a late dispute (which is rare and only in exceptional cases).
	 Claims that are not yet made or decisions that don't yet exist: WIC can only resolve disputes about a decision that has already been made by an insurer (like a rejection or termination). If there's no formal decision yet, WIC can't step in, though you may still ask the insurer to issue one.
	 Matters already resolved through court or binding arbitration: WIC cannot re-hear disputes that have already been decided through court proceedings or WIC's arbitration process. Once a binding legal decision has been made, the issue is final.
	 Matters that fall under federal workers compensation (e.g. Comcare): If you work for the Commonwealth Government or a federal agency (like Australia Post, Centrelink, or the ATO), your workers compensation claim is covered by Comcare, not WorkSafe Victoria, so WIC can't handle it.
Exercise of discretion	WIC has discretion to accept applications for conciliation and/or arbitration. However if your application has been declined, you will be given a written statement of reasons.

Step 3: Who can you make a complaint against?

WIC provides an informal and free conciliation service and can also arbitrate certain matters	
Respondent	Description
Insurers (WorkSafe agents)	These are insurance companies authorised by WorkSafe Victoria to manage and decide workers compensation claims. They are the most common respondent type in WIC disputes. Example: Allianz, EML, Gallagher Bassett.
Self-insurers	Large employers who are authorised by WorkSafe to manage and fund their own workers compensation claims (instead of going through an agent). They act like insurers but within their own company. Example: Coles, Woolworths, Metro Trains.
Employers (non self-insured)	Employers who are not self-insured and whose workers compensation claims are managed by a WorkSafe agent. While insurers usually handle the decisions, employers may be respondents in disputes about return to work obligations or worker status. Example: A small business that employs a retail worker and failed to provide suitable duties during return to work.



Labour hire employers and host employers	In labour hire arrangements, both the direct employer (labour hire agency) and the host employer (where the work happens) may be respondents, particularly in disputes about return to work duties.
	Example: A construction worker placed by a labour hire agency on a site where the host employer refuses modified duties.
Return to Work Inspectors or WorkSafe Victoria (indirectly, in rare cases)	While WIC does not directly manage complaints about WorkSafe, disputes may occasionally involve WorkSafe's involvement where a return to work inspector has made a finding that affects the worker's benefits or obligations. WIC would be resolving a dispute linked to the effect of such findings, rather than against WorkSafe itself.
Dependents (in death benefit disputes with other dependents)	In some complex death benefit claims, different dependents (such as a spouse and an adult child) may be involved in the dispute as respondents or interested parties, particularly where dependency or benefit sharing is contested.
Exclusions	You cannot make a complaint about:
	 WorkSafe Victoria (as regulator): You can't use WIC to complain about WorkSafe's conduct, investigations, or regulatory decisions (e.g. inspector conduct, safety enforcement, or licensing decisions). Legal practitioners, union reps, or advocates: WIC cannot resolve disputes about the behaviour or conduct of lawyers, support workers, or union representatives, even if they were involved in your claim.
	Medical professionals or IME doctors: WIC does not hear complaints about the conduct or professionalism of doctors who assessed you. Complaints about IMEs (Independent Medical Examiners) must go to WorkSafe or AHPRA, depending on the issue.
	The Workplace Injury Commission itself: You cannot complain about WIC through its own process. If there's an issue with WIC's services or decision-making, it must be raised through their feedback process or the Victorian Ombudsman.
	 Private insurance providers (e.g. life insurance, income protection): WIC cannot resolve disputes involving private policies.
	 Non-Victorian employers or interstate insurers: If your employer is based outside Victoria and your claim falls under another state's workers compensation scheme, WIC can't deal with it.



Step 4: Are you eligible to make a complaint?

Eligibility	Description
Who can apply for	Conciliations
conciliation or arbitration?	You can apply for conciliation if:
	 A WorkSafe Agent or Self-insurer has made a decision on your claim that you don't agree with, or
	 If a WorkSafe Agent or Self-insurer has not responded to a request or has not made a payment on your claim within a reasonable time.
	You can also apply for further conciliation of a dispute if you have received a Dismissal Certificate from us.
	For more information, see the Application for Further Conciliation after Dismissal Fact Sheet on WIC's website www.wic.vic.gov.au/resources .
	Arbitrations
	Before applying for Arbitration, you need to have attempted Conciliation and received a Genuine Dispute Certificate when the Conciliation is not successful.
	A worker can apply for arbitration themselves or if the worker needs help applying for arbitration, they can ask someone to do this on their behalf. The person helping will need to put their details on the bottom of the Referral for Arbitration form and confirm that the worker is happy for them to help. You may not take your dispute to court at the same time.
	What WIC can arbitrate will depend on the date of injury.
Have you tried to	Conciliations
resolve your matter directly?	Conciliation is only available after:
dirodiy.	A WorkSafe Agent or Self-insurer has made a decision on your claim that you don't agree with, or
	 If a WorkSafe Agent or Self-insurer has not responded to a request or has not made a payment on your claim within a reasonable time.
	The worker or a nominated person on the worker's behalf must request conciliation:
	 in writing, by completing and signing the Application for Conciliation form, and
	 within 60 days after the notice of decision was served on the worker.



Arbitration

Arbitration can only take place after conciliation, and WIC must receive a Referral for Arbitration Form within 60 days of you receiving a Genuine Dispute Certificate. Arbitration is only available for certain disputes. WIC cannot arbitrate liability disputes for injuries that happened after 31 March 2024.

Can a complaint be made on behalf of someone?

Conciliations

You can make a complaint on someone's behalf. For WIC to consider the complaint, it will require evidence of your authority to act on behalf of the complainant.

Arbitrations

A worker can apply for arbitration themselves or if the worker needs help applying for arbitration, they can ask someone to do this on their behalf. The person helping will need to put their details on the bottom of the Referral for Arbitration form and confirm that the worker is happy for them to help.

Exclusions

You cannot make a complaint to WIC if:

- You haven't made a WorkCover claim yet: You must have lodged a claim with a WorkSafe agent or self-insurer before WIC can help. WIC can only resolve disputes about decisions, not general problems or hypothetical concerns.
- You are not the injured worker or a dependent of one: Only the injured worker, or in the case of a death claim, their dependents (like a spouse or child) can bring a dispute. Friends, colleagues, or unrelated supporters cannot file a complaint unless authorised to act on the person's behalf.
- You are not considered a 'worker' under the law: If you
 don't meet the legal definition of a "worker" under the Victorian
 scheme (e.g. some volunteers, independent contractors, or gig
 economy workers), your claim may not be valid, and WIC
 cannot hear your dispute unless this is the specific issue in
 question.
- You are receiving benefits through another state or federal scheme: If your compensation is being handled under another jurisdiction (e.g. Comcare or NSW iCare), WIC cannot assist. You must be under the Victorian WorkCover system.
- You're acting without consent or legal authority: Unless you are the injured worker, a dependent, a legal guardian, or have documented authority (e.g. power of attorney), you generally can't lodge a dispute on someone else's behalf.
- Your issue is already being decided by a court or tribunal:
 If your matter is currently being heard (or has already been decided) in court or arbitration, WIC can't deal with it again.
- Your dispute is lodged outside the allowed timeframe (usually 60 days): WIC cannot always accept disputes submitted after the time limit unless there are exceptional



	circumstances — and even then, late lodgement must be approved case-by-case.
Additional information you need to know	Conciliations WIC's conciliation services are free. You do not need a lawyer for the conciliation process, but you can seek legal advice at any time. Free assistance is available to help you at conciliation including: • Union Assist (current and former union members may be eligible) • www.unionassist.org.au • WorkCover Assist - www.workcoverassist.vic.gov.au Other Union or support services or a legal representative may also assist you. If you would like assistance during conciliation, complete section 2 of the Application for Conciliation Form or contact WIC on 1800 635 960 for more information about organising this.
	You can also bring a friend or family member to support you at the conciliation conference. If you want a lawyer to attend with you at your conciliation conference, you or your lawyer will need to request approval from the Conciliation Officer. Arbitrations
	Lodging a referral for arbitration is free. If a Worker is successful at arbitration, WIC will award the Worker
	payment of their legal fees and costs by the WorkSafe Agent or Self-insurer (unless the claim is frivolous or vexatious).
	If the Worker is not successful, they don't normally have to pay the WorkSafe Agent's or Self-insurer's costs. They will have to pay the costs of any medical reports or legal fees.
	For more information, see WIC's Costs Fact Sheet on its website www.wic.vic.gov.au/resources .

Step 5: What remedies are available at this body?

Power	Description
Agreement between parties	The worker and the insurer (WorkSafe Agent or Self-insurer) may reach an agreed resolution during conciliation. This agreement can cover payments, treatment approvals, return-to-work arrangements, or any other terms within the law. This is the most common outcome at conciliation.
Recommendation by Conciliation Officer	If parties can't agree, the Conciliation Officer may suggest a non-binding resolution. While not enforceable, recommendations often guide parties toward settlement. Used where compromise is possible but not yet agreed.



Referral of a medical question to a Medical Panel	If there's a dispute about a medical issue (e.g. degree of impairment, work capacity), the Conciliation Officer may refer it to a Medical Panel. The Panel's decision is final and binding on all parties. Used when there's disagreement about a medical fact that affects entitlements.
Direction to insurer to pay compensation	If the insurer has failed to make required payments (e.g. weekly benefits, medical expenses), the Conciliation Officer can issue a binding direction that compels the insurer to pay. This power can only be used in limited circumstances – such as clear
	legal entitlement.
Dismissal by Conciliation Officer	If a dispute is found to be invalid, out of jurisdiction, withdrawn, or lacking merit, the Conciliation Officer may dismiss it. The worker can request further conciliation if new information arises, or proceed to arbitration or court.
Issuing of a Genuine Dispute Certificate	If conciliation fails, WIC may issue a Genuine Dispute Certificate. This certifies that the dispute was unresolved and gives the worker the option to proceed to:
	 Arbitration at WIC (for eligible matters, depending on the date of injury), or
	Court (typically the Supreme Court of Victoria)
	This certificate is often a required step to escalate further.
Arbitration decisions (binding)	For eligible matters (mostly post-2022 injury dates), WIC can conduct binding arbitration. The Arbitration Officer can:
	 Require the insurer to accept all or part of a claim If the original claim was rejected, the arbitrator can overturn that decision.
	Require the insurer to pay compensation This includes up to:
	 52 weeks of weekly payments, and
	 \$20,000 in medical and like expenses
	 Declare the insurer's decision correct If the insurer acted lawfully and reasonably, the arbitrator can uphold the decision.
	 Calculate or adjust entitlements The arbitrator may make a determination about how much compensation is owed, based on evidence.
	 Require parties to participate in further conciliation Sometimes, arbitration is paused or redirected to conciliation to encourage resolution.
	Arbitration decisions are legally enforceable and binding.



Arbitral agreement converted into a binding decision	If parties reach an agreement during arbitration, it can be recorded as a formal arbitral award, making it binding and enforceable like any other arbitration outcome.
Appeal to the Supreme Court (on questions of law only)	While most arbitration decisions are final, parties may appeal to the Supreme Court on a point of law. There is no right of appeal simply because you disagree with the outcome.
Exclusions	The WIC cannot provide:
	Compensation for pain and suffering (common law damages): WIC cannot award damages for non-economic loss like pain, suffering, or emotional distress. These can only be pursued through a common law claim in court.
	 Punitive or exemplary damages: WIC cannot punish an insurer or employer for wrongdoing. It only resolves entitlement-based disputes, not misconduct or negligence cases.
	 Compensation for lost income beyond the capped limits: WIC cannot award more than 52 weeks of weekly payments and \$20,000 in medical expenses at arbitration, even if the worker believes more is owed. Additional compensation would need to be sought through court or a separate legal process.
	 Damages for delay, inconvenience, or poor treatment by an insurer: If a worker feels mistreated or delayed by an insurer or agent (e.g. rudeness, poor communication, stress caused), WIC cannot award damages or financial penalties for that treatment.
	 Orders about insurer or employer conduct: WIC cannot issue findings about an insurer or employer's behaviour, such as bias, harassment, or systemic issues. It can only address whether a decision or entitlement was lawful under the compensation scheme.
	 Reinstatement of employment or employment entitlements: WIC cannot order that someone be rehired, promoted, compensated for lost job opportunities, or paid entitlements like long service leave or redundancy.
	 Compensation under other laws or schemes: WIC cannot provide remedies under:
	Anti-discrimination law
	 Occupational health and safety law
	 Superannuation or taxation law
	 Privacy or defamation law
	Even if the issue is connected to the workplace injury, WIC only deals with workers compensation entitlements.
	Injunctions or court-like enforcement orders: WIC cannot compel a party to do or stop doing something through



injunctions (e.g. "stop surveillance" or "cease employer contact"). It can only direct compensation-related actions.
 Awards beyond Medical Panel findings: If a Medical Panel has made a binding decision, WIC cannot override or compensate against that decision, even if the worker disagrees with it.

Step 6: Preparing your complaint. What should your complaint look like? What should it include?

Requirement	Description
Format	Conciliations
	Applications for conciliation can be lodged by filling in the application for conciliation available here and:
	Email: sending to <u>afc@wic.vic.gov.au.</u>
	Post: sending to GPO Box 251, Melbourne 3001
	Person: delivering to Level 1, 215 Spring St, Melbourne
	Arbitrations
	Referral for arbitration forms can be lodged by filling in the application available here and:
	Email: sending to <u>arbreferral@wic.vic.gov.au</u> .
	Post: sending to GPO Box 251, Melbourne 3001
	Person: delivering to Level 1, 215 Spring St, Melbourne
	If you're not sure whether WIC can help, if you'd like to speak with WIC about your concerns or if you need help completing the application form, then please don't hesitate to contact WIC on 03 9940 1111 or 1800 635 960. You can also visit WIC's website www.wic.vic.gov.au
	If you would like the assistance of an interpreter or translator this can be arranged by WIC free of charge by calling 131 450.
Personal Details	Generally speaking, to apply for conciliation or arbitration, you should include:
	First and last name
	Contact number
	Date of birth
	Email and postal address
Respondent's Details	You should provide information about the employer and the name of the WorkSafe Agent or Self-insurer the subject of the dispute.
Relevant Facts	Conciliations
	You should provide details of:
	You should provide details of:



- What your dispute is about;
- Any documents or evidence that you have;
- Who is involved in your dispute;
- What resolution you would like; and
- If more than 60 days since the date of decision, provide reasons for late lodgement.

For conciliations, depending on the reason why you are applying for conciliation you will need to provide at least one of the following documents about your dispute:

- Decision made by the WorkSafe Agent or Self-insurer;
- Request for treatment if the WorkSafe Agent or Self-insurer has failed to respond;
- Certificates of capacity if the WorkSafe Agent or Self-insurer has failed to pay weekly payments; and
- Invoices/receipts if the WorkSafe Agent or Self-insurer has failed to pay for medical treatment.

You can also provide other documents to support your dispute (for example, medical reports or payslips).

Arbitrations

You should provide details of:

- Name of WorkSafe Agent or Self-insurer;
- A copy of the Genuine Dispute Certificate note WIC must have issued a Genuine Dispute Certificate in order for you to lodge a referral for arbitration;
- If it is more than 60 days since you received the Genuine Dispute Certificate, provide reasons for late lodgement;
- If you have commenced court proceedings in regard to the dispute;
- If your claimed injury occurred on or after 31 March 2024;
- If your claimed injury occurred between 1 September 2022 and 30 March 2024;
- why you believe the WorkSafe Agent's or Self-insurer's decision is incorrect; and
- What outcome you seek at arbitration.

You should provide as much detail as possible to help WIC understand your dispute. If you have any documents to support your dispute application they should be provided, including any correspondence you had with the registered agency about your dispute.

What NOT to include

Do not make false or misleading statements. This is an offence.



Additional information you need to know

The application form will request your permission to share your dispute details. This may involve WIC forwarding it and related documents the Self-insurer and/or WorkSafe Agent. If you do not give permission, WIC may not be able to do anything about your complaint.

For arbitrations, WIC must hold an initial hearing within 30 days, any further hearings within 60 days, and make a final decision within 14 days after the final hearing.

Step 7: Lodging your complaint and next steps.

Step	Description
Where to lodge your complaint	Conciliations
	Applications for conciliation can be lodged by filling in the application for conciliation available here and:
	Email: sending to <u>afc@wic.vic.gov.au.</u>
	Post: sending to GPO Box 251, Melbourne 3001
	Person: delivering to Level 1, 215 Spring St, Melbourne
	Arbitrations
	Referral for arbitration forms can be lodged by filling in the application available here and:
	Email: sending to <u>arbreferral@wic.vic.gov.au</u> .
	Post: sending to GPO Box 251, Melbourne 3001
	Person: delivering to Level 1, 215 Spring St, Melbourne
	If you're not sure whether WIC can help, if you'd like to speak with WIC about your concerns or if you need help completing the application form, then please don't hesitate to contact WIC on 03 9940 1111 or 1800 635 960. You can also visit WIC's website www.wic.vic.gov.au
	If you would like the assistance of an interpreter or translator this can be arranged by WIC free of charge by calling 131 450.
Receipt	Conciliations
	Generally speaking, WIC will aim to provide a receipt of referral as soon as possible. However, due to a significant increase in lodgements, WIC are currently experiencing extended wait times of between 3 to 5 months for conciliation conferences to be held. WIC will check-in with you during this time and once your conference date has been set, WIC will send you a letter with the conference details.
	Arbitrations
	Generally speaking, WIC will aim to provide a receipt of referral as soon as possible. WIC must hold an initial hearing within 30 days, any further hearings within 60 days, and make a final decision within 14 days after the final hearing.



Pre-Conference	Once your application is accepted, WIC will ask you and others involved in the dispute to provide more information. This will be exchanged between those involved in dispute, except your employer.
Conference	A conciliation conference is a meeting where a Conciliation Officer will help you and those involved in the dispute try to resolve it. It's an opportunity for everyone to be heard.
Arbitration	If a dispute could not be resolved at conciliation, the worker may be able to take their dispute to arbitration, depending on the date of their injury. What WIC can arbitrate will depend on the date of injury. WIC cannot arbitrate disputes about injuries before 1 September 2022 or liability disputes for injuries that happened after 31 March 2024. Depending on the date of injury, the Arbitration Officer can decide that: • the WorkSafe Agent or Self-insurer must accept all or part of a claim; • the WorkSafe Agent or Self-insurer must calculate the amount of compensation; • the WorkSafe Agent or Self-insurer must pay up to 52 weeks of
	 weekly payments and up to \$20,000 in medical and like expenses; or the WorkSafe Agent's or Self-insurer's decision is correct and its decision is unchanged.
Additional information you need to know	More information regarding the conciliation process and arbitration process is available on WIC's website here .

Step 8: Post-complaint – what if you are not happy with the outcome of your complaint?

Avenue	Description
Internal review	For complaints about how WIC has handled conciliation matters referred to it in relation to WorkSafe matters, you can provide feedback or make a suggestion, by email to complaints@wic.vic.gov.au
	WIC will provide you with a response within 28 days. If your issue is complex or if more information is required, WIC may require more time to respond, but we will let you know if this is the case.
Referral to arbitration	If matters cannot be resolved at conciliation, some disputes may be referred to arbitration, depending on the date of injury.
	Arbitration is a service WIC offer which provides a final decision for workplace compensation disputes that haven't been resolved through



	conciliation. If you're an injured worker with an eligible dispute, it gives you a quick, informal alternative to going to court.
Referral back to conciliation	If you received a Dismissal Certificate from WIC, you can apply for further conciliation of your dispute or a part of your dispute.
	To do this send a completed <u>Application for Further Conciliation after Dismissal Form</u> to:
	By email: <u>afc@wic.vic.gov.au</u>
	By post: GPO BOX 251, Melbourne 3001; or
	By hand: Deliver it in person to Level 1, 215 Spring St, Melbourne.
	Anyone can lodge an application form for you, as long as they have your permission.
	You need to apply for further conciliation of your dismissed dispute within 60 days from the date of the Dismissal Certificate you received from WIC.
	You should provide:
	The Application for Further Conciliation after Dismissal Form (available here)
	A copy of the Dismissal Certificate or provide the conciliation reference number, and
	Any new documents or information related to your dispute that you have received since the dispute was dismissed.
	For more information or assistance, you can:
	• call 03 9940 1111 or 1800 635 960
	email <u>info@wic.vic.gov.au</u>
	visit wic.vic.gov.au
Supreme Court of Victoria	If you are unhappy with the outcome of your Arbitration at WIC, there are limited circumstances in which you will be able to appeal. Decisions are binding, and the parties are obliged to follow them unless and until they successfully appeal.
	Any decision WIC has made can be appealed, including:
	A final decision about a workers compensation claim (which WIC calls a determination)
	 A decision made during the arbitration, such as whether to approve:
	 Legal representation;
	o An adjournment; or
	o The dismissal of a dispute.
	The parties have 28 days to apply to the Supreme Court of Victoria in respect of a final decision on a workers compensation claim, or within 30 days of any other decision made at arbitration.
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An appeal can be made if it is about:



	 How WIC interpreted or applied the law; or Whether the arbitration was procedurally fair. A party may not appeal if they simply disagree with the decision and want it decided again.
Additional information you need to know	More information about how WIC handles decisions it has made is available <u>here.</u>
	There is no internal review process, anyone who disagrees with a decision and wants to take it further must appeal to the Supreme Court.

Step 9: Overlapping or Related Jurisdiction to the complaints body?

Jurisdiction	Description
Victorian Ombudsman	The Victorian Ombudsman handles complaints about the general conduct of Victorian government organisations, local councils, statutory authorities, and Victorian universities and TAFEs. Phone: 03 9613 6222 or 1800 806 314 (Regional) Visit: https://www.ombudsman.vic.gov.au/ Access the complaints form here
Commonwealth Ombudsman	The Commonwealth Ombudsman has a free and independent complaint handling service. Phone: 1300 362 072 Visit: www.ombudsman.gov.au Access the complaints form here
WorkSafe Victoria	WorkSafe is Victoria's workplace health and safety regulator and the workplace injury insurer. Phone: 1800 136 089 Visit: https://www.worksafe.vic.gov.au/
Victorian Equal Opportunity and Human Rights Commission (VEOHRC)	VEOHRC is an independent organisation with responsibilities under Victoria's human rights laws. It resolves complaints and undertakes education, engagement, investigations and independent reviews. VEOHRC advocates for stronger protections and greater respect for human rights and equality. Phone: 1300 891 848 Visit: www.humanrights.vic.gov.au Access the complaints form here
Supreme Court of Victoria	If you are unhappy with the outcome of your Arbitration at WIC, there are limited circumstances in which you will be able to appeal. Decisions



are binding, and the parties are obliged to follow them unless and until they successfully appeal.

Any decision WIC has made can be appealed if you believe the decision applied the law wrong, or was made without procedural fairness.

This Fact Sheet can direct you (link here).



Need help?

Organisations that can help you make your complaint, provide support or advocacy or give you more information

Organisation	Contact Details	How they can help
WIC	Website: https://www.wic.vic.gov.au/ Telephone: 1800 635 960. Email: info@wic.vic.gov.au .	You can contact WIC directly if you have any further questions or need assistance with your dispute.
WorkSafe	Website: https://www.worksafe.vic.gov.au/ Telephone: (03) 9641 1444 or 1800 136 089 (Toll Free)	You can contact WorkSafe Victoria in relation to a WorkSafe Agent's response to a dispute or compensation claim.
Translating and Interpreter Service	Website: www.tisnational.gov.au Telephone: 131 450	Provides interpreting and translation services for people if English is not their first language.
National Relay Service	Website: www.accesshub.gov.au	Provides a range of services to support people who are deaf or have a hearing or speech impairment to communicate.
Lifeline	Website: https://www.lifeline.org.au/ Telephone: 13 11 14	Provides all Australians experiencing emotional distress with access to 24 hour crisis support and suicide prevention services
Beyond Blue	Website: https://www.beyondblue.org.au/ Telephone: 1300 22 4636	Provides help to all people in Australia achieve their best possible mental health.

Self-help tools and additional resources

Resource	How this helps
Where to apply for conciliation	Guidance from WIC on how to apply for conciliation.
WorkSafe guidance on conciliation	Guidance from WorkSafe Victoria in relation to conciliation services offered by WIC.



Where to apply for arbitration	Guidance from WIC on how to apply for arbitration.
Where to apply for conciliation following a dismissal	Guidance from WIC on how to apply for conciliation following a dismissal.
Law Society: Know Your Rights	Guidance for individuals who are uncertain about where to start when seeking legal advice.
Call It Out	Online register for racism/discrimination experienced or witnessed towards First Nations Australians. Not an official complaints body.