

<h2>Complaints, Feedback and Compliments Policy</h2>
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### A Scope

- (i) This policy applies to all participants, stakeholders and staff of Interaction Disability Services Ltd.

### B Purpose

- (i) To have in place a procedurally fair and effective system for dealing with, responding to and resolving complaints.
- (ii) To ensure participants and stakeholders are informed of their right and supported to raise a complaint.
- (iii) To outline the complaints handling process for receiving, recording, investigating and resolving complaints.
- (iv) To outline the process for receiving, recognising and recording compliments and other feedback.
- (v) To outline the process in which participants, stakeholders and staff are supported to easily make a complaint to Interaction and/or the NDIS Quality and Safeguards Commission.
- (vi) To ensure children, young people and their parents have access to fair and equitable procedures for dealing with complaints and disputes concerning VOOHC services.

### C Policy

- (i) Interaction is committed to ensuring that any person providing or receiving supports from Interaction has the right to lodge a complaint and to have their concerns addressed in ways that ensure access and equity, fairness, accountability and transparency.
- (ii) Interaction is committed to operating and promoting a procedurally fair complaints system that is accessible to all, including those with cultural and linguistic needs. The system aims for the timely resolution of complaints to the satisfaction of all parties by reaching mutually agreed outcomes where possible.
- (iii) This policy has been developed with regards to relevant legal requirements and current best practices, including the guidance provided in AS 10002:2018 Quality management -- Customer satisfaction -- Guidelines for complaints handling in organisations and the National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018.
- (iv) Interaction acknowledges that the NDIS provides participants the opportunity to be informed purchasers and consumers of NDIS supports and services. Interaction believes each person has the right to

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complain or provide feedback about the quality or delivery of a service and have the opportunity to participate fully in the process of complaint resolution.

- (v) All feedback is viewed positively, as it is a source of information that can drive improvements for the participant, staff, systems of work and the organisation.
- (vi) Interaction will monitor and review the receipt and management of complaints and compliments. This will be reported to People & Culture to ensure trends and issues are identified throughout the process and data can inform continuous improvements.

## **D Definitions and Acronyms**

Further definitions and acronyms relevant to this policy may be found in the **Glossary or Acronyms** section (refer to table of contents).

- (i) **Appeal** refers to a request by a person who is not satisfied with a decision made, to review and/or change that decision. An appeal may be on the basis of the actual decision made, the manner in which it was made, or the person(s) who made it.
- (ii) **Commissioner** refers to the Commissioner of the NDIS Quality and Safeguards Commission.
- (iii) **Complainant** refers to the person or agency making a complaint.
- (iv) **Complaint** refers to any expression of dissatisfaction made to Interaction by participants, parents, guardians and other non-Interaction employees, related to its supports, services or the actions of staff, or the complaints-handling process itself, where a response or resolution is explicitly or implicitly expected. This includes matters such as:
  - Unfair, inappropriate or incorrect management of matters;
  - Improper behaviour, misuse of authority or the show of partiality by a staff member;
  - Abrupt, rude, unsympathetic or aggressive behaviour by a staff member, either in person, through written correspondence or on the phone;
  - Officious, ambiguous or unhelpful correspondence;
  - An inappropriate, excessive or impractical notice or order given by a staff member; and/or
  - An inadequate or incorrect response in dealing with an issue.

Complaints can be categorised as formal or informal.

- (v) **Compliment** refers to comments that provide positive feedback about Interaction staff, service or activity. This may be received verbally or in writing.

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- (vi) **Feedback** refers to a process of providing constructive suggestions aimed at improving or reinforcing performance, behaviours or systems.
- (vii) **Feedback Box** refers to the box located within each Accommodation site and Head Office to receive complaints, suggestions, compliments and other feedback from participants, staff and visitors.
- (viii) **Formal complaints** refer to complaints received in writing from the complainant or put in writing on behalf of the complainant with the expressed wish to engage a formal complaint handling process. Formal complaints will be logged on the Complaints and Compliments register.
- (ix) **Informal complaints** refer to complaints that can be resolved at the local level within a reasonable timeframe, including everyday troubleshooting and problem solving, or those with the expressed wish not to engage in a formal complaint handling process. Informal complaints will not be logged on the Complaints and Compliments register.
- (x) **NDIS Quality and Safeguards Commission** refers to the agency responsible for ensuring the resolution of complaints about the provision of supports and services by all NDIS service providers.
- (xi) **Procedural fairness** refers to a transparent procedure that ensures any person whose interests may be directly and adversely affected by a complaint process is given the opportunity to have their views heard and considered in a fair and impartial manner. Procedural fairness does not refer to whether a particular decision or outcome is fair for those affected.
- (xii) **Stakeholder Engagement Committee** refers to a Board sub-committee whose membership consists of participants, carers or family members, Board, Chief Executive Officer and staff representatives. The Stakeholder Committee's purpose is to represent stakeholders and convey their needs, experiences, responses and feedback to the Board and Executive Leadership Team. The Committee will be consulted regarding Interaction's communication and marketing approach, service and program development/expansion, and complaint trends and resolution process.

## **E Implementation**

- (i) Participants' and stakeholders' access to supports and advocacy will not be adversely affected as a result of making a complaint.
- (ii) Staff will receive formal, informal and on-the-job training in the complaint handling process and how to deal with complaints in a positive and sensitive way. This includes demonstrating their understanding and capacity to handle any complaints they may receive.
- (iii) Staff will receive formal, informal and on-the-job training in how to support participants and stakeholders to make a complaint to the NDIS Quality and Safeguards Commission.

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- (iv) Details of Interaction's complaints and compliments handling processes and how to make a complaint about Interaction to the NDIS Quality and Safeguards Commission will be readily available and accessible through NDIS Service agreements, Interaction's website, staff communication and upon request.
- (v) The information will be provided in a form, language and manner that enables participants and stakeholders to understand the information and make known their will and preferences. Further assistance may be provided that will enable meaningful involvement in the resolution of the complaint.
- (vi) Staff will work cooperatively with Official Community Visitors and any feedback provided by the visitor will be reviewed and practice aligned to ensure improved positive outcomes for participants and the service as a whole.
- (vii) Appendix 1 outlines the process in which a person can provide positive or negative feedback to Interaction.

### ***Staff Grievances***

- (i) Internal matters, where a staff member raises concerns about another staff member are not complaints and will be dealt with in accordance with the Staff Grievances Policy.

### ***Providing and managing feedback***

- (i) Interaction promotes and encourages feedback from participants, staff and visitors. All feedback is an opportunity to learn and improve.
- (ii) No participant, staff member or visitor will be disadvantaged in any manner for providing feedback, whether it be positive or negative.
- (iii) Each Accommodation site and Head Office has at least one Feedback Box installed and feedback forms and a QR code are provided for use. Feedback may be anonymous and does not have to be provided using the forms provided, it may simply be a note.
- (iv) At the end of each month the Senior Manager or delegate will be responsible for collecting the feedback forms and other notes within each Feedback Box at the Accommodation sites. The Manager, People and Culture or delegate will do so for Head Office and feedback lodged via the QR code.
- (v) All complaints will be managed in accordance with the process outlined below, grievances will be managed in line with the Staff Grievances Policy, compliments will be forwarded onto the relevant staff and suggestions and other feedback will be addressed by the Executive and Senior Leadership Teams.
- (vi) All feedback received will be collated by the Senior Manager or delegate, or Manager, People and Culture or delegate and reported as

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part of the monthly performance metrics by the relevant member of the Executive Leadership Team.

- (vii) The collated feedback information will be reported to the Stakeholder Engagement Committee and used to drive organisational improvement strategies.

### ***Making a complaint***

- (i) Participants and stakeholders will be informed of how to lodge a complaint, the complaint handling process and who is responsible for keeping them informed of the resolution process.
- (ii) Complaints will be accepted in any form, including written, verbal or through an advocate.
- (iii) Complaints may be made to any Interaction staff at any time, including directly to staff delivering services, management or to head office.
- (iv) Complaints received will be handled in a manner that protects the privacy and dignity of complainants and participants and ensures that information is handled by the minimum number of people required to manage the complaint. Consent to provide information to a third party or to proceed with an enquiry into a complaint should always be obtained.
- (v) When making a complaint, the complainant will determine how, when and where the complaint will be discussed, e.g. in writing, face-to-face meeting.
- (vi) The Complainant will be supported in a manner that reflects their individual, cultural and linguistic needs to ensure their understanding and active participation in the complaint handling process.
- (vii) Complainants will be informed of their right to access an external complaint agency at any point during the complaint handling process. External complaint agencies include the NDIS Quality and Safeguards Commission, the National Disability Abuse and Neglect Hotline, the Ageing and Disability Abuse Helpline and the Australian Human Rights Commission.
- (viii) Complainants will be informed of their rights to have an advocate or support person of their choice to assist and represent them throughout the process. Where necessary, an interpreter will be arranged to assist in this process.
- (ix) When a child or young person makes a complaint, staff will offer to identify a support person, such as their parent or carer, to assist the complainant during the complaint handling process. When investigating the complaint, staff must respect the child's right to privacy however will inform them and their support person if a third party needs to be notified due to the nature of the complaint, e.g. mandatory reporting.

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- (x) Complainants will be protected from sanctions that may be applied overtly, covertly or any other form of retribution as a result of making a complaint.
- (xi) Interaction will accept anonymous complaints and investigate these as far as possible. Anonymous complaints will be treated with the same priority as other complaints. If an individual decides to make an anonymous complaint, staff must explain that the individual's wish to be anonymous may hinder any efforts to clarify information further into the complaints handling process.

***Complaint handling process***

- (i) At first contact the staff member receiving the complaint will clarify with the complainant whether attempts have been made to resolve the matter informally or whether they would prefer to make a formal complaint.
  - For informal complaints, a discussion troubleshooting the person's concerns will aim to resolve the issue.
  - For formal complaints, staff will document details of the complaint and advise the complainant of the steps involved in the complaint handling process, as detailed below, and what they can expect to happen next.
  - Where a complaint relates to a specific staff member's performance this will be handled in line with Interaction's Disciplinary Policy.
- (ii) There are some instances where certain types of complaints are required to be reported to a third party. This can be done without the complainant's consent. These are when the complaint includes:
  - Allegations of criminal behaviour;
  - Allegations of abuse against a child; or
  - Allegations of reportable incidents and other reportable behaviour.
- (iii) The Divisional Executive must bring complaints alleging criminal behaviour immediately to the attention of the CEO, who will respond accordingly. The CEO or their delegate may seek further advice from the police and other mandatory reporting agencies, e.g. Office of the Children's Guardian or the NDIS Quality and Safeguards Commission.
- (iv) The complainant has the right to nominate their preferred person they want as the key contact regarding their complaint. This may also be the person handling their complaint.
- (v) The complainant should be referred to the most appropriate staff member to discuss the complaint in detail. The staff member handling the complaint will not be someone who is indicated in the complaint. They may be the manager of the service or someone independent of the service, dependent on the nature of the complaint.

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- (vi) If a formal complaint is about a specific staff member or within a specific program cluster, that person or the relevant Senior Manager will not investigate the complaint. Where complaints involve a number of staff at different levels within a department, an independent investigation into the complaint will occur from another area of the organisation.
- (vii) Once a complaint is received, the staff member handling the complaint will acknowledge receipt, inform the complainant who will be managing the complaint (if a preferred contact person is not identified), and the expected timeframe for resolution.
- (viii) The acknowledgement may be made in person, by phone, email or in writing within 2 business days of receiving the complaint.
- (ix) If further information regarding the complaint is required, consent will be sought to obtain this information.
- (x) The nominated key contact will ensure the complainant is kept informed at all stages of the decision-making process.
- (xi) Complainants, and the participant(s) affected by issues raised by the complaint are encouraged to work with staff to identify the desired goal or outcome.
- (xii) Where a participant is affected by an issue raised in a complaint, however is not the complainant, the participant or their guardian will be kept appropriately informed of the progress of the complaint which may include actions taken, the reasons for any decisions made, options for reviews of decisions and where appropriate be involved in the resolution of the complaint.
- (xiii) All complaints are to be handled in a fair and timely manner. Complaints and/or appeals will be investigated and resolved within 15 business days of being received.
- (xiv) When a matter is going to take a longer period of time to resolve, the complainant should be kept informed of the reasons why and of the alternative time frame for resolution.
- (xv) All support, actions and decisions will take into consideration the individual, cultural and linguistic needs of all parties involved to assist their understanding and participation in the complaint handling process, e.g. offers to access advocate support, interpreters, pictorial materials.
- (xvi) Staff may wish to consult specialist resources when handling complaints from First Nations peoples or people from culturally and linguistically diverse backgrounds.
- (xvii) Staff should not alter the usual service or communication with the complainant, or the participant affected by issues raised by the complaint, as a result of the complaint, unless this is an agreed outcome with the parties involved. In these circumstances, staff will work with the person to identify alternative service delivery options in situations where a continuation of the service is not desired.

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***Complaint resolution***

- (i) The complainant's desired outcome should be clearly articulated at the beginning of the complaint handling process. While the outcome may not always be agreed upon or reached it is important that the complaint handling process is entered into with all parties understanding the desired end goal.
- (ii) Alternate resolution options, such as mediation, conciliation or referral to a third party may be explored in cases where every effort has been made to reach a local resolution.
- (iii) It is the responsibility of the person managing the complaint to ensure all parties are afforded procedural fairness throughout the complaint handling and resolution process, in particular if a person may be adversely or detrimentally affected as a result of the handling of the complaint. This may include investigations related to breach of the Code of Conduct or adverse employment actions such as termination of employment.
- (iv) It is the responsibility of the person managing the complaint to ensure:
  - Decision making is unbiased and any conflicts of interest are disclosed prior to the complaints handling process commencing;
  - The complaints handling process distinguishes between the conduct of identifiable staff and complaints about service provision that incidentally identifies staff;
  - Confidentiality is maintained consistently throughout the process, and if difficult in practice, it will be discussed with the complainant and how the interests of all parties can be safeguarded;
  - Any person who may be adversely affected by the complaint be given notice of each issue raised against them;
  - The person is given a reasonable opportunity to respond to issues and put forward information in support of an outcome that is favourable to their interests;
  - Decisions to take adverse actions are based on facts and issues raised during the process, and records of the decision are explicitly detailed; and
  - Disadvantage is not experienced by the complainant or participant.
- (v) At the end of a complaint handling process the agreed outcome/s or resolution will be confirmed with all parties to the complaint. This may be in writing, verbally or by email.
- (vi) At times it may not be possible for a complaint to be resolved to the satisfaction of all parties. In such instances, it is important to document the reasons why resolution could not be achieved, what efforts have been made to reach an alternate resolution and details of communication of the result to all parties.

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- (vii) Where required, a complaint must be referred or notified to other bodies in accordance with the law, such as the police and NDIS Quality and Safeguards Commission.

### ***Appeals***

- (i) If a resolution cannot be reached the complaint will be referred to the CEO or their delegate to review the complaint and complaint handling process.
- (ii) If resolution cannot be reached between Interaction and the complainant, any party may refer the matter to an independent mediator or any relevant body.
- (iii) Complainants will be informed of their right to contact the NDIS Quality and Safeguards Commission if they are not satisfied with the outcome of their complaint or how Interaction handled their complaint.

### ***NDIS Quality and Safeguards Commission***

- (i) It is the responsibility of the line manager or the relevant Divisional Executive to report information relating to complaints to the Commissioner if requested to do so.
- (ii) Staff, participants and stakeholders can make a complaint to the Commissioner about any issue connected with supports or services provided by Interaction.
- (iii) Refer to the NDIS Quality and Safeguards Commission website for further information and instructions on how to make a complaint.

### ***Compliments***

- (i) Compliments should be responded to, thanking the person for their feedback, and passed to the person/s directly involved in the matter, their line manager and People & Culture.
- (ii) Upon receiving a compliment from a participant or stakeholder, staff are encouraged to nominate the identified staff member for Employee of the Month, or acknowledge their compliment on Sharepoint through #kudos.

### ***Monitoring and Review***

- (i) The Chairperson of the Stakeholder Engagement Committee will convene the Stakeholder Engagement Committee bi-monthly, with at least 6 meetings per year or as deemed necessary by the Committee.
- (ii) The CEO in consultation with the Stakeholder Engagement Committee will maintain and review the charter for the Stakeholder Engagement Committee on an annual basis

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- (iii) The Stakeholder Engagement Committee will review and provide feedback on complaints and compliments trends, identify and address systemic issues raised through the complaint's management and resolution process, procedural integrity, and timeframes for resolution. The Stakeholder Engagement Committee will recommend future policy developments and opportunities for continuous improvement.
- (iv) The Stakeholder Engagement Committee will consist of a Board representative, 3 Participants (+/- support staff), 3 Family members or carers of participants (not associated with the 3 participant members), 2 staff representatives and the Chief Executive Officer.
- (v) Recommendations from the Committee will be provided to the Executive Leadership Team, CEO and Board via a bi-monthly Board report.
- (vi) It is the responsibility of the Board to discuss complaint handling on a regular basis; any trends presented and their implications on service planning.

### **VOOHC Services**

- (i) Staff are to work cooperatively with children, young people and their parent(s) when resolving complaints and disputes. It is acknowledged a failure to resolve complaints may lead to a breakdown in a family's relationship with Interaction or in their carer relationship or result in the parent(s) becoming disengaged from the care of their child which can increase the risk of the drift into the supported or statutory care systems.
- (ii) Children, young people and their families who receive VOOHC services will be made aware of how to make a complaint through the provision of Interaction's Complaints, Feedback and Compliments Policy and its procedures upon entry to, and throughout, their service.
- (iii) Children, young people and their families who receive VOOHC services will receive information on how to make a complaint in a manner and language they understand, e.g. interpreter, translated material or pictorial format.
- (iv) It is the responsibility of the Divisional Executive or their delegate to provide information on Interaction's complaint handling processes to children, young people and their families who receive VOOHC services.
- (v) Children, young people and their parent(s) will be informed of their right to access an external complaint agency at any point during the complaint handling process such as the NSW Ombudsman.
- (vi) Staff will work cooperatively with the NSW Ombudsman if a child, young person or parent refers their complaint externally. This includes reviewing any recommendations to the adequacy of Interaction's internal complaints processes.
- (vii) The Divisional Executive will work cooperatively with the NSW Ombudsman if they receive a complaint about Interaction's handling of

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a reportable allegation in particular if the complainant believes the investigation was poorly handled or the outcome was unfair. Refer to Interaction's Reportable Incidents Policy for more details.

- (viii) Complaint records including their responses will be maintained by the Divisional Executive or their delegate.

### **Record Keeping**

- (i) A Complaint Action Sheet will be completed by the person handling the complaint and will record the following information:
- Details of the complainant and the nature of the complaint;
  - Date lodged;
  - Actions taken;
  - Investigation notes/minutes;
  - Date of resolution and reason for decision;
  - Indication of complainant being notified of outcome; and
  - Complainant response and any further action
- (ii) People & Culture will record the information above in the Complaints and Compliments Register. Records must be kept for 7 years from the day the record is made.
- (iii) Any compliment(s) will be registered on the Complaints and Compliments Register by People & Culture.

## **F Relevant Legislation and Standards**

- (i) AS 10002:2018 Quality management -- Customer satisfaction -- Guidelines for complaints handling in organisations
- (ii) Children and Young Persons (Care and Protection) Act (1998)
- (iii) Community Services (Complaints, Reviews and Monitoring) Act (1993)
- (iv) National Disability Insurance Scheme Act (2013)
- (v) National Disability Insurance Scheme (Complaints Management and Resolution) Rules (2018)
- (vi) National Disability Insurance Scheme (Procedural Fairness) Guidelines (2018)
- (vii) Privacy Act (1988)
- (viii) Work Health and Safety Act (2011)

## **G Interaction Forms**

- (i) Complaint Action Sheet

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- (ii) Complaint Form
- (iii) Complaints and Compliments Register

## **H Related Policies**

- (i) Abuse and Neglect Policy
- (ii) Advocacy Policy
- (iii) Child Protection Policy
- (iv) Code of Conduct Policy
- (v) Disciplinary Policy
- (vi) Employee Assistance Program Policy
- (vii) Principles of Care Policy
- (viii) Privacy, Dignity and Confidentiality Policy
- (ix) Reportable Incidents Policy
- (x) Staff Grievances Policy

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## Appendix 1

