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**CHILD SAFETY COMMISSION OF INQUIRY  
STATE OF QUEENSLAND**

**PROACTIVE STATEMENT NO. 8**

**STATEMENT OF VICTORIA VAN HOUDT**

I, **Victoria Van Houdt**, of care of Crown Law, Level 11, 50 Ann Street, Brisbane, a Chief Practitioner in the State of Queensland state as follows:

1. My qualifications include a Bachelor of Science (Applied Psychology) and a Bachelor of Laws.
2. I have been employed in the field of child protection and adoptions for 25 years, having undertaken roles including Child Safety Officer, Senior Team Leader, Manager, Regional Director and Director, Child Protection Practice.
3. As Acting Chief Practitioner, Department of Families, Seniors, Disability Services and Child Safety (the Department), I am responsible for providing strategic leadership and oversight to the Delegated Authority team, Domestic and Family Violence Integrated Service Response Program, Child Safety complaints, training, and child death and serious injury reviews teams, specialist services supporting child protection practice and for children with a disability, and the teams responsible for practice capability, complex case consultation, operational policy, procedures, partnerships and programs.
4. Prior to commencing as Acting Chief Practitioner in April 2025, I held the position of Director, Child Protection Practice in the Office of the Chief Practitioner, overseeing practice quality, staff capability and child safety operational policy and procedure for the Department.

**INTRODUCTION**

5. This statement supports the information outlined in the proactive statement number 1 of Belinda Drew, Director-General, to the Commission of Inquiry into the Child Safety System (the Inquiry) and the documents the Department provided in response to Notice to Produce (NTP) - 2.
6. This statement provides an overview of the Department’s Complaints Management System (CMS) as the Department’s primary mechanism for handling service users’



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complaints related to decisions and actions (or inactions) for services delivered and funded by the Department.

7. The information provided is based on the documents and knowledge available at the time of making this statement and may not reflect an exhaustive representation of complaints management across the Queensland child protection system.

## REFORM CONTEXT

8. In Queensland, the current complaints and oversight framework for the child protection system is the product of multiple reforms since and as a result of the Queensland Child Protection Commission of Inquiry (the Carmody Inquiry) in 2013.

### *2013 – Carmody Inquiry*

9. At the time of the Carmody Inquiry, the Commission for Children and Young People and the Child Guardian (CCYPCG) provided an additional complaint function and investigated complaints about services for children and young people in the child protection and youth justice system. This function was in addition to all departments having their own CMS and external reviews provided by the Queensland Ombudsman.
10. In its final report *Taking Responsibility: A Roadmap for Queensland Child Protection*, the Carmody Inquiry acknowledged whilst the Department had a mature complaints system, the complaints and oversight framework was too complicated and drawn out with duplicative avenues for complaints.
11. The Carmody Inquiry made 17 recommendations (Recommendations 12.1 to 12.17) regarding complaints and oversight.
12. These recommendations laid the foundation for significant reforms implemented in 2014, building the foundations of the current complaints and oversight framework for the child protection system:
  - a) The Queensland Family and Child Commission (QFCC) was established to monitor and report on child protection performance, provide advice and research and build the capacity of the non-government sector and child protection workforce. This aimed to ensure a focus on systemic oversight, identifying trends and driving improvements.
  - b) The Public Guardian was established, refocusing the role of the former Child Guardian (within the CCYPCG) and combined with the existing Adult Guardian to provide individual advocacy for children and young people in the child protection system.
  - c) Relevant departments with responsibility for delivering services to children and young people in the child protection system assumed responsibility for managing service users' complaints previously directed to the CCYPCG with

  
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oversight from the Ombudsman. This aimed to streamline the complaints process. This included (but was not limited to) the Department, the (then) Department of Education, Training and Employment, Queensland Health, the Queensland Police Service, and the (then) Department of Justice and Attorney-General.

- d) The CCYPCG ceased operation as a result of these reforms.

*2016 – Queensland Ombudsman Report*

- 13. In 2016, the Queensland Ombudsman delivered its report *Management of child safety complaints: An Investigation into the current child safety complaints management processes within the Department of Communities, Child Safety and Disability Services* (the 2016 Ombudsman report).
- 14. The 2016 Ombudsman report made six recommendations focusing on accurate recording of complaints, staff training, establishment of a Department-Public Guardian protocol, performance evaluation, public reporting and improving compliance by service providers.
- 15. These recommendations were accepted in full and implemented by the Department.

*2017 – Royal Commission into Institutional Responses to Child Sexual Abuse*

- 16. In 2017, the *Royal Commission into Institutional Responses to Child Sexual Abuse Final Report* (the Royal Commission Report) made recommendations to improve how institutions manage complaints relating to child sexual abuse.
- 17. These recommendations included incorporating complaints management into its child safe standards framework (Recommendations 6.5 to 6.6, 7.7) and establishing a nationally consistent reportable conduct scheme (Recommendations 7.9 to 7.12).
- 18. Reforms are being implemented in response to these recommendations, including further systemic oversight by the QFCC to ensure all child safe organisations have appropriate and child focused complaints mechanism in place.

*2019 – Human Rights Act*

- 19. The introduction of the *Human Rights Act 2019* (HR Act) placed obligations from 1 January 2020 on all public entities to act and make decisions compatible with human rights and give proper consideration to human rights relevant to the decision (section 58).
- 20. The HR Act also established the Queensland Human Rights Commission (QHRC) (formerly the Anti-Discrimination Commission) as the external review and oversight body for these types of complaints (section 61).

*2020 – Queensland Ombudsman Report*



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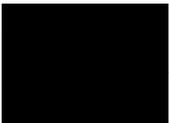
21. In 2020, the Queensland Ombudsman released its report *Management of Child Safety – second report An Investigation into the management of child safety complaints within the Department of Child Safety, Youth and Women* (the 2020 Ombudsman report).
22. The 2020 Ombudsman report made nine recommendations focused on improving the operations of the Department’s CMS, and its the effectiveness in supporting good decision-making and improving business practice, training and the accessibility of the system.
23. These recommendations were accepted in full and implemented by the Department.

*2022 – The Review of Culture and Accountability in the Queensland public sector (Coaldrake Review)*

24. In 2022, Recommendation 6 from the Coaldrake Review proposed the establishment of a single clearing house for complaints, with capacity for the complainants and agencies to track progress and outcomes. It also outlined technology enablement and proper training of staff will be critical to this recommendation.
25. Implementation of this recommendation is being led by the Department of Customer Services, Open Data and Small and Family Business.

*2024 – Election Commitment*

26. In 2024, the present Government committed to establishing a new independent complaints escalation review process to escalate serious concerns about complex cases.

  
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**CONTEMPORARY DEPARTMENTAL COMPLAINTS MANAGEMENT SYSTEM**

27. The Department's CMS is designed to address dissatisfactions and manage complaints from individuals directly affected by the services delivered or funded by the Department.
28. Under the Department's Complaints Management Policy (the Policy), a complaint is defined as an oral or written expression of dissatisfaction made by, or on behalf of, a person who is directly affected by:
- (i) A decision made or not made by the Department;
  - (ii) A service provided or not provided by the Department;
  - (iii) A service that is funded or contracted by the Department; or
  - (iv) The behaviour or performance of the Department's employees, including contracted persons.
29. The Policy and the Department's Complaints Management Procedure are provided at **Annexures 1 and 2**, respectively.
30. Complaints managed under the Department's CMS are distinct from other matters, such as allegations of harm or risk of harm to a child, allegations of employee misconduct, concerns about the standard of care, or general feedback.
31. The Department's CMS has three key objectives:
- a) To ensure complaints are handled fairly, efficiently, consistently and in a culturally responsive manner;
  - b) To identify opportunities for improvement through the collection and analysis of complaints; and
  - c) To promote confidence in the Department's commitment to listen to children and young people and their families.
32. In alignment with section 5A of the *Child Protection Act 1999* (CP Act), the Department's CMS prioritises the best interests of the child by maintaining a child-centred, transparent and solution focused approach. The paramount principle guiding the CMS is ensuring that all decisions and actions uphold the best interests of children.



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*Legislative and Policy Frameworks*

33. The Department's CMS is guided by, and compliant with key legislative and practice frameworks for the development and improvement of a contemporary CMS of all government departments:
- a) The *Public Sector Act 2022* (PS Act) which provides a public sector entity must establish and implement a system for dealing with customer complaints and report annually on complaints received and outcomes (resulted in no/further action) (section 624).
  - b) The HR Act which provides a public sector entity must report annually on complaints received and outcomes (resulted in no/further action).
  - c) The Queensland Public Service Customer Complaint Management Framework and Guideline which provide a consistent approach for managing customer complaints for all public sector entities.
  - d) The Australian/NZ Standard 10002:2022 which provides guidance on complaint management within all types of organisations. (Annexure 3)
  - e) The Queensland Ombudsman Complaints Management Resource and Policy and Procedure Guide which provides guidance on complaints management for public sector entities and other organisations.

*Complaints Management Staff*

34. Complaints management is the responsibility of all departmental staff as it enables issues to be addressed promptly, fairly, and transparently, which helps build trust and improve services.
35. Since December 2020, all staff within the Child Safety portfolio must complete the mandatory online training course, *Complaints: A practical guide for all staff*.
36. While all staff are required to understand and promote the Department's complaint management policy, specific officers across regional and central offices handle formal investigations and review of complaints across the state.
37. These officers also provide training, mentoring and ongoing support to staff, as well as report on trends to drive continuous improvement.
38. Regional complaints teams range from two to five officers who manage complaints.
39. Officers within the team may not be exclusively dedicated to complaints management and often carry out this responsibility alongside other duties unrelated to complaints, including (but not limited to) business and executive support, correspondence and other service delivery related tasks.



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40. Complaint management at the regional office level is managed by the relevant Regional Directors (RDs) and overseen by the relevant Regional Executive Directors (REDs) who both have the authority to undertake regional actions and processes when required.
41. The central Complaints Unit comprises 13 complaints officers based within the Office of the Chief Practitioner. The Complaints Unit maintains and oversees the Department's quality of practice, including the development and review of departmental complaints policies, procedures, and practice guides.
42. All departmental staff can access complaints management policies, procedures and practice guides via the Department's intranet.

*Making a complaint*

43. Any individual directly impacted by a decision or action of services delivered or funded by the Department can raise a complaint or concern. This includes children, young people, carers, staff, parents, family members, friends or any other individuals impacted by service delivery.
44. Complaints and concerns can also be raised through referrals from other government departments, oversight bodies, elected officials or advocacy and community groups.
45. Under the *Public Guardian Act 2014*, the Office of the Public Guardian (OPG) delivers the Community Visitor Program and the Child Advocacy function, which provide advocacy for children and young people in the child protection system.
46. The OPG may receive complaints or concerns directly from a child or young person in the child protection system and act on their behalf.
47. Complaints and concerns can be submitted through multiple channels, including email, an online complaints form, phone, letter or in person.
48. Complaints and concerns can also be made anonymously or under a pseudonym, allowing individuals to raise concerns safely and without fear of reprisal or identification.
49. The Department operates a "no wrong door" approach, meaning complaints and concerns can be raised at any point within the Department, whether through the central Complaints Unit, regional complaints teams, or other departmental areas.
50. To ensure accessibility and inclusivity, the Department provides resources to support children, young people, carers, and staff in making complaints or concerns. These include training for staff and carers, as well as publicly available resources online.
51. Regardless of where a complaint or concern is initially raised, it is directed to complaints officers—either centrally or regionally—who assess the matter to ensure



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it is addressed by the most appropriate areas, in line with relevant legislation, policies and procedures.

*Intake and assessment*

52. When a complaint or concern is provided to the regional or central complaint teams, a comprehensive intake and assessment process is conducted.
53. Complaints officers review incoming material and the Department's record-keeping systems to determine if the concerns or complaint is within the jurisdiction of the Department and if so, where the allegations sit on the complaint management continuum. This assessment covers:
  - a) Jurisdiction be placed or required to respond.
  - b) Out of scope allegations for appropriate advice and/or on referral.
  - c) Human rights allegations.
  - d) Charter of Victims' Rights matters.
  - e) Classification under the Public Service's Conduct and Performance Excellence framework for potential involvement of the Department's Professional Standards Unit.
  - f) Privacy concerns that reach the threshold for involvement of the Information Privacy Unit.
  - g) Case complexity requiring practice review or specialist practice advice.
  - h) Vulnerabilities that may impact the complainant's ability to participate and how they could be best supported e.g. contact by child or young person.
  - i) Conflicts of interest or bias, perceived or actual, that may impede complaint resolution without appropriate controls.
54. Once it is determined the complaint or concern is within the jurisdiction and scope of the Department, the complaints officer either refers the matter to the most appropriate area of the Department, or funded provider, for local level resolution or commences a formal complaint investigation.
55. For any of the concerns which are determined out of the jurisdiction or scope of the Department, these are either referred to the relevant pathway if it sits within the Department or written advice is provided to the complainant on the appropriate pathway.



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*First attempt at resolution*

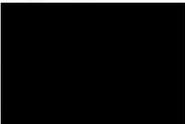
56. Most concerns raised to the Department are sent to the point of service where the dissatisfaction occurred as the first step through local level resolution. They are not considered a formal complaint at this initial stage.
57. This process is called a First Attempt at Resolution (FAAR) and is managed through case work responses.
58. This process is considered best-practice for all departments by the Queensland Ombudsman as it provides an opportunity to address the complaint early and through pre-established relationships and processes between the staff and the complainant, before or reduce a more formal process to be undertaken.
59. The complaints officer will provide written advice to the complainant that the concern has been referred to a FAAR process and of the complainant's ability to escalate to a formal complaint if they remain dissatisfied with the FAAR process.
60. Approximately 81% of matters raised to the Department are successfully resolved by a FAAR process and do not progress to the formal complaint process.

*Escalation to a complaint*

61. Where concerns do progress as a complaint, the Department's CMS consists of three-levels:
  - a) Level 1: Complaint
  - b) Level 2: Internal Review
  - c) Level 3: External Review

*Level 1: Complaint*

62. When a complaint is unable to be resolved as a FAAR due to a complainant's dissatisfaction, complexity of concerns, conflict of interest or other reasons outlined in the Policy, a complaint matter is generated.
63. This process is typically conducted by the relevant Regional Complaints team to ensure independence from the original decision or action. For complex cases, conflicts of interest, or in times of increased volume, the process may be managed by the central Complaints Unit.
64. This process may involve gathering information from relevant areas, such as case management, funded providers, contract managers and legal services, and seeing specialised practice or cultural advice.
65. If findings from this process indicate a need for improved practice, service delivery or systems, recommendations are made to the relevant area for implementation.



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66. Complainants are provided a written outcome which includes the findings, an opportunity to provide feedback on the findings and information on seeking an internal review if dissatisfied. A response to the complaints process is expected within 30 business days.

*Level 2: Internal Review*

67. If a complainant remains dissatisfied following the complaints process, they can escalate their complaint with the Complaints Unit for an internal review.
68. An internal review considers if the outcome for the complaint was appropriate and whether the correct complaints management process was followed.
69. The internal review is conducted by a complaints officer and decision-maker who are independent from the original FAAR and complaint process. and confirming the complainant's expectations regarding the outcome.
70. Complainants are provided with a written outcome of the internal review, including findings, feedback opportunities, and information on seeking an external review if dissatisfied. A response to an internal review is expected within 20 business days.

*Complaints Outcomes for a Complaints Process or Internal Review*

71. Complainant outcomes for both a complaints process and an internal review are classified as either:
- a) No Further Action Recommended; or
  - b) Further Action Recommended.
72. No further action is required when the complaints officer has found there are no outstanding tasks or actions related to the complaint matter.
73. Further action is required when outstanding tasks or actions related to the complaint are identified, and recommendations are made.
74. If findings indicate a need for improvement, recommendations are made to the relevant departmental area and discussed before being sent to an authorised officer for implementation.
75. Common recommendations include improving record-keeping, addressing practice decisions or actions, and clarifying or strengthening policies or procedures.

*Level 3: External Review*

76. Once the Department's internal complaints resolution process has been exhausted, complainants who remain dissatisfied can seek further review through external oversight bodies such as the Queensland Ombudsman, the QHRC and the Office Information Commissioner Queensland (OIC).

77. These external and independent organisations may request information from the Department to inform their assessment and help determine whether an external review is appropriate and in their jurisdiction.
78. While an external oversight body may decide to review the Department's actions in managing an internal complaint to determine if they were reasonable, fair, and lawful, a focus is also on determining whether the complaint management process was upheld by the Department including affording the complainants with procedural fairness.
79. External oversight organisations have a strong focus on process as they are not subject-matter experts in every area they oversee. Their role is to ensure accountability, compliance, and adherence to established frameworks, rather than to provide technical or operational expertise in specialised fields.

*Systemic oversight*

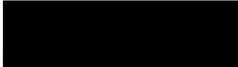
80. The QFCC holds system level oversight relating to the child protection and family support systems. It does not provide individual case level oversight and therefore does not respond to individual complaints.

**OUT OF JURISDICTION OR SCOPE MATTERS**

81. The child protection system covers several domains and authorities including (but not limited to) legal, relational, cultural, human rights, administrative and ministerial decision-making and issues.
82. This complexity and breadth of potential issues have resulted in specialised pathways with the appropriate authority and knowledge to manage different concerns.
83. The Department's CMS does not have the authority or jurisdiction to manage all types of concerns that may be raised by an individual. These are best addressed consistent with various legislative requirements through other pathways within and outside of the Department.
84. Certain matters received through the CMS—such as allegations of suspected harm or risk of harm to a child, allegations against employees (including corrupt conduct and serious misconduct or maladministration), or complaints raised by individuals not directly affected by the service or action—are referred to the appropriate internal pathway within the Department.
85. For other matters that cannot be directly referred on due to privacy constraints, the complainant is provided with a written outcome explaining the assessment and the appropriate pathway for progressing their concern should they wish to.



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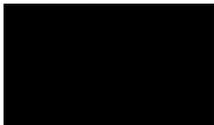
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*Complaints regarding external funded service providers*

86. Service providers funded by the Department are required to have effective feedback, complaints and appeals processes that lead to improvements in service delivery in line with the Human Services Quality Framework (HSQF).
87. Complaints about an external service provider funded by the Department are managed through the service providers' own complaint management policies and processes in line with the HSQF. This mirrors a FAAR process of local resolution in the first instance.
88. The complainant may return to the Department if they remain dissatisfied after raising their complaint with the external provider and the matter is within scope of the Department's CMS.
89. Complaints about employee-employer matters and organisational governance matters related to a funded service provider are out of jurisdiction for the Department's CMS and progress through the service provider's complaints management policies and processes.
90. The Department may review the nature and number of complaints resolved and unresolved as part of the service provider's contract or agreement to ensure the service provider remains able to deliver services in accordance with its funding agreement.
91. The Queensland Ombudsman can investigate the actions and decisions of service providers funded by Queensland Government agencies if the complainant remains not satisfied with the service providers response or internal review.
92. Further information regarding external funded service providers and the HSQF is provided in proactive statement number 5 of Bernadette Harvey, Acting Deputy Director-General, Commissioning.

*Delegated Authority*

93. Delegated Authority (DA) organisations are responsible for set functions and powers of the Chief Executive (Child Safety) and must work in partnership with service centres in a joint case management approach to meet the needs of children and families.
94. The Department remains responsible for the functions and powers not delegated by the Chief Executive to the DA organisations.
95. Complaints in relation to DA process are managed through the Department's CMS.
96. Where complaints do not relate to the exercise of a delegated function or power of the Chief Executive, these are managed through the organisation's own complaints management processes in line with their funding agreement and the HSQF. Further



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information regarding external funded service providers and the HSQF is provided in proactive statement number 5 of Bernadette Harvey, Acting Deputy Director-General, Commissioning.

*Standards of Care Review and Harm Reports*

- 97. The statement of standards under the CP Act (s122) sets out the standards by which children in care are to be cared for and apply to all placements (s82).
- 98. Should concerns indicate the Standards of Care may not have been met for a child, this is addressed through a Standards of Care Review.
- 99. Should concerns indicate a child has experience harm or is suspected of experiencing harm by a carer, adult house member or the staff member of a care service, this is addressed as a Harm Report.
- 100. Standards of Care and Harm Reports are not managed by the Department's CMS and are referred to the relevant business area within the Department for appropriate action.
- 101. Further information on Standards of Care Reviews is provided in proactive statement No.5 of Bernadette Harvey.
- 102. Further information on Harm Reports is provided in proactive statement number 2 of Victoria Van Houdt, Acting Chief Practitioner.

*Decisions made or before a court or tribunal*

- 103. Some decisions the Department makes are reviewed by the Children's Court or the Queensland Civil and Administrative Tribunal.
- 104. These decisions can include (but not limited to) decisions regarding the removal of a child, the type of court order sought by the Department, family contact and a child's placement.
- 105. While an action or decision of the Department may have initiated the concern within the complaint, a court or tribunal will deal with or review the decision and make final determination on the matter.
- 106. Complaints about a decision under the consideration of, or part heard by a court or tribunal or made by a court or tribunal are not managed by the Department's CMS.

*Allegations against employees including corrupt conduct and serious misconduct or maladministration*

- 107. Concerns of this type are considered allegations and are managed by the Department's Professional Standards Unit.



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108. Any allegations of employee conduct that may, with reasonable suspicion, be considered corrupt conduct under section 15 of the *Crime and Corruption Act 2001* (the CC Act), must, under sections 38 and 40 of the CC Act, be referred by the Department to the Crime and Corruption Commission (CCC) for independent assessment.
109. Any allegations that involve or may involve corrupt conduct, as defined by the CC Act, by the Director-General are managed in accordance with sections 34 and 48A of the CC Act. These are managed by the nominated persons. The nominated persons under the Department policy are the Director of Professional Standards and the Chief Human Resources Officer.

*Decisions and actions made by other external organisations*

110. Complaints regarding decisions or in/actions made by external oversight bodies such as the OIC, QHRC and Queensland Ombudsman are managed through the complaints processes of these agencies.

*Allegations of suspected harm or risk of harm to a child*

111. It is common for concerns raised by individuals to include an allegation of suspected harm or risk of harm to a child as well as other concerns in scope for management by the Department's CMS.
112. Allegations of suspected harm or risk of harm to a child are managed by the Department's Regional Intake Services (RIS) in line with the CP Act and departmental policies. These matters are not complaints rather the person providing the information effectively becomes a notifier under the CP Act.
113. The complaints officer will provide written advice to the individual that the information they provided about the safety of a child was provided to Regional Intake Services to be assessed as an allegation of suspected harm or risk of harm to a child.

*Other Matters*

114. Matters subject to review under the *Right to Information Act 2009* and matters concerning the outcome of the National Redress Scheme for Institutional Child Sexual Abuse are referred to the Legal, Right to Information, Redress and Records unit within the Department.
115. An expression of dissatisfaction by a person who is not directly affected by the service or action are addressed as feedback by the relevant area of the Department.

**REPORTING**



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116. An annual report detailing the performance of the Department's CMS is made available through the Department's annual report which is published on 30 September every year.
117. A yearly report is provided to the QHRC outlining the outcome of complaints of alleged limitation of human rights within the Department.
118. The Complaints Unit provides quarterly internal reports to regions, the Director of Complaints and the Chief Practitioner to support governance meetings, planning and trends analysis.
119. Any complaint process or internal review where complex practice issues are identified may have a practice review undertaken to inform some or all of the findings of the complaint process or internal review.
120. The practice review findings may assist with the development of recommendations for change to practice or process.

*Complaints Data – Complaints Tiers*

121. The FAAR process commenced in September 2020.
122. In 2020-21, only 11 per cent were resolved at the FAAR stage. Since then, the rate has significantly increased with almost all complaints (81 per cent) being managed at the FAAR stage in 2024-25.
123. This improvement followed targeted efforts by Regional Complaints teams to promote the value and use of FAARs across the region and enhancements to the complaints intake process which reduced timeframes to complete FAARs to three business days or less.
124. These improvements have ensured frontline services receive complaints promptly to enable early engagement and resolution and promoted the use of FAARs as best practice for a local and relational approach to complaints management.
125. In 2020, procedures for internal reviews were changed to better amplify that complainants were able to access internal reviews. This saw an increase in reviews with 18 per cent to 22 per cent of complaints now escalated into internal reviews.
126. Almost all complaints process or internal review resulted in 'No Further Action Recommended' (91 per cent) and only 9 per cent resulted in 'Further Action Recommended'.

*Complaints Data – Demographic of Complainants*



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- 127. The largest demographic of people accessing the Department’s CMS are categorised as family members (which includes parents) with 74.4% of total complaints in 2024-25.
- 128. Foster carers make the second highest demographic with 11.3% of total complaints in 2024-25.
- 129. While the Department records if the complainant is Aboriginal and Torres Strait Islander or non-First Nations/Unknown/Unrecorded, the data is unlikely to be a true representation. Complaints officers will record this information if they become aware of it.
- 130. This is due to online forms not requiring this information and individuals not providing this information if it is not necessary to work to resolve a complaint.
- 131. 13% percent of complaints processes and 9% of internal reviews were raised by foster and/or kinship carers (current or previous).

*Complaints Data – Types of Concerns Raised*

- 132. In 2024-25, the most common type of concern raised related to child protection orders comprising of 43.3% of concerns raised.
- 133. The next most common type of concern raised related to staff conduct from both government and non-government and investigation and assessment events comprising of 20.2% and 13.1% respectively.
- 134. These includes a broad range of matters including communication, responses timeframes, key decisions attributed to a staff member rather than application of the CP Act and staff conduct which is referred to Professional Standards.

**CONTINUOUS IMPROVEMENT OF THE COMPLAINTS MANAGEMENT SYSTEM**

- 135. The Department is committed to continually improving its CMS and addressing issues raised through regular internal reviews and self-audits.
- 136. These reviews and audits have highlighted areas for improvement and resulted in improvements across compliance with standards; timeframes for responses; enhanced policies, procedures, resources and training; complaints recording and reporting.
- 137. Complainants are also invited to provide feedback about the Department’s management of their specific complaint when provided with their written outcome.
- 138. Their feedback will be considered by the complaints officer and further written advice will be provided to the complainant on whether the feedback has changed the findings and recommendations or if no further action is required.



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139. In line with section 6.24 of the Public Service Customer Complaints Management Guideline, the Complaints Unit also emails a survey monthly to all complainants finalised in the previous month.
140. The response rate across the state is 19% with approximately 30% of these responses scoring positively and high in terms of processes being fast, impartial and informative.
141. Over time, key suggestions have been made resulting in improvements to wording on public facing complaint information online and communications.
142. Relevant policies and procedures are reviewed every two years or otherwise as required.

*Focus Area: Complaints raised by Aboriginal and Torres Strait Islander peoples*

143. The Department is working to increase the knowledge of, and accessibility to the Department's CMS with Aboriginal and Torres Strait Islander people involved in the child protection system.
144. In 2024-25, 17.9% of complainants identified as Aboriginal and Torres Strait Islander despite Aboriginal and Torres Strait Islander children comprising of 47.8% of all children in care, noting complainants are not required to provide their cultural identification to make a complaint.
145. This proportion has increased incrementally over time, rising from 12% in 2019-2020 and improvements to data entry practices have been implemented to increase recording of cultural identity.
146. The Department has established a Senior Complaints Advisor identified role within the Complaints Unit dedicated to improving Aboriginal and Torres Strait Islander knowledge and access to the Department's CMS using the Department's network of Cultural Practice Advisors and working alongside Complaints Officers statewide to improve their cultural capability.

*Focus Area: Complaints raised by children and young people*

147. The Department is also working to increase the direct access to the complaints system by children and young people.
148. The Department is reviewing its complaint process to further support the Child Safe Standards that will build upon the CMS paramount guiding principle that all decisions and actions uphold the best interests of children consistent with the CP Act (Part 5).
149. Child Safe Standards implementation provides the opportunity to strengthen the existing CMS policy and procedures.



- 150. Young people can be supported by anyone to make a complaint however the system includes some key roles charged to support children and young people including, the OPG Community Visitor, the child’s case manager or any other support worker involved such as teachers, carers or residential care providers.
- 151. Complaints are accepted in any format a young person wishes through any avenue to the Department or through other accessible formats such as the Queensland Government’s online complaints form.
- 152. In September 2024, the caller type field in Resolve<sup>1</sup> was updated to include a specific category for young persons to more accurately capture complaints made by children and young people.
- 153. In 2024-25, only 2.1% of complaints were raised by children and young people directly to the Complaints Unit with approximately 90% managed as complaints.
- 154. This number does not include complaints children and young people may have raised with their case managers or other support workers through normal case work practices.
- 155. The OPG routinely raises concerns on behalf of young people. In 2024-25, the OPG lodged twenty-four matters, 79% of which were managed as complaints.
- 156. In line with the Memorandum of Understanding between the Department and OPG, Community Visitors or their line managers approach child safety officers directly to resolve matters for children and young people effectively initiating a local FAAR process. These matters are not recorded through the Department’s CMS.

I make this statement of my own free will believing its contents to be true and correct.

Dated this 2<sup>nd</sup> day of September 2025.



Victoria Van Houdt



Witness

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<sup>1</sup> Resolve is the client information management system for the Department’s CMS.



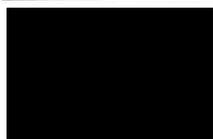
Victoria Van Houdt



Witness

**List of Annexures**

- Annexure 1            Department of Families, Seniors, Disability Services and Child Safety – Complaints Management Policy
- Annexure 2            Department of Families, Seniors, Disability Services and Child Safety – Complaints Management Procedure
- Annexure 3            Australian/NZ Standard 10002:2022



Victoria Van Houdt



Witness

COMMISSION OF INQUIRY INTO QUEENSLAND'S CHILD SAFETY SYSTEM

PROACTIVE STATEMENT OF VICTORIA VAN HOUDT

A/CHIEF PRACTITIONER, DEPARTMENT OF FAMILIES, SENIORS,  
DISABILITY SERVICES AND CHILD SAFETY

**Annexure 1 – Complaints Management Policy**

This and the preceding 10 pages is the annexure mentioned and referred to as

“Annexure 1” in the statement of Victoria Van Houdt dated 2 September 2025.



Victoria Van Houdt



Witness

# Whole of Department POLICY

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**Title:** Complaints Management

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## 1. Policy Statement:

The Department of Families, Seniors, Disability Services and Child Safety (the department) is committed to effective complaints management by managing complaints in an accountable, transparent, timely and fair manner.

The department recognises that effective and accessible complaints management is integral to good client service and encourages a people-focussed and proactive approach to complaints management that supports the National Principles for Child Safe Organisations.

The department also recognises that culturally responsive complaint processes lead to improved engagement, increased trust, stronger relationships, and better outcomes.

## 2. Objectives:

The objectives of this policy are to:

- ensure the fair, efficient, consistent and culturally responsive management of complaints;
- identify business improvement opportunities through the collection and analysis of complaint information;
- promote confidence in the department's commitment to listen to our clients and their families, involve them in decision-making about their own lives and the implementation of policies and programs that impact them.

## 3. Principles:

The department is committed to the following complaints management principles:

### 3.1 Enabling complaints

#### 3.1.1 *People focussed*

- providing a people-focused and proactive approach to seeking and receiving feedback and complaints, and demonstrating a strong commitment to address issues raised within reasonable timeframes;
- complaints can be made anonymously, with complainants advised of the limitations of an anonymous complaint. Complaints lodged without contact information, where the complainant wishes to be exempt from active involvement, will be addressed if sufficient information is provided;



- people making complaints are treated with respect and are actively involved in the complaints process as far as practicable and appropriate in the circumstances.

### **3.1.2 Ensuring no detriment to complainant**

- all reasonable steps are taken to ensure that complainants are not adversely affected because of the complaint made by them or on their behalf.

### **3.1.3 Visibility and transparency**

- information about how and where a complaint may be made is well publicised and accessible.

### **3.1.4 Accessibility**

- information is provided and publicly available on where to lodge a complaint, how to make a complaint and the types of supports available for anyone requiring assistance;
- information about how complaints are managed, including referring complaints to external agencies, is available on the department's website and at frontline service locations;
- information is available about what can or cannot be achieved by a complaints process;
- complainants have the right to be supported by a friend, a carer, an advocate, an interpreter, a community Elder or Independent Entity.

### **3.1.5 No Charge**

- the complaints process is free.

## **3.2 Managing complaints**

The department responds to complainants in a respectful, fair, objective and timely manner that respects the privacy of personal information. Complaints are managed in accordance with the department's complaints management procedures.

### **3.2.1 Responsiveness**

- each complaint received is promptly acknowledged and assessed in accordance with the issues raised;
- complainants are advised where the department is unable to deal with either part or all of their complaint;
- complaints are dealt with efficiently and where set timeframes cannot be met, a new timeframe will be provided;
- complainants are advised about: the complaint process, the expected timeframes, their involvement in the process and the possible or likely outcome of their complaint, where applicable in a culturally responsive way.

### **3.2.2 Impartiality and fairness**

- each complaint is managed in an impartial and unbiased manner and conflicting interests do not interfere with, or be perceived to interfere with, the management and resolution of complaints e.g., avenues are available for the review of the complaint outcome by people other than the original decision maker;
- the department is committed to acting compatibly with human rights and to consider human rights before making a decision in accordance with the *Human Rights Act 2019*;

- the complaints process is culturally responsive and safe for Aboriginal and Torres Strait Islander peoples.

### **3.2.3 Equity**

- all complainants are treated in an equitable and respectful manner with clearly communicated outcomes;
- a child's safety, wellbeing and best interests are considered paramount and any conflict is resolved in favour of the child.

### **3.2.4 Privacy and disclosure**

- personally identifiable information about any individual will only be disclosed or used in compliance with all relevant privacy laws and ethical obligations when managing a complaint;
- officers adhere to the department's record keeping policy and procedure, including the use of the department's electronic complaints management system to record, monitor and review the progress of the complaint;
- complaints relating to public interest disclosures are managed under the requirements of the *Public Interest Disclosure Act 2010*.

### **3.2.5 Communication**

- complainants are provided information on the progress of the complaint, including when the department is unable to deal with part or all of their complaint;
- explanation of the outcome of a decision, any recommendations, review options and any available external review mechanisms are provided to the complainant in a culturally responsive way;
- frontline staff and staff handling complaints have access to clear and simple process guides and information to inform effective communication with complainants.

## **3.3 Managing the parties**

### **3.3.1 Conduct of parties**

- employees have the right to feel safe and respected in the workplace; complainants who display abusive or aggressive behaviour will be requested to change their behaviour and if the behaviour continues, the employee has the right to refuse to deal with the complainant;
- ongoing unreasonable complainant conduct which raises health, safety, resource or equity issues will be managed under a departmental communication protocol;
- threats received that include mention of criminal activity, abuse or aggressive behaviour towards a departmental officer or point of service are taken seriously and forwarded to the applicable Manager to ensure employee safety.

### **3.3.2 Work health and safety**

- the complaints system is supported by the department's policies and procedures about staff health and safety, including identity protection if required.

### **3.3.3 Complaint involving multiple parties**

- complaints involving multiple parts of the department or organisations are managed efficiently, including providing a single point of contact in the department and communicating complaint resolution roles and responsibilities to complainants.

### **3.3.4 Empowerment of staff**

- staff are properly empowered to implement the complaint management system as relevant to their role through regular training, monitoring and staff feedback.

## **3.4 Accountability, learning and prevention**

### **3.4.1 Accountability**

- complaint data is used for reporting purposes, including monitoring time taken to resolve complaints;
- employees receive ongoing training in complaints management to ensure accurate recording and management of complaints.

### **3.4.2 Continuous improvement**

- regular complaints reporting occurs to identify trends, systemic issues and opportunities for business improvements;
- recommended actions are made to improve existing and inform new quality services;
- periodic satisfaction surveys of complainants occur and there is continual monitoring of the department's complaint management process.

### **3.4.3 Prevention of ongoing disputes**

- a three level complaints management process is followed to minimise the possibility of complaints escalating into ongoing disputes.

## **4. Scope:**

### **4.1 Application**

This policy applies to all employees (as defined by the *Public Sector Act 2022*) of the department and to other parties who have been authorised by the department, through formal agreement, to perform activities or duties or provide a service or services on behalf of the department.

### **4.2 What is a complaint?**

For the purpose of this policy, a **complaint** is:

- an oral or written expression of dissatisfaction, made by or on behalf of a person who is directly affected regarding:
  - a decision made or not made by the department; or
  - a service provided or not provided by the department; or
  - a service that is funded or contracted by the department; or

- the behaviour or performance of the department's employees, including contracted persons; and
- requires a response or outcome; and
- not prescribed as 'out of jurisdiction' in the Complaints Management Policy (refer 4.3); and
- remains unresolved following a first attempt at resolution process (refer 4.4); or
- would benefit from being managed in accordance with the complaints management policy without a first attempt at resolution being attempted.

### 4.3 Out of jurisdiction

The following matters are deemed to be out of jurisdiction of the department's complaints management policy, and will be managed in accordance with the relevant legislation, departmental policies and procedures:

- decisions made by a court, tribunal or external complaints agency;
- concerns about the functions or decisions made by organisations outside of the department, **except** for funded, non-government service providers where there is an impact on the provider's ability to deliver client services in accordance with its funding agreement;
- funded, non-government service provider matters that concern employer-employee and organisational governance concerns;
- allegations of suspected harm or risk of harm to a child, which will be actioned by immediate referral to a Regional Intake Service;
- matters subject to review under the *Right to Information Act 2009*;
- matters concerning the outcome of National Redress Scheme for Institutional Child Sexual Abuse applications;
- allegations against employees including corrupt conduct and serious misconduct or maladministration;
- an expression of dissatisfaction by a person who is not directly affected by the service or action will be addressed as feedback (Child Safety) or an enquiry (Disability Services and Seniors).

Where suitable, staff may provide advice or support to refer an out of jurisdiction matter to the most appropriate area, agency or organization.

### 4.4 First attempt at resolution

In most instances, expressions of dissatisfaction should initially be referred to the point of service that has caused the dissatisfaction. The matter will be considered, and a response provided to resolve the dissatisfaction. This is considered the **first attempt at resolution**, and the expression of dissatisfaction may be resolved at this point.

If, after the first attempt at resolution, the person **remains** dissatisfied and they again express their dissatisfaction to the department, then the subsequent expression of dissatisfaction becomes a **complaint** for the purposes of this policy.

Staff may escalate an initial expression of dissatisfaction to be managed as a complaint if the concerns include:

- alleged limitations of the *Human Rights Act 2019*
- Conduct and Performance Excellence (CaPE) allegations
- alleged breaches of the *Information Privacy Act 2009*
- Public Interest Disclosures
- out of scope allegations
- matters that would benefit from being managed in accordance with this policy.

The level of escalation should be relative to the seriousness of the matter and the nature of previous contact the complainant has had with the department.

#### 4.5 Complaints Management System

The department's complaints management system includes **three levels** – complaint, internal review and external review.

Every complaint and internal review will be assigned an investigator and decision-maker. The decision-maker must be appropriately authorised as outlined in the complaints management procedure.

#### 4.6 Timeframes

- All **concerns** will be acknowledged within **three business days** of receipt, unless:
  - there is a formal strategy in place limiting communication with the complainant; or
  - the complainant is anonymous and there is no contact information available.
- Addressing a **complaint** should take no more than **30 business days** from the point of receipt, to providing a written response to the complainant;
  - **complaints** lodged in excess of **one year** of the original decision, action or inaction will be considered on merit and will only be investigated at the department's discretion.
- Undertaking an **internal review** should take no more than **20 business days** from the point of receipt, to providing a written response to the complainant;
  - **internal reviews** must be lodged within **20 business days** of the previous complaint matter closure date. A request made outside of the timeframe will be assessed on merit and will only be investigated at the department's discretion.

### 5. Governance:

#### 5.1 Reporting

- A report detailing the performance of the complaints management system is made available through the department's Annual Report which is published by 30 September each year. This is aligned with the reporting requirements set out in the *Public Sector Act 2022*, and the

Australian Standard AS 10002-2022 – *Guidelines for complaint management in organisations*;

- A report is provided to the Human Rights Commission yearly, outlining the outcome of complaints of alleged limitation of Human Rights raised with the department;
- Quarterly reporting is provided to the Public Service Commission relating to complaints regarding maladministration and misconduct.

## **5.2 Review and Auditing**

- The department is committed to continually improving its services, including complaints management;
- Regular reviews and self-audits of the effectiveness of the entire complaints management system will occur and include an evaluation of the major elements of the system. This includes compliance with the Policy and Procedure, complaints recording and internal reporting, time taken to manage complaints and correctness of complaint outcomes;
- The department will invite complainants to provide feedback about the department's management of their specific complaint, and provide relevant information about how to do so, when communicating complaint outcomes;
- This policy and associated procedures will be reviewed every two years or otherwise as required.

## **6. Roles and Responsibilities:**

### **6.1 Director-General is responsible for:**

- establishing a system that manages complaints effectively and efficiently.

### **6.2 Complaints Unit is responsible for:**

- maintaining the complaints management policy and procedure, and the delivery of an effective complaints management system;
- providing specialist complaints management advice and training to relevant service delivery and business areas of the department;
- providing effective complaints management for centrally managed complaints and internal reviews;
- facilitating the annual public and high-level departmental reporting of complaints data, including the provision and analysis of trend data to identify areas of improvement;
- referring matters to external agencies for action where appropriate;
- facilitating reviews and audits of the effectiveness of the department's complaints management system including its policy, procedure, recording and reporting requirements.

### **6.3 Regional Senior Advisors are responsible for:**

- managing complaints in accordance with this policy and any associated procedures;

- maintaining accurate complaint records of complaints received regionally or at a service centre level, by using the departmentally approved system to record the receipt, assessment, management, and outcome of complaints, including any recommendations made;
- ensuring appropriate adherence to regionally approved quality assurance checks and approvals of complaints received and managed at a regional and service centre level;
- regional analysis of complaints management data to identify regional trends and areas of improvement for the region;
- providing complaints management advice and support to relevant regional and service delivery areas within their region;
- implementing recommendations, agreed to by the Regional Executive Director / Regional Director / Director, which have been made through complaints management processes and internal reviews to improve service delivery, within the agreed timeframes.

#### **6.4 Directors (Disability Services and Seniors) are responsible for:**

- managing complaints in accordance with this policy and any associated procedures;
- maintaining accurate records of complaints received within their directorate/unit, by using the approved system to record the receipt, assessment, management and outcome of complaints, including any recommendations made;
- ensuring adherence to approved quality assurance checks and approval of complaint outcomes received and managed at a directorate level;
- implementing recommendations, agreed to by the Regional Executive Director / Regional Director / Executive Director, which have been made through complaints management processes and internal reviews to improve service delivery, within the agreed timeframes.

#### **6.5 All departmental employees are responsible for:**

- managing complaints in accordance with this policy and any associated procedures;
- maintaining an awareness of complaints management processes available to clients of the department and promoting access to these;
- seeking guidance and support when necessary from their immediate line manager, relevant regional Senior Advisor, or Complaints Unit, in the management of complaints.

### **7. Authority:**

This policy reflects the Australian Standard AS 10002-2022 – *Guidelines for complaint management in organisations*, and ensures the department meets its obligations under s.219A of the *Public Sector Act 2022* which prescribes the need for a complaints management system in all Queensland Government agencies.

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#### **Definitions:**

**Complainant:** A person, organisation or their representative who expresses dissatisfaction with the department where they are directly affected by the decision, service or behaviour they are raising

**Directly Affected:** Greater than the concerns of a bystander who has no interest in the outcome; where a person's right or interests would be affected if the administrative action stood or continued.

**Independent Person:** The term independent person is the term used in practice to describe the role of the Independent Aboriginal or Torres Strait Islander Entity chosen by a child, young person, parent or family as someone who will help in the family's meaningful participation in decision making. Refers to Section 6 of the *Child Protection Act 1999*.

**Procedural fairness:** Often used interchangeably with the term 'natural justice', procedural fairness involves the right to be given a fair hearing during the complaint management process, and involves applying three rules:

1. Notice rule: providing the complainant (or other affected person) with sufficient information for the complainant to participate meaningfully in the complaint decision-making process
2. Hearing rule: the complainant (or other affected person) is given a reasonable opportunity to speak or respond, and any submission they provide is genuinely considered by the complaint decision-maker
3. Bias rule: the complaint decision-maker must act impartially and have no personal stake in the decision.

**Unreasonable conduct by complainant:** Any behaviour by a person which because of its nature or frequency, raises substantial health, safety, resource or equity issues for the people involved in the complaint process.

**Vulnerability:** The state of being especially susceptible to detriment due to circumstances including disability, age, literacy levels, gender, trauma and stress.

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**Date of approval:** 10 October 2023

**Date of operation:** 10 October 2023

**Date to be reviewed:** 10 October 2025

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**Office:** Office of the Chief Practitioner

**Help Contact:** Complaints Unit – 1800 080 464

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### References:

AS 10002-2022 – *Guidelines for complaint management in organisations*

Complaints Management Procedure

*Memorandum of Understanding concerning management of complaints between DCYJMA and the Office of the Public Guardian*

*Child Protection Act 1999*

*Youth Justice Act 1992*

*Disability Services Act 2006*

*Guide Hearing and Assistance Dogs Act 2009*

*Information Privacy Act 2009*

*Right to Information Act 2009*

*Human Rights Act 2019*

*Public Sector Act 2022*

*Public Sector Ethics Act 1994*

*Crime and Corruption Act 2001*

Public Sector Commission's Conduct and Performance Excellence framework

Aboriginal and Torres Strait Islander Cultural Capability Framework

Customer vulnerability – Requirements and guidelines for the design and delivery of inclusive service ISO 22458

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Deidre Mulkerin

Director-General



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COMMISSION OF INQUIRY INTO QUEENSLAND'S CHILD SAFETY SYSTEM

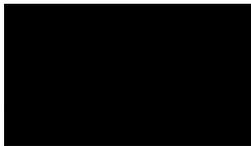
PROACTIVE STATEMENT OF VICTORIA VAN HOUDT

A/CHIEF PRACTITIONER, DEPARTMENT OF FAMILIES, SENIORS,  
DISABILITY SERVICES AND CHILD SAFETY

**Annexure 2 – Complaints Management Procedure**

This and the preceding 10 pages is the annexure mentioned and referred to as

“Annexure 2” in the statement of Victoria Van Houdt dated 2 September 2025.



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Victoria Van Houdt



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Witness



# Whole of Department PROCEDURE

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**Title:** Complaints Management

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**Purpose:**

The Department of Families, Seniors, Disability Services and Child Safety (the department) is committed to effective complaints management by managing expressions of dissatisfaction in an accountable, transparent, timely and fair manner.

This procedure is to be read in conjunction with the department's Complaints Management Policy and has been developed to provide guidance to officers in complaint management handling to ensure all matters are managed consistently and within agreed timeframes.

**Definition:**

For the purpose of this procedure, a complaint:

- is an oral or written expression of dissatisfaction, made by or on behalf of a complainant regarding:
  - a decision made or not made by the department; or
  - a service provided or not provided by the department; or
  - a service that is funded or contracted by the department; or
  - the behaviour or performance of the department's employees, including contracted persons; and
- requires a response or outcome; and
- is not prescribed as 'out of jurisdiction' in the Complaints Management Policy; and
- remains unresolved following a first attempt at resolution process; or
- would benefit from being managed in accordance with the complaints management policy without a first attempt at resolution being attempted.

The following matters are defined in the Complaints Management Policy and are not subject to this procedure:

- matters that are out of jurisdiction.
- first attempt at resolution matters.



## Complaints Management System:

The complaints management system consists of three levels:

### Level 1: Complaint

If a complainant remains dissatisfied after a first attempt at resolution process, or a first attempt at resolution process is not suitable, a complaint investigation can occur.

- complaints can be managed locally or at a regional office.
- the Complaints Unit may also manage a complaint if it is not feasible or appropriate for the region to manage. This may include complex matters or matters with concerns about perceived conflict or bias.

### Level 2: Internal Review

After progressing through Level 1, there are two internal review options if the complainant remains dissatisfied.

- a practice review to assess the merit of the original decision or outcome.
- a process review of how the complaint was managed.

All internal reviews are conducted by the Complaints Unit. A request for an internal review should detail what specific aspects of the complaint findings, outcome or process the complainant disagrees with.

### Level 3: External Review

If a complainant remains dissatisfied after progressing through Level 1 and 2, they can pursue external options.

The Queensland Ombudsman has an oversight function for investigating administrative decisions of the department through an external review process.

The Queensland Ombudsman is unable to review the following matters:

- a **human rights** complaint under the *Human Rights Act 2019*, can be referred to the Queensland Human Rights Commission.
- an **information privacy breach** can be referred to the Office of the Information Commissioner Queensland.

## Complaint and Internal Review Key Stages:

There are seven stages during the life cycle of a complaint or internal review:

### 1. Receipt

- 1.1 Determine if the concerns are out of jurisdiction and refer to the responsible agency or provide appropriate advice to the complainant.

Where the matter involves multiple parts of the department or organisations, provide a single point of contact and communicate complaint management roles and responsibilities to the complainant.

## **2. Assistance**

- 2.1 Ensure complainants have the opportunity to be supported by a friend, an advocate, an interpreter, a community Elder or Independent Entity if required.
- 2.2 Identify potential vulnerabilities and provide a flexible system that enables all complainants to raise concerns.

## **3. Acknowledgement**

- 3.1 Acknowledge receipt of the concerns within three business days of the complaint being received.
- 3.2 The acknowledgement must provide:
  - 3.2.1 a complaints reference number.
  - 3.2.2 the proposed timeframe for response.
  - 3.2.3 information about the process.
  - 3.2.4 the name and contact details of the investigator.

## **4. Assessment**

- 4.1 Determine if the allegations, grounds or terms of reference are in scope of the complaints management system.
- 4.2 Determine if there are any:
  - 4.2.1 alleged limitations of the *Human Rights Act 2019*.
  - 4.2.2 Conduct and Performance Excellence (CaPE) allegations.
  - 4.2.3 alleged breaches of the *Information Privacy Act 2009*.
  - 4.2.4 Public Interest Disclosures.

## **5. Response**

- 5.1 A response to a complaint should be provided within 30 business days after receipt.
- 5.2 A response to an internal review should be provided within 20 business days after receipt.
- 5.3 Early resolution is strongly encouraged.
- 5.4 The complainant is informed in writing if the timeframe is unable to be met and a new timeframe provided.
- 5.5 A response is provided in writing and includes:
  - 5.5.1 the analysis and findings

- 5.5.2 any recommended actions, where appropriate, including whether they were accepted
  - 5.5.3 how feedback can be provided
  - 5.5.4 what review options are available.
- 5.6 Alternative response methods, such as mediation and cultural healing practices, may be utilised as options for resolving complaints involving Aboriginal and Torres Strait Islander complainants or for vulnerable people.
- 5.7 Anonymous complaints lodged without contact information or where the complainant wishes to be exempt from active involvement, will be addressed if sufficient information is provided.

## 6. Reporting

- 6.1 Section 264(3) of the *Public Sector Act 2022* requires agencies to publish information annually on the number of customer complaints:
- 6.1.1 received by the entity in the year
  - 6.1.2 resulting in further action
  - 6.1.3 resulting in no further action.
- 6.2 Regular reporting including detailed trend analysis, key performance indicators and complainant satisfaction of the complaints management system occurs for continuous improvement.

## 7. Learning and improvement

- 7.1 Ongoing learning and improvement comes from auditing, complainant feedback and responses, and regular online satisfaction surveys.
- 7.2 Recommendations for further action are identified and used to address service delivery concerns and for continuous improvements.

### **Culturally responsive complaint handling:**

Complaint handling processes should be flexible and adaptable to the needs and preferences of Aboriginal and Torres Strait Islander complainants, recognising that their circumstances may differ from mainstream complainants. This may include:

- **Culturally Responsive Communication:** Communication is a key component of complaint handling processes and involves using plain language, avoiding jargon, and using culturally appropriate communication methods, such as oral communication, visual aids, or an independent person, to ensure that complainants fully understand the process, their rights, and the potential outcomes. Respect for cultural communication styles, languages, and preferences helps build trust and rapport with complainants.
- **Cultural Protocols and Customs:** Complaint handling processes should respect and accommodate the cultural protocols and customs of Aboriginal and Torres Strait Islander complainants. This may include understanding and adhering to specific cultural practices, such as obtaining permission from community leaders or Elders, engaging in collective

decision-making processes, and respecting cultural sensitivities around sharing personal information or discussing sensitive topics. Cultural awareness and sensitivity are critical in building trust and fostering meaningful engagement with complainants.

- **Cultural Healing Practices:** Complaint handling processes should be open to incorporating cultural healing practices that are appropriate and relevant to the complainants' cultural background. This may include providing opportunities for complainants to access cultural healing services, such as traditional healing methods, cultural ceremonies, or counselling from culturally competent professionals. These practices can support complainants in their healing journey and contribute to the resolution and reconciliation process.
- **Flexibility in Process and Timeframes:** This may involve accommodating different processes and timeframes and being responsive to the unique cultural considerations and challenges that may arise. Flexibility can help ensure that complainants feel heard, understood, and valued in the complaint handling process.
- **Cultural Representation and Diversity:** Complaint handling processes should strive for cultural representation and diversity in the staff and stakeholders involved in the process. This may involve having staff members who are familiar with the cultural background and customs of complainants, using an independent person, engaging cultural advisors or Elders to provide guidance and support, and ensuring that the process is inclusive and respectful of diverse cultural perspectives. Representation and diversity can contribute to building trust, promoting inclusivity, and ensuring that the needs and preferences of complainants are considered throughout the process.
- **Supportive and Empathetic Approach:** Complaint handling processes should adopt a supportive and empathetic approach towards Aboriginal and Torres Strait Islander complainants, recognising the potential impact of the complaint on their well-being and community relationships. This may involve providing emotional support, validating their experiences and feelings, and ensuring that they are treated with respect and dignity throughout the process. A supportive and empathetic approach can contribute to the healing process and facilitate a positive outcome for all parties involved.

## **People with disability**

The safety and well-being of people with disability is critical. If any reported or observed issue may put a person with disability at immediate risk or in any danger, an immediate response is required including alerting emergency services and other relevant agencies and stakeholders.

All departmental staff must comply with the Preventing and responding to the abuse neglect and exploitation of people with disability policy, which can be located on the department's internet site.

Complaints about issues relating to people with disability may be assessed as out of jurisdiction (for example, the complaint relates to services provided by the National Disability Insurance Scheme). In these cases, the complainant should be provided with advice and supported to make a complaint to the appropriate agency or organisation.

If assessed as appropriate, the department may directly refer a complaint to the National Disability Insurance Scheme, or other relevant agency or organisation, with the complainant's consent.

## **Record-keeping:**

All complaints and internal reviews must be entered into the department's electronic complaint management system and managed in accordance with the *Information Privacy Act 2009*. All complaint records should be managed in line with the *Public Records Act 2002* and the *General Retention and Disposal Schedule*. Accurate record-keeping will also assist with internal and external review processes.

## **Training:**

Mandatory complaint awareness training is provided to all departmental staff as part of their induction.

Specialised training on complaint management procedures relevant to their role is provided to staff with specific complaint responsibilities.

## **Managing Unreasonable Conduct:**

The complaints management system has a clear and proactive approach to managing unreasonable complainant conduct to ensure staff wellbeing while enabling complaints to be productively resolved. If a complainant's conduct is assessed as unreasonable, the department may apply the Managing Unreasonable Complaint Conduct procedure.

Unreasonable conduct is any behaviour which, because of its nature or frequency, raises substantial health, safety or resource issues. This could include unreasonable persistence, demands, lack of cooperation, arguments or behaviour.

If during the course of managing a complaint, a complainant's conduct is assessed as being unreasonable, the investigating officer will explain the conduct expected of a complainant and will put strategies in place to address the conduct, if required. Strategies may include, but are not limited to:

- limiting the times that a complainant may contact the department, how they contact the department (e.g. in writing only), or who they may contact
- refusing to progress a complaint until certain conditions are met, such as providing a clear idea of the issues to be addressed or sharing relevant information.

If unreasonable conduct continues, the department may choose to take no further action in regard to a complaint, or continue to address a complaint based upon the information available, with no further input from the complainant.

## **Out of Scope Outcomes:**

An out of scope outcome can be applied to all, or part of a complaint or internal review. A written response is still required for all out of scope decisions and a right of reply must be afforded prior to making a final determination.

In making an out of scope decision, discretion must favour the complainant in cases of vulnerability, for example, a child or young person, a person with a disability, or an Aboriginal or Torres Strait Islander person.

The department may make an out of scope decision where:

- the request is outside of the complaints management timeframes and there is no justifiable reason why it should proceed out of timeframe.
- the concerns raised are currently being dealt with by a court, tribunal or external complaints agency.
- unreasonable persistence. The matter has already been managed and exhausted under the complaints management system, or the allegations are a continuation of a previous complaint involving the same or similar issues and it is evident an appropriate response has been previously provided.
- unreasonable demands. Insisting on outcomes that are unattainable, changing the objective of the process or demanding to have a matter dealt with in a particular way.
- the complainant demonstrates unreasonable lack of cooperation by providing disorganised, excessive, or irrelevant information, has an unwillingness to consider other viewpoints or a refusal to define issues of concern.
- the complainant presents unreasonable arguments including but not limited to, irrational cause and effect arguments, holding conspiracy theories unsupported by evidence or illogically interpreting facts or laws.
- the complainant demonstrates unreasonable behaviour in their interactions with the complaints team including aggression, threats, or other violent conduct.
- there is no apparent maladministration or merit in the allegations.
- the resources required to investigate or review the allegations would be disproportionate to the seriousness of the issues and likely outcomes.
- an investigation or review is likely to be ineffective because of a lack of relevant evidence and no practical possibility of it being obtainable.

### **Specialist Advice and Support:**

Throughout the complaint management process there may be matters that require liaison with, or referral to, a specialised officer or team within the department. These specialists may include:

- a suitably qualified practice specialist to conduct a Practice Review.
- practice leaders who can provide specialist knowledge about child protection practice, culture, domestic and family violence, mental health, substance misuse, disability, gender, sexuality and identity.
- Information Privacy and Governance team for privacy complaints or privacy information breaches.
- Right to information, Privacy Records Management and Redress team for matters subject to review under the *Right to Information Act 2009*.
- Professional Standards for serious staff misconduct matters, including suspected corrupt conduct and possible public interest disclosures.
- Strategy, Investment and Commissioning team for non-compliance of service contract matters.

- Delegated Authority for matters related to young people delegated to a prescribed delegate.
- Positive Behaviour Support and Restrictive Practices Team for information and advice about positive behaviour support and restrictive practices.

### Practice Review

A practice review can be conducted during a complaint or internal review to consider a practice decision, or to study the practice that led to a decision. The practice review specialist will make findings to assist the decision-maker determine the outcome of the complaint. The specialist may also make recommendations to respond to opportunities identified in their review to strengthen practice.

The practice review is undertaken by a suitably qualified practice specialist, such as a Senior Practitioner or other appropriately experienced and knowledgeable senior officer. Where the practice issue relates to Aboriginal or Torres Strait Islander children and families, the review is undertaken by, or in consultation with an Aboriginal or Torres Strait Islander staff member.

### Information Privacy and Governance

- **Information privacy breach:** occurs when personal information is not handled in accordance with the *Information Privacy Act 2009*. It will generally involve access to, or collection, use or disclosure of, personal information in contravention of the department's obligations under the Information Privacy Principles. A privacy breach may be accidental or intentional. It may be a one-off occurrence or due to a breakdown in procedures. A breach may occur when personal information held by the department is lost, misused, mistakenly disclosed or stolen.

The Information Privacy and Governance team will work with the relevant area to ensure appropriate steps are taken to contain the breach, assess the risk, determine whether affected persons should be notified, and what steps should be taken to address any systemic issues and prevent a recurrence.

- **Information privacy complaint:** a complaint about an act or practice of the department in relation to a person's personal information that is a breach of the department's obligations under the *Information Privacy Act 2009*.

If it is determined that the complaint is a privacy complaint it will be managed in consultation with the Information Privacy and Governance team.

### Right to information, Privacy Records Management and Redress

If a person is concerned about the outcome of an application for access to or amendment of information under the *Right to Information Act 2009* or the *Information Privacy Act 2009* they have internal and external review rights under that legislation.

### Professional Standards

- **Serious Staff Misconduct and Suspected Corrupt Conduct:** If a matter includes any allegations which may constitute suspected 'corrupt conduct' as defined in section 15 of the *Crime and Corruption Act 2001*, category 3 misconduct under the Public Service

Commission's Conduct and Performance Excellence ('CaPE') framework, or 'misconduct' as defined in section 187(4) of the *Public Service Act 2008*, the matter will be referred to Professional Standards for assessment.

If Professional Standards determine the matter does not constitute suspected 'corrupt conduct' or a category 3 misconduct, it will be returned and assessed through the complaints management system.

- **Possible Public Interest Disclosure:** A Public Interest Disclosure is a disclosure about wrongdoing in the public sector that serves the public interest. If concerns are raised containing information about a danger relating to a child with a disability, the investigator will refer the matter to the relevant Regional Intake Service. Any other matters that may constitute a Public Interest Disclosure under the *Public Interest Disclosure Act 2010*, are referred to Professional Standards. Professional Standards is responsible for assessing whether information about serious misconduct or corrupt conduct fulfils the definition of a Public Interest Disclosure.

### **Strategy, Investment and Commissioning**

Compliance Services conducts financial compliance reviews and compliance investigations of departmentally funded non-government service providers where there are allegations or concerns which indicate a funded service provider's alleged non-compliance with their financial and or service delivery obligations under the departmental service agreement.

### **Delegated Authority**

Delegated Authority is responsible for the delegation of the Chief Executive's functions or powers in relation to an Aboriginal or Torres Strait Islander child to a 'prescribed delegate'. Concerns raised that relate to decision and function provided as part of the delegated authority arrangements are referred to and managed by the prescribed delegate and documented on the department's complaints management system for record keeping purposes.

### **Authority:**

AS 10002-2022 – *Guidelines for complaint management in organisations*

Complaints Management Policy

*Child Protection Act 1999*

*Youth Justice Act 1992*

*Disability Services Act 2006*

*Guide, Hearing and Assistance Dogs Act 2006*

*Public Interest Disclosure Act 2010*

*Information Privacy Act 2009*

*Right to Information Act 2009*

*Public Sector Act 2022*

*Public Sector Ethics Act 1994*

*Crime and Corruption Act 2001*

*Human Rights Act 2019*

Preventing and responding to the abuse neglect and exploitation of people with disability policy

Respectfully Journey Together Aboriginal and Torres Strait Islander Cultural Capability Action Plan

Public Service Commission's Conduct and Performance Excellence framework

Queensland Ombudsman's Managing Unreasonable Complainant Conduct Resource

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**Date of approval:** 10 October 2023

**Date of operation:** 10 October 2023

**Date to be reviewed:** 10 October 2025

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**Office:** Office of the Chief Practitioner

**Help Contact:** Complaints Unit – 1800 080 464

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Deidre Mulkerin

Director-General



**Need help in your language?**  
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COMMISSION OF INQUIRY INTO QUEENSLAND'S CHILD SAFETY SYSTEM

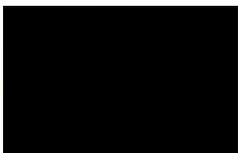
PROACTIVE STATEMENT OF VICTORIA VAN HOUDT

A/CHIEF PRACTITIONER, DEPARTMENT OF FAMILIES, SENIORS,  
DISABILITY SERVICES AND CHILD SAFETY

**Annexure 3 – Australian/NZ standard 10002:2022**

This and the preceding 70 pages is the annexure mentioned and referred to as

“Annexure 3” in the statement of Victoria Van Houdt dated 2 September 2025.



Victoria Van Houdt

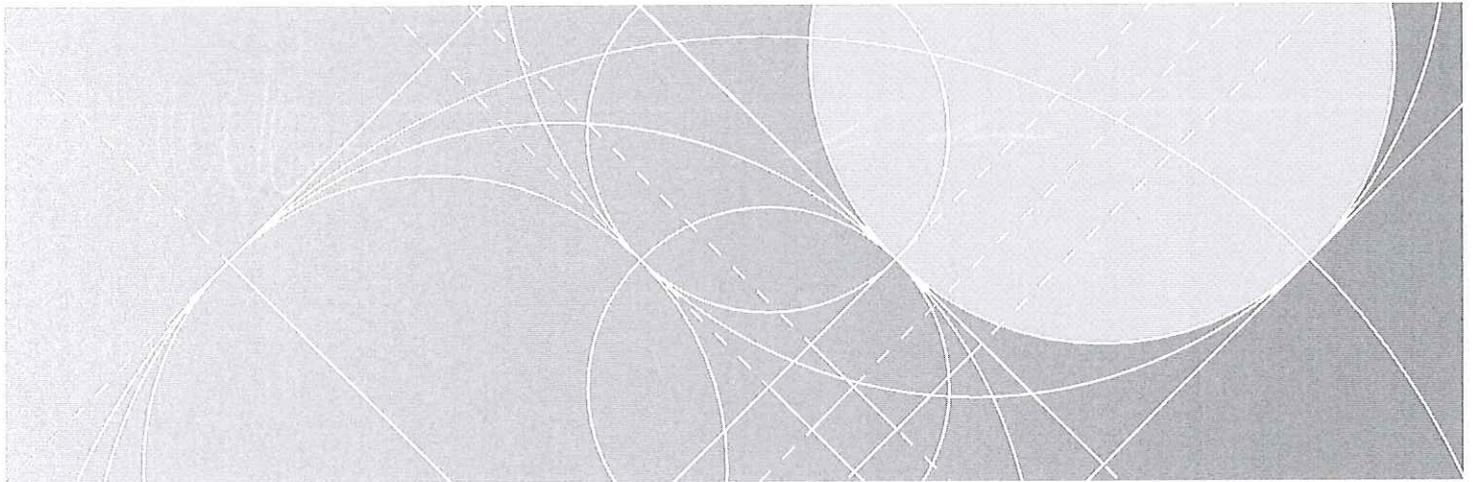


Witness

AS 10002:2022



# Guidelines for complaint management in organizations (ISO 10002:2018, NEQ)



AS 10002:2022

This Australian Standard® was prepared by QR-015 Complaints Handling. It was approved on behalf of the Council of Standards Australia on 16 March 2022.

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The following are represented on Committee QR-015:

- Australian and New Zealand Ombudsman Association
- Australian Communications Consumer Action Network
- Australian Competition and Consumer Commission
- Australian Financial Complaints Authority
- Consumers Federation of Australia
- Office of the NSW Ombudsman
- Society of Consumer Affairs Professionals
- University of Newcastle

This Standard was issued in draft form for comment as DR AS 10002:2021.

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# **Guidelines for complaint management in organizations (ISO 10002:2018, NEQ)**

Originated in Australia as AS 4269—1995.  
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Second edition 2022.

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## Preface

This Standard was prepared by the Australian members of the Joint Standards Australia/Standards New Zealand Committee QR-015, Complaints Handling, to supersede, AS/NZS 10002:2014.

This document is based on but not equivalent to ISO 10002:2018, *Quality management — Customer satisfaction — Guidelines for complaints handling in organizations*.

The objective of this document is to provide guidance on complaint management within all types of organizations, including the planning, design, implementation, operation, maintenance and improvement of a complaint management system.

This document enables consistency in the effective treatment of complaints, particularly in a global marketplace.

Properly handled complaints result in improved organizational reputation, regardless of the organization's size, location or sector.

Implementation of the guidance set out in this document can —

- (a) provide a complainant with access to an open and responsive complaints process;
- (b) enhance an organization's ability to manage complaints in a consistent, systematic and responsive manner;
- (c) enhance an organization's ability to identify trends, eliminate causes of complaints and improve the organization's operational effectiveness;
- (d) encourage and support staff to improve their skills in complaint management;
- (e) provide a basis for the ongoing review and analysis of the complaint management system, the management of complaints, and any process improvements made; and
- (f) reduce the likelihood of complaints developing into ongoing disputes.

Organizations may wish to use the complaint management system in conjunction with customer satisfaction codes of conduct and external dispute resolution processes.

The major changes in this edition include:

- (i) Modifications and additions to the definitions.
- (ii) Revision of Appendix E.
- (iii) Revision of Appendix F.
- (iv) Revision of Appendix H.

The term “informative” is used in Standards to define the application of the appendix to which it applies. An “informative” appendix is only for information and guidance.

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## Introduction

This document is compatible with AS/NZS ISO 9001 and AS/NZS ISO 9004:2011 and supports the objectives of these Standards through the effective and efficient application of a complaint management system. It may also be used independently of them. This document is not intended for certification or for contractual purposes.

AS/NZS ISO 9001, *Quality management systems—Requirements*, specifies requirements for a quality management system that can be used for internal application by organizations for certification or for contractual purposes. The system for complaint management described in this document can be used as an element of a quality management system.

AS/NZS ISO 9004:2011, *Managing for the sustained success of an organization—A quality management approach*, provides guidance on continual improvement of performance. This can further enhance the organization's performance in complaint management and increase the satisfaction of customers and other interested parties. It can also facilitate continual quality improvement based on feedback from complainants and other interested parties.

NOTES

# Australian Standard®

## Guidelines for complaint management in organizations (ISO 10002:2018, NEQ)

### 1 Scope

This document provides guidance on complaint management within all types of organizations, including the planning, design, implementation, operation, maintenance and improvement of a complaint management system.

This document emphasizes that active commitment at the organization's highest level is essential for effective complaint management (see [Clause 6.2](#)).

This document seeks to facilitate —

- (a) enhanced public confidence in the organization by creating an environment that encourages feedback and complaints, and sees complaints managed in a timely and fair manner;
- (b) recognition of the needs and expectations of complainants;
- (c) an open, accessible and effective complaints process;
- (d) a system that can be used by the organization to analyse, evaluate and audit complaints and their outcomes in order to deliver quality improvements;
- (e) a mechanism for reviewing the effectiveness and efficiency of an organization's complaint management practices and outcomes; and
- (f) accessibility of channels that can be used to make complaints, including social media channels such as facebook and twitter.

NOTE 1 There is no expectation that organizations seek to identify complaints made on third party social media accounts or channels.

NOTE 2 Guidance on complaint management for small businesses is given in [Appendix A](#).

NOTE 3 Statutory obligations may apply for the organization, as well as best practice guidance set out by the relevant external review accountability and regulatory bodies.

This document is not intended to change any rights or obligations of the organization as set out by such statutory or regulatory requirements.

### 2 Application

The complaint management system described in this document is suitable for use as one of the processes of a quality management system.

This document is intended to provide guidance to organizations of all sizes and in all sectors.

Although the principles in this document will have general application, in designing a complaint management system, each organization will need to take into account the following:

- (a) The value the organization seeks to derive from complaints in order to improve its operations.
- (b) Financial, operational and organizational requirements.
- (c) The number, demographics and characteristics of the organization's customers.
- (d) The nature and breadth of the organization's interactions with the public.
- (e) The number and type of complaints the organization receives.

- (f) Input from staff and other interested parties.
- (g) Making a range of communications channels available in order to meet customer requirements.
- (h) Making sure there is a process to identify and respond to customers' needs with appropriate communication options, for example translation services, TTY, etc.

This document is not applicable to disputes referred outside the organization for resolution or for employment related disputes including grievances.

### 3 Normative references

There are no normative references in this document.

### 4 Terms and definitions

For the purposes of this document, the following terms and definitions apply.

#### 4.1

##### **characteristics**

feature or quality belonging to a person, place, or thing, which serves to identify them

#### 4.2

##### **complainant**

person, organization or their representative (including clients, consumers, service users, and customers) making a complaint

#### 4.3

##### **complaint**

expression of dissatisfaction made to or about an organization, related to its products, services, staff or the handling of a complaint, where a response or resolution is explicitly or implicitly expected or legally required

Note 1 to entry: There is no expectation that organizations seek to identify complaints made on third party social media accounts or channels.

#### 4.4

##### **complaint management system**

encompasses all aspects of the policies, procedures, practices, staff, hardware and software used by an organization for the management of complaints

#### 4.5

##### **demographics**

statistical data relating to the population and particular groups within it, including socio-economic information expressed statistically, such as employment, education, income and other factors

#### 4.6

##### **disputes**

unresolved complaints escalated internally or externally, or both

#### 4.7

##### **feedback**

opinions, comments and expressions of interest or concern, made directly or indirectly, explicitly or implicitly to or about the organization, its products, services, staff or its handling of a complaint

Note 1 to entry: Organizations may choose to manage such feedback as a complaint.

**4.8****governing body**

person or group of persons that has the ultimate responsibility and authority for an organization's activities, governance and policies to which top management reports and by which top management is held accountable

Note 1 to entry: Not all organizations, particularly small organizations, will have a governing body separate from top management.

Note 2 to entry: A governing body can include, but is not limited to, a board of directors, committees of the board, supervisory board, or trustees.

**4.9****social media**

online social networks used to disseminate information through online social interaction

**4.10****unreasonable conduct**

<by complainants> any behaviour by a person which, because of its nature or frequency, raises substantial health, safety, resource or equity issues for the people involved in the complaint process

Note 1 to entry: See [Appendix E](#) for more information regarding unreasonable conduct by complainants.

**4.11****vulnerability**

state of being especially susceptible to detriment due to circumstances including disability, age, literacy levels, gender, trauma, and stress

**5 Guiding principles****5.1 Enabling complaints****5.1.1 People focus**

Everybody has the right to complain.

The organization should adopt a people-focused and proactive approach to seeking and receiving feedback and complaints. It should demonstrate a strong commitment to addressing any issues raised within a reasonable timeframe.

The organization should seek clarification on whether feedback or general concern is intended to be handled as a complaint, where appropriate.

People making complaints should be treated with respect.

The organization should actively involve the complainant in the complaints process as far as practicable and appropriate in the circumstances.

Complaints lodged without contact information, where it appears the complainant wants to retain anonymity, should be exempt from active involvement. Organisations should only address the content of such complaints where sufficient information enables them to do so.

**5.1.2 Ensuring no detriment to complainant**

The organization should take all reasonable steps to ensure that complainants are not adversely affected because of a complaint made by them or on their behalf.

### 5.1.3 Visibility and transparency

The organization should ensure that information about how and where a complaint can be made to or about the organization is well-publicized.

### 5.1.4 Accessibility

The organization should ensure that its complaint management system is accessible to everyone, including people who may require assistance.

The organization should provide support to people to make a complaint if needed.

The organization should acknowledge that a person or organization can request that another person or organization assist or represent them to make and progress their complaint. The organization should accept complaints from authorized representatives of complainants.

Information about the various ways complaints can be made and the types of support available to people should be easily accessible to the public.

NOTE See [Appendix B](#) and refer to the Web Content Accessibility Guidelines for further guidance about accessibility.

### 5.1.5 No charges

A complainant should not be charged a fee to complain.

## 5.2 Managing complaints

### 5.2.1 Responsiveness

The organization should promptly acknowledge each complaint received, within three working days of receiving it if possible.

The organization should assess complaints and give appropriate priority in accordance with the urgency of the issues raised.

Complainants should be advised, as soon as practicable, where the organization is unable to deal with either part or all of their complaint.

The organization should deal with complaints efficiently. Where set timeframes cannot be met, internal escalation systems should be used.

The organization should actively manage the expectations of complainants. This includes advising complainants about —

- (a) the complaint process;
- (b) the expected timeframes for its actions;
- (c) their likely involvement in the process; and
- (d) the possible or likely outcome of their complaint, where practicable.

### 5.2.2 Impartiality and fairness

Each complaint should be managed in an impartial and unbiased manner.

NOTE See [Appendix D](#) for further information about impartiality and fairness.

Conflicting interests should not interfere with, or be reasonably perceived to interfere with the management and outcome of complaints. For example, the organization's complaint management

system should provide avenues for review of the complaint outcome by people other than the original decision maker.

Where appropriate, the organization should defer actions that may have significant detrimental impact on the complainant until their complaint (or review) has been finalized.

### **5.2.3 Equity**

All complaints should be addressed in an equitable manner and in accordance with the organization's complaint management policy.

The organization's complaint management policy should address the issue of how to manage the conduct of complainants who act unreasonably.

NOTE See [Appendix E](#) for guidance on how to identify and manage unreasonable conduct by complainants.

### **5.2.4 Privacy and disclosure**

Personally identifiable information about any individual should only be used in compliance with all relevant privacy laws and ethical obligations when managing a complaint.

### **5.2.5 Communication**

To facilitate early resolution, frontline staff and staff handling complaints should have access to clear and simple information to inform their effective communication with complainants.

## **5.3 Managing the parties**

### **5.3.1 Conduct of parties**

The organization should implement policies or guidelines, or both, that make clear the behaviour expected of both its staff and complainants.

NOTE See [Appendix E](#) for guidance on how to identify and manage unreasonable conduct by complainants.

### **5.3.2 Work health and safety**

The organization should develop, adopt and implement appropriate policies, procedures and practices to ensure the health and safety of its staff involved in complaint management, including identity protection if needed.

### **5.3.3 Complaint involving multiple parties**

When a complaint involves multiple organizations, consideration should be given to options for coordinating communication with the complainant. Subject to privacy and confidentiality obligations, communication and information exchange between the organizations should be pre-arranged, where practicable and appropriate, to facilitate investigation and response to a complaint.

Where a complaint involves multiple areas within the organization, responsibility for communicating with the complainant should be coordinated between the areas involved.

### **5.3.4 Empowerment of staff**

The organization should ensure that staff are properly empowered to implement its complaint management system as relevant to their role.

The organization should encourage staff feedback as being a valuable source of insight into problems with the organization, its products, services or the complaint management system.

NOTE See [Appendix F](#) for guidance on the responsibilities of management, employees and complaint handling personnel.

## 5.4 Accountability, learning and prevention

### 5.4.1 Accountability

The organization should ensure that accountability for the operation of its complaint management system is clear.

### 5.4.2 Continuous improvement

Responding to and learning from complaints should be an essential part of an organization's commitment to continual quality improvement.

The organization should have systems and processes in place to collect and act on staff feedback about complaints, given it is a valuable source of insight. This includes risk management policies and whistleblower policies.

NOTE See [Appendix O](#) for information on the role complaint data plays in improving organization's processes.

### 5.4.3 Prevention of ongoing disputes

The organization should develop and implement systems that minimize the possibility of complaints escalating into ongoing disputes.

NOTE See [Appendix G](#) for guidance on how to avoid disputes arising and how to manage those that have arisen.

## 6 Complaint-management framework

### 6.1 Introduction

All organizations should implement a complaint management system that includes appropriate policies and procedures, clear lines of responsibility, and appropriate delegations.

When establishing and reviewing its complaint management system, the organization should consider —

- (a) any statutory or regulatory requirements;
- (b) the value the organization seeks to derive from complaints to improve its operations;
- (c) financial, operational and organizational requirements;
- (d) the number, demographics and characteristics of the organization's customers;
- (e) the nature and breadth of the organization's interactions with the public;
- (f) the number and type of complaints the organization receives; and
- (g) input from staff and other interested parties.

### 6.2 Commitment

Active interest in and support of effective complaint management by the organization's governing body (or equivalent), chief executive, senior management and management generally is needed. This

commitment should be reflected in the development, adoption, implementation and promotion of policy and procedures for the management of complaints.

The organization and management should be held responsible for establishing and maintaining a positive complaint management environment that encourages feedback and complaints.

Management commitment should also be demonstrated through the provision of adequate resources, including training and support for staff handling complaints.

The organization should provide assistance for people who have difficulty making a complaint.

### 6.3 Policy and procedures

The organization should establish an explicit complaint management policy setting out its commitment to the effective management of complaints.

This policy should be supported by procedures detailing how complaints will be managed by the organization, who will be involved in that process and their roles.

The organization should ensure that complainants are aware of the entire complaint management process, including whether there is an external body the complainant can go to if they are dissatisfied with the outcome of their complaint or the organization's management of it.

The organization's complaint management policy and procedures should be accessible to and known by all staff within the organization.

The policy should also be widely accessible to the public.

When establishing and reviewing its complaint management policy and procedures, the organization should consider —

- (a) any relevant statutory and regulatory requirements;
- (b) financial, operational and organizational requirements; and
- (c) the input of complainants, staff and other interested parties.

NOTE See [Section 8](#) for information regarding operation of the complaints management system.

### 6.4 Responsibility and authority

#### 6.4.1 General

Responsibility for the organization's complaint management system lies with various parties, including —

- (a) the chief executive (or equivalent head of the organization);
- (b) the manager responsible for complaint management;
- (c) operational managers; and
- (d) the staff handling complaints.

The involvement of all levels within the organization ensures appropriate support for, and delivery of, the organization's complaint management system.

NOTE See [Appendix F](#) for further information about the roles and responsibilities of staff in the complaint management process and [Clause 5.2.2](#) for information on impartiality.

### 6.4.2 Governing bodies

The governing body should be responsible for:

- (a) the Complaint Management Policy (the Policy) for the organization, including review of the Policy as given in the governing body's policy review schedule.
- (b) Ensuring at least quarterly reports are received by the governing body about —
  - (i) internal and external dispute resolution (EDR) complaint volumes;
  - (ii) average response timeframes;
  - (iii) number of open complaints, in total and by status, with reference to the life cycle of the complaint;
  - (iv) percentage of open complaints within the stated timeframes, which may include 30, 60, 90, 180, or 365 days;
  - (v) identification and rectification of systemic issues; and
  - (vi) media associated with any individual complaint or systemic issue.
- (c) Ensuring adequate funding and resourcing is allocated to manage complaints, address systemic issues and, if necessary, recall or cease production of associated products or discontinue associated services.
- (d) Providing appropriate reporting and disclosures to relevant regulators and agencies.

### 6.4.3 Chief executive

The chief executive should be responsible for the following:

- (a) Ensuring that a governing body-approved complaint management policy, supported by procedures and objectives are established within the organization.
- (b) Ensuring the promotion of awareness of the complaint management policy and procedures and cultivating a people-focus throughout the organization.
- (c) Ensuring that information about the complaint management policy is easily accessible to members of the public and is communicated in a manner that is easy to understand.
- (d) Appointing a complaint management manager with clearly defined responsibilities and authority.
- (e) Ensuring that there is a process in place for timely and appropriate notification to senior management of any significant complaints or systemic issues identified through complaints.
- (f) Ensuring that there is a process for regular reporting to the governing body, internally and externally as required about complaint management generally.
- (g) Ensuring that complaints are managed effectively.

NOTE Where internal audit committees are established, reviewing the complaints management process should be part of their scope.

### 6.4.4 Manager responsible for complaint management

The complaint management manager should be responsible for the following:

- (a) Establishing a process of performance monitoring, evaluation and reporting.

NOTE Appendix C gives further guidance on data collection, analysis and reporting.

- (b) Reporting to senior management on the operation of the complaint management system.
- (c) Reporting to senior management on significant complaints and systemic issues or trends identified through the receipt of complaints and service problems, with recommendations for improvement where appropriate.
- (d) Identifying and allocating resources needed for an effective and efficient complaint management system.
- (e) Reporting to staff and other relevant stakeholders about issues of concern identified through the complaint management system.
- (f) Implementing and maintaining the complaint management system, including —
  - (i) recruitment and training of appropriate staff;
  - (ii) implementation of appropriate technology;
  - (iii) provision of adequately documented complaint management guidance for all staff;
  - (iv) setting and meeting key performance indicators; and
  - (v) other needs, including system reviews.
- (g) Implementing internal and external escalation procedures for unresolved complaints and disputes.

#### 6.4.5 Operational managers

Where applicable within their area of responsibility, operational managers should be responsible for the following:

- (a) Ensuring that the complaint management system is implemented.
- (b) Liaising with the organization's complaint management manager.
- (c) Ensuring that staff are aware of the organization's complaint management system and the benefits of receiving complaints.
- (d) Ensuring that information about the complaint management system, including the policy and procedures, is easily accessible to staff.
- (e) Ensuring that the organization's complaint management system is easily accessible to the public.
- (f) Reporting to the complaints manager or senior management, or both, on actions and decisions made by staff relating to complaint management.
- (g) Ensuring that monitoring of the complaint management system is undertaken and recorded.
- (h) Ensuring that complaints are recorded and corrective action is taken to prevent a problem from reoccurring.
- (i) Ensuring that complaint management data are available for review by senior management.

### 6.4.6 Staff handling complaints

All staff that handle complaints should —

- (a) be appropriately trained in complaint management and the implementation of complaint management procedures relevant to their role, including specific training on the following:
  - (i) Receiving and managing complaints from people experiencing vulnerability who may need assistance.
  - (ii) Cultural awareness.

NOTE See [Appendix B](#) for guidance on making the organization's complaint management system accessible.

- (b) be able to identify and effectively respond to people's support and communication needs and preferences;
- (c) treat complainants in a respectful and courteous manner;
- (d) follow all complaint management reporting requirements determined by the organization; and
- (e) follow the organization's complaint management policy and procedures.

### 6.5 Staff awareness

Organizations should ensure that all staff —

- (a) are aware of the organization's complaint management system;
- (b) are aware of the value of complaints to the organization and, therefore, the importance of complaints being dealt with effectively;
- (c) are aware of their roles, responsibilities and authorities in respect of complaints;
- (d) are aware of what procedures to follow and what information to give to complainants; and
- (e) know how to recognize complaints, and be proactive in responding promptly and appropriately to expressions of dissatisfaction in accordance with the organization's complaint management procedures.

## 7 Planning and design

### 7.1 System

The organization should plan and design an effective and efficient complaint management system that is impartial and fair, and is reasonably seen to be impartial and fair.

The organization's complaint management system should allow for the sharing of complaint data with relevant organizations (including suppliers that are involved with the complaint), to enable improvements.

NOTE Relevant legal and privacy obligations may apply regarding the sharing of complaint data.

### 7.2 Review process

An effective complaint management system should provide three levels of escalation.

NOTE See [Appendix H](#) for further information on the three level review mode.

The aim of the organization should be to have the majority of complaints appropriately addressed by frontline staff, i.e. at level one of the three level model given in [Appendix H](#).

Complainants who are dissatisfied with how frontline staff have addressed their complaint or its outcome should have the option of escalating their complaint to a person or area other than frontline staff, i.e. at level two of the three level model given in [Appendix H](#).

If the complainant is still dissatisfied with the handling of their complaint, they should have the option to seek a review by an appropriate external complaint management mechanism or body, i.e. at level three of the three level model given in [Appendix H](#).

### 7.3 Procedures

The organization should ensure that procedures are developed and made available to staff to provide guidance on how complaints should be managed following the organization's complaint management policy.

### 7.4 Resources

The organization should continually review the adequacy of resources provided to staff managing complaints. This includes —

- (a) the number of staff managing complaints against the number and nature of complaints received and finalised;
- (b) the appropriateness of training provided to complaint management staff;
- (c) the clarity of complaint management procedures provided to staff managing complaints;
- (d) the simplicity of the organization's complaint management documentation;
- (e) the sufficiency of the specialist support provided to staff handling complaints;
- (f) the adequacy of materials and equipment, including computer hardware; and
- (g) finances.

### 7.5 Integration with public relations and media activities

The organization should ensure that its communication, public relations and media activities are informed by its complaint management policy, processes and outcomes.

The organization should ensure that there are no inconsistencies between its complaint management policies and procedures and those relating to communication, public relations and media activities.

### 7.6 Training

The organization should ensure staff are trained in its complaint management policy and procedures prior to undertaking complaint management activities.

Following training, a mentor or buddy system and assessment of competency is recommended to ensure staff are competent to handle complaints effectively and efficiently.

## 8 Operation of the complaint management system

### 8.1 Communication

Information about the organization's complaints process should be accessible, written in easy English and provided in a range of formats and languages.

The organization's complaint management policy should be accessible —

- (a) from its website's homepage;
- (b) at its front counter or reception area; and
- (c) in leaflets, newsletters or other relevant media generated by the organization.

Information made publicly available by an organization about its complaint management system should include —

- (i) where complaints can be made;
- (ii) how complaints can be made;
- (iii) when complaints can be made;
- (iv) when acknowledgement of complaints can be expected;
- (v) what information should be provided by the complainant;

NOTE 1 See [Appendix L](#) for further details.

- (vi) the organization's process for handling complaints;
- (vii) time periods associated with various stages in the process;
- (viii) where appropriate, possible options for redress;

NOTE 2 See [Appendix I](#) for the options of redress when managing complaints.

- (ix) the complainant's options for review, both internally and externally; and
- (x) how the complainant can obtain feedback on the status of their complaint.

## 8.2 Providing support in the making of a complaint

While the primary focus is to implement a complaints process that is accessible, organizations should also be able to identify people who may need assistance or different approaches. Organizations should provide support and practical assistance to such people in order to make a complaint, if needed.

NOTE See [Appendix B](#) for further guidance on how to make the organization's complaint management system accessible.

## 8.3 Early resolution

Where possible, complaints should be managed and resolved at the first point of contact with the organization.

Training and procedures should be provided to enable early resolution by its staff, including frontline staff.

An assessment should be made as to whether a complaint resolved, at first point of contact, is recorded.

## 8.4 Record of complaint

### 8.4.1 General

The organization should make a record of all complaints (see [Clause 8.4.2](#) for guidance about complaints to frontline staff) and assign a unique identifier to each one (see [Clause 4.1](#) for the definition of a complaint).

The record of the complaint should, at a minimum, identify the following:

- (a) The complainant's contact information (where provided).
- (b) Issues raised by the complainant.
- (c) The outcome sought by the complainant.
- (d) Any other information needed to properly respond to the matter.
- (e) Any support requirements needed by the complainant.

#### 8.4.2 Frontline staff

For complaints made directly to frontline staff in circumstances where it is not reasonably practicable for them to record the complaint at the time (such as utility meter readers or public transport operators), the complaint need not be recorded if:

- (a) the complaint is appropriately addressed through immediate discussion, or
- (b) the frontline staff otherwise provides the customer with appropriate contact details for making a complaint to the organization.

Where a complaint has been made to frontline staff and the above does not apply, organizations should endeavour to record all complaint information tabled in [Clause 8.4.1](#) Items (a) to (e). The level of detail recorded may differ depending on the requirements of the organization for record keeping, data collection and analysis.

NOTE See [Appendix C](#) for further guidance on the method of collection and content of data and [Appendix L](#) for guidance on the information to collect on receipt of a complaint. See [Appendix H](#) for guidance on the three level model of complaint handling.

### 8.5 Tracking of complaint

The organization should track the progress of each complaint until its finalization. Updates on the status of the complaint should be made available to the complainant upon request and at regular intervals, at least at intervals following the pre-set deadlines. Consideration should be given by the organization to the most appropriate medium.

### 8.6 Acknowledgement of complaint

The organization should acknowledge receipt of each complaint promptly, within three working days if possible.

Consideration should be given by the organization to the most appropriate medium for communicating with the complainant, taking into account organizational needs and the expressed views of the complainant. For example, using the same medium by which the complaint was made or by a medium requested by the complainant, such as by way of post, phone, email or social media channels.

### 8.7 Managing the complaint

#### 8.7.1 Initial assessment of complaint

After receipt, the organization should assess whether there is more than one issue raised in the complaint and, if so, whether each issue needs to be separately addressed.

To determine how a complaint should be managed, it should be assessed in terms of criteria such as:

- (a) Severity.

- (b) Health and safety implications.
- (c) Complexity.
- (d) Impact on the individual, the general public or the organization.
- (e) Potential to escalate.
- (f) The need and possibility of immediate action.
- (g) Jurisdiction, if applicable.
- (h) Outcomes sought by the applicant.
- (i) Whether other organizations or areas within the organization need to be involved.

After the initial assessment, the organization should consider how to address the issues raised in the complaint. This could include working with the complainant to see if the issues can be appropriately addressed, informal inquiries, or a formal investigation into the complaint.

The nature and scope of any enquiry or investigation will depend on the circumstances of each case, the issue complained about, the parties involved, and the likely outcome.

NOTE 1 Statutory requirements may apply to cases under enquiry or investigation.

NOTE 2 See [Appendix D](#) for further information on impartiality, fairness and confidentiality.

### 8.7.2 Addressing the complaint

The organization should handle all complaints in a manner intended to address the complaint appropriately as quickly as possible. Wherever possible, complaint outcomes should be tailored to the underlying cause of each complaint.

NOTE For further guidance on options for redress, see [Appendix J](#). Effective apologies are discussed in [Appendix I](#). When a complaint involves multiple parties, see [Clause 5.3.3](#).

### 8.7.3 Communicating with the complainant

The organization should actively communicate its progress to the complainant, particularly where progress has been delayed.

The organization should communicate the outcome of the complaint to the complainant using the most appropriate medium, taking into account the complainant's needs and expressed views.

Following consideration of the complaint, the organization should contact the complainant to advise —

- (a) what actions were taken by the organization in response to the complaint;
- (b) the outcome(s) of the complaint;
- (c) the reasons for any decisions that have been made;
- (d) any remedy or redress that have been offered (see [Appendix J](#)); and
- (e) information about other remedies that may be available to the complainant, such as seeking an internal or external review, appeal or complaining to an external complaint management body.

As far as possible, communication with the complainant should focus on the actions of the organization as a whole and how they may have affected the complainant.

If any adverse findings are made about a particular staff member, the organization should consider whether privacy obligation impact on what information could be given to the complainant.

## 8.8 Closing the complaint, review and record keeping

At the time of closing the complaint, the organization should record the following:

- (a) Steps taken to address the complaint.
- (b) The outcome of the complaint.
- (c) Any undertakings or follow up action needed.

This may assist the organization to respond to any further reviews or appeals, as well as lead to quality improvements.

## 8.9 Implementation of recommendations and remedies

The organization should put in place systems and processes to ensure that implementation of outcomes is properly monitored and reported to the complaints manager or senior management, or both.

NOTE See [Appendix C](#) for further guidance on data analysis and reporting.

# 9 Maintenance and improvement

## 9.1 Collection of information

The organization should develop and adopt policies for identifying, gathering, classifying, maintaining, storing, securing and disposing of complaint related records.

Information collection should include the following:

- (a) Specifying steps for identifying, gathering, classifying, maintaining, storing and disposing of records.
- (b) Recording the handling of each complaint and appropriately maintaining these records.
- (c) Maintaining records of the type of training and instruction that individuals involved in the complaint management system have received.
- (d) Specifying the organization's criteria for responding to requests for records made by a complainant or their agent. This may include time limits, statutory rights of the complainant or the general public to access information, or a combination thereof, and what kind of information will be provided, to whom and in what format.
- (e) Specifying how and when de-identified complaint data may be disclosed to the public or other organizations to whom the complaint refers.

NOTE See [Appendix C](#) for further guidance on data collection, analysis and reporting for complaint information.

## 9.2 Analysis and evaluation of complaints

Organizations should identify possible systemic issues or breaches. Where identified, staff should report systemic issues or breaches internally and to external bodies where needed.

All complaints should be classified and then analysed to identify systemic, recurring and single incident problems and trends.

Root cause analysis is one method the organization may use to identify underlying reasons for complaints.

NOTE See [Appendix K](#) for further guidance on this method of analysis.

### 9.3 Satisfaction with the complaint management system

The organization should undertake regular action to determine the level of satisfaction of complainants with its complaint management process. This may take the form of random surveys of complainants, online listening tools and alerts (for social media), and other techniques.

### 9.4 Monitoring the complaint management system

Continual monitoring of the complaint management system, the resources needed (including personnel) and the data to be collected should be undertaken by the organization.

The performance of the complaint management system should be measured against predetermined criteria.

NOTE See [Appendix M](#) for further guidance on monitoring and measurement.

### 9.5 Auditing of the complaint management system

The organization should regularly perform or provide for audits in order to evaluate the performance of its complaint management system. The audit should provide information on process —

- (a) conformity to complaint management procedures; and
- (b) suitability to achieve complaint management objectives.

The complaint management audit may be conducted as part of the quality management system audit, for example in accordance with ISO 19011. The audit results should be incorporated in the management review to identify problems and introduce improvements in the complaint management system.

The audit should be carried out by individuals independent of the activity being audited.

NOTE See [Appendix N](#) for guidance on auditing.

### 9.6 Management review of the complaint management system

#### 9.6.1 Purpose of review

Senior management of the organization should review the complaint management system on a regular basis in order to —

- (a) ensure its continuing suitability, adequacy, effectiveness and efficiency;
- (b) identify and address instances of nonconformity with health, safety, environmental, regulatory and other legal requirements;
- (c) identify and correct deficiencies;
- (d) assess opportunities for improvement and the need for changes to the complaint management system and the organization's general operations;
- (e) evaluate potential changes to the complaint management policy and procedures; and
- (f) assess whether the organization appropriately identified and addressed the known vulnerabilities of customers.

### 9.6.2 Inputs to review

The review should consider —

- (a) internal factors such as changes in the policy, objectives, organizational structure, resources available, and products and services offered or provided;
- (b) external factors such as changes in legislation, competitive practices or technological innovations;
- (c) the overall performance of the complaint management system, including complainant satisfaction surveys and the results of the continual monitoring of the process;
- (d) the results of audits;
- (e) the status of corrective and preventive actions;
- (f) follow-up actions from previous management reviews; and
- (g) recommendations for improvement.

### 9.6.3 Outputs of review

The review should result in —

- (a) decisions and actions related to improvement of the effectiveness and efficiency of the complaint management system;
- (b) proposals on product and service improvement; and
- (c) decisions and actions related to identified resource needs (e.g. training programs).

Records of the management review should be maintained and used to identify opportunities for improvement.

## 9.7 Continual improvement

The organization should continually improve the effectiveness and efficiency of its complaint management system. The organization should —

- (a) explore, identify and apply best practices in complaint management;
- (b) foster a people focused approach within the organization;
- (c) encourage innovation in complaint management development;
- (d) recognize exemplary complaint management behaviour; and
- (e) learn and improve from external reviews including EDR, commissions of inquiry of various types, integrity agency reviews and and government enquires.

Feedback on the organization's complaint management system can be used to continually improve the quality of its products and services.

NOTE 1 Where an organization undertakes independent reviews, surveys or research in relation to its complaint management system, personal information should be shared in accordance with privacy and ethical obligations. Any reporting should be de-identified, unless agreed to or authorized by the complainant.

For additional guidance on a generic methodology for continual improvement, organizations may refer to Appendix B of AS/NZS ISO 9004:2011.

NOTE 2 See [Appendix G](#) and [Appendix Q](#) for more information.

## Appendix A (informative)

### Guidance for small organizations

#### A.1 General

Many small organizations will receive few complaints, and have limited resources to set up and maintain a complaint management system.

This appendix highlights key areas where small organizations can focus their attention to achieve maximum effectiveness and efficiency in their complaint management system.

The guidance is designed for easy implementation. It can be valuable to visit other similar organizations and see how they deal with complaints. Valuable tips and techniques can often be found in this way.

#### A.2 Welcome complaints

Organizations should be open to complaints, and have a simple sign on show, or a paragraph on letters, notices or invoices (see [Clause 8.1](#)) indicating this.

#### A.3 Clear process

Design a clear process for managing any complaints received, including who within the organization is responsible for dealing with complaints (see [Clauses 7 and 8](#)).

#### A.4 Staff awareness

Make sure all staff are aware of the organization's complaint management system and the steps they need to take when a complaint is received (see [Clause 6.4](#)).

#### A.5 Lowest level resolution

Allow for complaints to be addressed at the lowest level possible, with all staff empowered to either respond to a complaint or refer it to the most appropriate person within the organization (see [Clause 8.3](#)).

#### A.6 Acknowledge receipt of all complaints

Acknowledge receipt of all complaints promptly if they are not received in person, a phone call or email may be sufficient (see [Clause 8.6](#)).

#### A.7 Assess the complaint

Assess all complaints, and decide who will deal with them, what priority they will be given and the timeframe in which they should be completed (see [Clause 8.7](#)).

If the complaint can be appropriately addressed immediately, take action to do so.

If the complaint cannot be appropriately addressed immediately, decide what further action needs to be taken to consider the complaint.

### **A.8 Manage expectations**

Give information to the complainant about what you intend to do about the complaint, and evaluate the complainant's response. If it is likely the action will satisfy the complainant, promptly take action (see [Clause 8.7](#)). If not, and where additional review or consideration of the complaint will be undertaken, provide the complainant with clear timeframes for when to expect a response, or when to expect a progress report.

### **A.9 Inform the complainant about the outcome of their complaint**

When, in your view, everything possible has been done to address the complaint, tell the complainant the outcome. If the complaint is still not resolved to the complainant's satisfaction, explain your decision and offer any possible alternative actions (see [Clause 8.7.3](#)).

### **A.10 Record keeping**

Keep a record of the complaints you receive, the action taken, the decisions made and the outcome (see [Clause 9.1](#)).

### **A.11 Review complaint data**

Review complaints regularly to establish if there are any trends or obvious changes the organization could make to reduce or stop complaints occurring, improve the services you provide, or make people more satisfied with the organization. Further information can be sourced from feedback provided by customers, staff and other stakeholders. Consider undertaking brief periodical reviews of complaints and a more intensive annual review (see [Clause 9.2](#)).

## **Appendix B** **(informative)**

### **Guidance on accessibility**

#### **B.1 General**

Accessibility is the degree to which a product, system or service is available to as many people as possible.

It is important that all people feel encouraged to voice their concerns about an organization's product, system or services. Organizations should also strive to communicate how such feedback is used to improve their product, system or services.

Some people have greater difficulty than others in making a complaint or participating in the complaints process. Organizations should be alert to people who may need additional assistance or different approaches, such as people with disabilities, people living in regional or remote areas, children, young people, the aged, and people from culturally and linguistically diverse backgrounds.

Organizations should be flexible when dealing with complaints and ensure that their complaint management system is accessible to everyone, particularly people who may need assistance.

#### **B.2 Making the complaint management process accessible and usable**

The process for making a complaint should be easy to access, understand and use.

Clear and simple information about an organization's complaint management process should be available in a range of languages and accessible formats on its website, posters and brochures. Alternative formats may include the following:

- (a) Large print.
- (b) Braille, audio format.
- (c) Sign language (e.g. Auslan), DVD or internet video.
- (d) Easy English and use of illustrations.
- (e) "Text to speech" web functionality.

The organization's frontline staff should be familiar with the complaints process and trained in providing an initial acknowledgement of any complaints received. Frontline staff should provide assistance to make a complaint if necessary. Frontline staff should also be able to refer complainants to a person within the organization who will manage the complaint.

Staff likely to be involved in managing complaints should be trained in identifying people who may need additional assistance in making a complaint and in consulting with the person, or others close to them, about their preferred method of contact and any particular needs for access or communication they have.

NOTE Refer to the Web Content Accessibility Guidelines (WCAG) for further information.

### B.3 Flexible methods for making and managing complaints

Organizations should provide flexible methods for making a complaint. This may include complaints being made —

- (a) in person;
- (b) over the phone;
- (c) via social media channels;
- (d) via apps; or
- (e) in writing, via email, text messaging, letter, online complaint forms or electronically.

Organizations should accept complaints from family members, advocates, friends or other people who act on behalf of, or in support of, a person who may have limited capacity to make a complaint. That person's authority to act on another person's behalf may need to be checked if personal information is involved.

Organizations may make their process more accessible by —

- (i) a toll-free phone number;
- (ii) a text telephone (TTY) service for people with hearing impairment;
- (iii) a National Relay Service or equivalent;
- (iv) access to interpreting and translating services;
- (v) accepting complaints via other technology, such as video calls and through social media channels, text messaging and the use of apps; or
- (vi) providing cultural awareness training to their staff.

NOTE There is no expectation that organizations should seek to identify complaints made on third party social media accounts or channels.

Organizations should ensure that information about the different ways complaints can be made and the types of support available to people is easily accessible. For example, having a "complaints" portal on your homepage can quickly take a potential complainant to the channels available to lodge a complaint. An app can also support the making of a complaint via a mobile phone and encourage ease of use.

In summary, the following components should be considered for accessibility:

- (A) Access to readable and easy to understand information about how to make a complaint and the complaint process.
- (B) The options and process for making a complaint.
- (C) For staff that are likely to receive complaints, training should be considered in —
  - (1) identifying people who may need additional assistance to make a complaint;
  - (2) providing an initial acknowledgement of complaints received;
  - (3) the complaint management process;
  - (4) acquiring the complainant's preferred method of contact and particular needs for access to information or communication where supported by the organization's processes; and

- (5) possible escalation paths.
- (D) Assistance for people to make a complaint, if needed.
- (E) The process for accepting complaints from family members, friends, agents, advocates or others who act on behalf of, or support, a person who themselves may have limited capacity to make a complaint.

## Appendix C (informative)

### Data collection, analysis and reporting for complaint information

#### C.1 General

Data collection is the process of gathering information.

Data analysis is the process of inspecting and transforming data, with the goal of assisting decision-making by highlighting useful information and providing objective information about it rather than subjective opinions.

A methodology that includes the following activities should be formalized prior to collection activities:

- (a) Pre-collection activities.
- (b) Collection.
- (c) Analysis and findings.

NOTE Privacy requirements may apply for collecting, storing and disposing of data.

#### C.2 Step one: Pre-collection activities

Pre-collection activities determine the quality and usefulness of resulting analysis and reports. Pre-collection activities include the following:

- (a) Identifying goals and hypotheses for data analysis.
- (b) Defining the method of collection.
- (c) Defining the method for classification.
- (d) Defining the method for analysis.

Data collection should allow all relevant information to be recorded accurately.

Subjective choices in data collection should be minimized by clearly defining the parameters or available options for all data fields.

Data collected for commonly occurring complaints may be simplified. More data or details relating to complex or infrequent complaints should be collected.

#### C.3 Step two: Collection

##### C.3.1 General

Data collection should take place as soon as practical.

Data collection may be a combination of quantitative and structured or qualitative and unstructured data.

Data collection needs careful design to ensure the maximum benefit is derived from analysis. Consideration should be given to issues such as the following:

- (a) *Reliability and consistency* — All data should be collected in the same way.
- (b) *Comprehensiveness* — Categories should be meaningful and detailed, but not so specific as to require new categories to be created each time a new complaint is documented.
- (c) *Clarity* — Avoid ambiguous categories, such as “miscellaneous”, to ensure categories are easy to interpret and can be used consistently.
- (d) *Logical* — The order of data collection should be consistent with the organization’s sequence or pattern of events to facilitate succinct data collection.
- (e) *Simplicity* — Allow new or temporary staff to quickly and accurately record a complaint.

### **C.3.2 Quantitative data**

Quantitative or structured data are measurable, definable, and can be converted into numbers and statistics. Typical quantitative data includes percentages, rankings, and “yes” and “no” responses.

Quantitative data that should be collected includes where and how the customer contacts the organization. Record the following:

- (a) Reason for the customer contact.
- (b) When the complaint is received.
- (c) Referral source.
- (d) Staff member handling the complaint.
- (e) When and how the customer is contacted.
- (f) Underlying causes of the complaint.
- (g) The requested and actual outcome of the complaint.
- (h) Any remedy provided to the customer.
- (i) When the complaint is finalized.
- (j) The customer’s satisfaction with the outcome.
- (k) Any other associated complaints about the same issue or from the same complainant.

### **C.3.3 Qualitative data**

Qualitative or unstructured data are descriptive and cannot be measured in absolute terms.

Qualitative data fields include:

- (a) Customer’s name, address and contact details.
- (b) Customer’s description of the complaint.
- (c) Free text “comments” fields.

## **C.4 Step three: Analysis**

Data analysis allows for —

- (a) evaluating the complaint system processes and performance;

- (b) identifying systemic and recurring problems for rectification;
- (c) testing of hypotheses; and
- (d) continuous improvement.

Grouping complaints into categories allows data to be analysed and reported quickly and simply.

When creating and assigning higher level categories (hierarchical classifiers) to data, consider using classifiers that can identify regulatory compliance failure, non-conformance with customer service standards, information deficiencies, and product, process and service failures.

Categories should be monitored to identify inconsistent use of classifiers and the need for new classifiers in response to emerging trends.

Methods of data analysis include the following:

- (i) Statistical, including degrees of change, mean, median, mode, range and standard deviation.
- (ii) Hypothesis testing, which explores and confirms organizational beliefs or opinions.
- (iii) Association, determining if one event is more likely to occur as a result of another event.
- (iv) Causation relationships, where one event is necessary for a second event to occur.
- (v) Exclusion of confounding factors, which is to rule out the distortion of the relationship between two events by other, external factors.

Suggested data analysis includes:

- (A) Nature and severity of complaints.
- (B) Services, products, processes, information or business practices that cause complaints.
- (C) Number of issues per complaint received.
- (D) Average time to acknowledge and respond to complaints.
- (E) Time taken to handle complaints.
- (F) Number of contacts made to address issues.
- (G) Demographic analysis of people, department, branch, organization and market segment.
- (H) Response times.
- (I) Staff resource analysis.
- (J) Cause analysis.
- (K) Actions taken, including remedies, determinations and results.
- (L) Trend analysis.
- (M) Customer satisfaction with actions taken.

## C.5 Step four: Findings and reports

The output of data analysis should be available to relevant business departments and management through informative and quantitative reports.

Reports should provide the context of the analysis with an explanation of the purpose of the analysis and methodology used, including data collection methods.

Findings should be linked to the purpose of the analysis, and used to make recommendations, where appropriate, and describe lessons learned.

More than one report format may be needed to present findings according to the analysis performed or the audience, or both.

It is recommended that quantitative findings be presented in data tables as results, differences and similarities are quickly apparent. Reports may be automated to produce concise output into predetermined templates so that analysis and corrective action processes can take place.

Reporting of qualitative findings may include quotes, and identify patterns or common themes, and similarities or differences from the data analysed.

Reports may display trends to allow recommendations for product or service improvement to be made.

## Appendix D (informative)

### Impartiality and fairness

#### D.1 Principles of impartiality and fairness

It is important that complaints are handled in an equitable, unbiased and objective manner. This helps ensure that an organization's complaint management process is, and is perceived to be, fair and reasonable.

The following principles will assist organizations to impartially and fairly manage complaints:

- (a) *Openness* — The processes should be clear and well publicized so that both staff and complainants can follow them.
- (b) *Impartiality* — Avoid any bias in dealing with the complainant, the person complained against or the organization. The process should be designed to protect the person from retribution as a result of making a complaint. Emphasis should be placed on resolving the complaint and not on assigning blame. If a complaint is made about staff, the investigation should be carried out independently.
- (c) *Confidentiality* — The process should be designed to protect the complainant's (or customer's) identity, as far as is reasonably possible. This aspect is very important to avoid deterring possible complaints from people who may be afraid that giving details could lead to inconvenience or discrimination.
- (d) *Accessibility* — The organization should allow the complainant access to the complaint management process at any reasonable point or time. Information about the complaint process should be readily available in clear language and in formats accessible to all complainants. When a complaint affects different supply chain participants, a plan to coordinate a joint response should be made. The process should allow any information arising from the complaint to be known by any suppliers of the organization that are concerned by the complaint so that they are able to make improvements.
- (e) *Completeness* — Finding out the relevant facts, talking to people from both sides involved in the complaint to establish a common ground and verify explanations, whenever possible.
- (f) *Equitability* — Giving equal treatment to all people.
- (g) *Sensitivity* — Each case should be considered on its merits, paying due consideration to individual differences and needs.

#### D.2 Complaints about staff

Complaint management procedures should ensure that those complained against are treated objectively. This implies —

- (a) informing them immediately and completely of any complaint about their performance;
- (b) giving them the opportunity to explain the circumstances and allowing them appropriate support; and
- (c) keeping them informed of the progress in the investigation of the complaint and the result.

NOTE The provisions of Clause D.2 may not apply in some circumstances, e.g. alleged criminal conduct or misconduct.

It is vital that those against whom a complaint has been made are given full details of the complaint before they are interviewed. However, confidentiality should be observed.

Staff should be reassured that they are supported by the process. Staff should be encouraged to learn from the complaint management experience and develop a better understanding of the complainant perspectives.

### **D.3 Separating complaint management procedures from disciplinary procedures**

Complaint management procedures should be separated from staff disciplinary procedures and aligned with privacy provisions.

### **D.4 Confidentiality**

In addition to ensuring complainant confidentiality, the complaint management process should ensure confidentiality in the case of a complaint against staff. The details of such a complaint should be known only by those directly concerned.

However, it is important that confidentiality is not used as an excuse to avoid dealing with a complaint.

### **D.5 Impartiality and fairness monitoring**

Organizations should monitor the responses to complaints to ensure they are handled impartially and fairly. Measures could include —

- (a) a regular monitoring (e.g. monthly) of finalized complaint cases selected at random; and
- (b) surveys of complainants, asking them if they were treated in an objective manner.

## Appendix E (informative)

### Unreasonable conduct by complainants

#### Acknowledgements

This appendix is based on the NSW Ombudsman publication *Managing unreasonable conduct by a complainant: A manual for frontline staff, supervisors and senior managers* (3rd edition) 2021.

#### E.1 General

Unreasonable conduct by a complainant is any behaviour which, because of its nature or frequency, raises substantial health, safety, resource or equity issues for the people involved in the complaint process. This includes the organization responsible for handling a complaint, the case officer(s) dealing with a complaint, any subjects of complaint, the person who made the complaint (potentially including members of their families and friends), other people who have or make a complaint, and other service users.

A small number of complainants can act quite unreasonably in seeking to have their concerns addressed by the organization. For example, they may be aggressive and verbally abusive towards the organization's staff. They may threaten harm and violence, bombard the organization with unnecessary and excessive phone calls and emails, make inappropriate demands on its time and resources, and refuse to accept the organization's decisions and recommendations in relation to their complaints. When complainants behave in these ways the organization may consider their conduct to be "unreasonable".

Definitions of "unreasonable" apply to the behaviour of a person, rather than the person themselves. Someone may exhibit unreasonable behaviour on one or more occasions, but this does not mean they should always be viewed as an "unreasonable person". It is important to always be fair and reasonable when interacting with them.

Unreasonable conduct does not preclude valid issues that need to be addressed by the organization. The organization should put in place appropriate strategies for managing such conduct fairly, ethically and reasonably and provide appropriate support to their staff.

#### E.2 Examples of unreasonable conduct by complainants

Examples of conduct that could, either in isolation or taken together, constitute unreasonable complainant conduct include the following:

- (a) *Unreasonable persistence* — This includes refusal to accept a final decision and persisting with issues despite advice they have been fully considered and no further action will be taken. For example, making excessive telephone calls, sending excessive emails, letters, and supplying excessive volumes of paperwork, in support of their complaint.
- (b) *Unreasonable demands* — This includes insisting on outcomes that are unattainable, changing the objectives of the process or demanding to have a matter dealt with in a particular way. For example, demanding more reviews than provided for in the review policy of the organization, demanding a different outcome without demonstrating that the original decision was wrong.
- (c) *Unreasonable lack of cooperation* — This includes providing disorganized, excessive or irrelevant information, an unwillingness to consider other viewpoints, or a refusal to define issues of concern.

- (d) *Unreasonable arguments* — This includes irrational cause and effect arguments, holding conspiracy theories unsupported by evidence, or illogically interpreting facts or laws.
- (e) *Unreasonable behaviour* — This includes extreme anger, aggression, threats or other violent conduct. For example, making threats of harm to self, complaint handlers or third parties, making baseless attacks on the intentions, motivations, ethics or conduct of complaint handlers or use of abusive language.

### **E.3 Key principles for dealing with unreasonable conduct by complainants**

#### **E.3.1 Strategies for dealing with unreasonable conduct by complainants**

Strategies for dealing with unreasonable conduct should be guided by the following core objectives:

- (a) *Ensure reasonableness and fairness* — Make sure that all current and potential complaints are dealt with reasonably and fairly, regardless of ethnic identity, national origin, religion, linguistic background, sex, gender expression, sexual orientation, physical or intellectual ability or other cultural or personal factors. Resources should be distributed based on the merits of a complaint, rather than a person's demands or conduct.
- (b) *Improve effectiveness and efficiency* — Allocate sufficient time and resources to dealing with unreasonable conduct. If it is left unmanaged, it can be an immense drain on the complaint handling resources of an organization.
- (c) *Protect health and safety* — Identify the potential risks posed by unreasonable conduct to staff health, safety and wellbeing and implement measures to eliminate or control those risks. Staff safety is one of the most important considerations.

To achieve these objectives organizations should be guided by three categories of broad underlying principles; prevention, management and accountability.

#### **E.3.2 Prevention principles**

The following principles should be implemented in processes and training to assist in managing unreasonable conduct of a complainant:

- (a) *Manage expectations from the start* — Manage the expectations of people making complaints from the beginning of the complaints process to ensure that they are reasonable and realistic. Unmet expectations are one of the primary triggers for unreasonable conduct by a complainant.
- (b) *Recognize and respond to cultural differences* — Some people who make complaints come from cultural backgrounds that are different from the culture in which the organization operates. They may be acting in a way that is seen as respectful and polite within their own culture, but not within the organization. Staff members should inform complainants about the organization's written policies, procedures and mechanisms, as well as the unwritten expectations for respectful behaviour, cooperation and transparency. Staff members should be made aware that cultural differences can affect perceptions of conduct as being reasonable or unreasonable. An understanding and appreciation of different cultural communication styles can help to reduce or avoid conflict and confusion.
- (c) *Insist on respect and cooperation* — Insist that people show respect for and cooperate with staff as a prerequisite to receiving services and having any further contact with or communication from the organization. It is also vital that complaint handlers show the same respect and courtesy to the people who make complaints, regardless of how those people may behave towards them.

- (d) *Implement policies and procedures* — Implement appropriate policies and procedures for managing unreasonable conduct and ensure that all staff are familiar with and receive training on how to apply them.

### E.3.3 Management principles

These principles should be applied in the policy, process and communications of the complaint management systems:

- (a) *Exercise ownership and control over complaints* — Exercise ownership and control over complaints and ensure that people who make complaints are aware that the organization and its staff effectively “own” the complaint, that they decide whether it will be dealt with and if so by whom, how quickly it will be dealt with, the priority and resources it will be given, the appropriateness of the outcome achieved, and so on. People who make complaints “own” their issue – they can raise it in any other forum, including oversight agencies, the courts and tribunals, the media or with a politician.
- (b) *Focus on specific, observable conduct* — Avoid terms such as “resource-intensive”, “high maintenance” or “high conflict”, “vexatious” and “querulous”. These terms label the person as being difficult or challenging rather than focusing on managing how to respond to their behaviour. When these terms are used by case officers to describe certain people who make complaints, it can negatively influence how they are perceived and dealt with by other staff. Focusing on the problematic behaviour and responding to it openly and transparently also removes the risk of incorrectly labelling someone.
- (c) *Communicate effectively* — Provide people who make complaints with clear, timely, firm and culturally or personally appropriate communication, including regularly informing them about the status of their complaints, even if there has been no progress.

If people who have made a complaint are not kept informed about the progress of their complaint, they are more likely to reach negative assumptions about how they are being dealt with. This includes assuming that no one is working on the complaint, that it is the subject of a significant investigation (when it is not), or that there has been a mistake.

### E.3.4 Accountability principles

#### E.3.4.1 Supervisors and senior managers

In their management of the complaints management framework, management from all levels should show commitment and support for managing unreasonable conduct.

It is not enough to send staff for training and expect them to be able to deal with the challenges presented by unreasonable conduct. Senior managers should:

- (a) Actively and clearly endorse and support the strategies adopted by the organization to manage unreasonable conduct.
- (b) Demonstrate their commitment to the approach by applying it consistently.
- (c) Support their staff with the necessary policies, directives and authorisations to use the strategies. Staff need to understand what they are and are not specifically authorized to do when dealing with unreasonable conduct and the appropriate escalation procedures to follow.
- (d) *Supervision* — Make sure that supervision, as far as the person engaging in unreasonable conduct is concerned, happens behind the scenes, except in limited circumstances. This could be when a staff member decides they are unable to manage the person’s conduct and/or that access to a senior manager will defuse the situation.

It is usually not necessary or appropriate to allow a complaint to be escalated to a supervisor just because the person who made the complaint demands it. People who are treated this way

can feel that they are getting preferential treatment in having their matter escalated or can make false assumptions about the importance of their issue. Also, once a person has access to a senior manager, they may continue to expect similar treatment in the future interactions with the organization. Unless a person who has made a complaint wants to make a complaint about a case officer, case officers should be strongly encouraged not to escalate calls to supervisors and senior managers, unless customer loyalty are important to the organization. If a complainant wants to make a complaint about a case officer, they should be asked to provide the complaint in writing if possible.

Supervisors also play an important role in ensuring that case officers are given adequate support with handling individual instances of unreasonable conduct.

- (e) *Recognition* — It is important that management recognizes that managing unreasonable conduct is a core organizational responsibility, rather than a peripheral issue, and is given proper priority and adequate resources. This includes ensuring that staff are given adequate time to deal with these cases.

Although this can require greater initial outlays in terms of time, training and supervisory support, taking this approach is likely to result in significant overall savings for the organization.

#### **E.3.4.2 All staff**

All staff should implement the following principles in their handling of complaints:

- (a) *Remain calm* — It is important that staff remain calm in the face of conduct that they find to be unreasonable and maintain control over their emotions and reactions to such conduct. While staff may adapt their communication style when responding to specific situations, a calm demeanour should be maintained across all interactions.
- (b) *Show respect* — Show respect to all people staff interact with, including people who may attempt to provoke. “Showing respect” means adapting how staff hear a person’s communication style, including when it is unfamiliar. With training and practice, staff can develop the ability to adapt their own preferred communication styles.
- (c) *Demonstrate impartiality* — Demonstrate impartiality throughout the complaints process and do not act as an advocate, particularly when dealing with people who try to pressure, intimidate and manipulate. The obvious exception to this is if advocacy is a part of the staff role.
- (d) *Be professional* — Understand that staff should promote productive and professional interactions with all people they interact with at work. Be professional in all dealings with them, even when they are acting unreasonably.

## Appendix F (informative)

### Responsibilities of management, employees and complaint management personnel

#### F.1 General

This appendix is a guide for the skills and accountabilities of the personnel involved in complaint management within organizations.

#### F.2 Skills

The staff involved in complaint management should have a range of attributes, skills and demonstrated experience which enables them to effectively respond, manage and appropriately address complaints. Skills and attributes should include some of the following:

- (a) Empathy.
- (b) Respect and courtesy including tone of voice and demeanour.
- (c) Discretion and confidentiality.
- (d) Negotiation.
- (e) Problem solving.
- (f) Resourcefulness.
- (g) Strong communication skills including listening, questioning, reflecting and summarizing.
- (h) Understanding of organization's systems and processes.
- (i) Connection and rapport building skills with the customer and colleagues.
- (j) Good judgement, pragmatism and common sense.

#### F.3 Knowledge

Knowledge in areas including, but not limited to:

- (a) The principles, stages, and functions of the complaint process.
- (b) The roles, functions and ethical understandings of a complaint professional.
- (c) Communication styles and negotiation techniques, particularly in the context of complaints.
- (d) How to begin, conduct and finalize a complaint process.
- (e) Fairness including procedural fairness.
- (f) Language and cultural differences that may affect the complaint process.
- (g) The needs of persons experiencing vulnerability.
- (h) Mental distress and its effect on behaviour.

- (i) Power imbalance and its effect on negotiations.
- (j) The internal rules, products and systems of the professional's organization and how the complaint process relates to internal structures.
- (k) Referral options, pathways and process alternatives.
- (l) Case management, reporting, and data capture techniques that track complainants, complaints and systemic issues of the organization.
- (m) The legislative, regulatory and industry frameworks that govern complaints.
- (n) Legal ramifications and other risk factors that may be present in the complaint process.

#### **F.4 Responsibilities of complaint handling management**

The following responsibilities apply to complaint handling management:

- (a) Recruit staff with the human skills for the role and the capacity to be trained to extend and develop technical skills, knowledge and understanding.
- (b) Provide defined processes and guidelines and performance benchmarks.
- (c) Empower staff with appropriate authority and prescribed thresholds to determine the most appropriate course of action to address complaints or escalate them to management.
- (d) Provide adequate resources to support complaint management policies and meet performance benchmarks.
- (e) Ensure complaint management policies, functions and processes are regularly reviewed and updated as needed.
- (f) Actively work with other areas of the organization to share information, including trends and emerging issues.

## Appendix G (informative)

### Dispute prevention and management

#### G.1 General

Disputes in the context of this document are complaints escalated internally or externally to the organization, or both.

To avoid the time, effort and potential damage to brand and reputation, the organization should develop and implement appropriate policies. Policies should —

- (a) incorporate dispute prevention and management processes;
- (b) guide and empower staff to manage complaints appropriately and effectively;
- (c) outline the rights and obligations of the complainant and the organization's complaint management staff; and
- (d) be publicly available.

#### G.2 Prevention

Common triggers for disputes include —

- (a) misunderstandings (examples include misconceptions about the role of complaints handlers, their powers and their authority to change decisions);
- (b) unreasonable expectations (including likely or possible outcomes and the complaint management process);
- (c) “double deviations” (counterproductive response by organization's staff to the initial complaint leading to escalation); and
- (d) poor selection processes for and insufficient training of complaint management staff (leading to poor treatment of the complainant, or failure to keep the complainant informed on the progress or outcome of their complaint, or both).

To minimize the likelihood of these triggers occurring, the organization's dispute prevention policy should provide for —

- (i) adequate staff training;
- (ii) recruitment of staff with the necessary attributes for effective dispute management;
- (iii) unambiguous and comprehensive documentation of complaint management procedures and policies; and
- (iv) established communication paths that are alert to potential disputes.

#### G.3 Management

As part of the dispute management policy, the organization should ensure that all parties in a dispute are informed of their rights and responsibilities.

The methods in [Clause G.4](#) to [G.6](#) on how to manage disputes quickly and effectively are provided as suggestions and should be incorporated into the dispute management policy. Often complaints can be resolved by direct negotiation. Where this takes place, it is expected that staff will have understanding and skills about how to negotiate and communicate and will also understand what dispute options exist within and outside the organization. For example, within the organization, there may be options that include facilitated conversations as well as negotiation. The options below may also be available and supported as part of a dispute management policy. See [Appendix H](#) for further information about levels of complaint handling.

#### **G.4 Conflict coaching**

In conflict coaching, the organization provides a person independent of the organization to assist the complainant with their complaint. The “coach” assists the complainant with —

- (a) adopting a constructive approach to the complaint;
- (b) understanding the process and policies involved;
- (c) clarifying their objectives and outcome; and
- (d) understanding the points of view of the other parties to their dispute.

#### **G.5 Apology**

An appropriate apology, given at the right time, will often avoid the escalation of a dispute.

NOTE In some Australian jurisdictions, a full apology (which includes an acceptance of responsibility) is protected in civil litigation.

See [Appendix I](#) for further information on making an effective apology.

#### **G.6 Alternative dispute resolution (ADR)**

Also known as “external dispute resolution”, ADR providers deliver processes and techniques that allow disagreeing parties to resolve disputes prior to legal action.

Benefits of ADR may include —

- (a) reduced costs, formality and complexity;
- (b) greater confidence in the process with inclusion of an independent third party;
- (c) suitability for multi-party disputes;
- (d) confidentiality, flexibility of procedures and ability to tailor outcomes;
- (e) likelihood of faster outcomes; and
- (f) improved preservation of relationships and reputation.

ADR consist of the following types:

- (i) *Mediation* — A process where the participants, with the assistance of an independent person as mediator —
  - (A) listen to and are heard by each other;
  - (B) define the disputed issues;
  - (C) determine what everyone agrees on;

- (D) determine what is important to each person;
- (E) aim to reach a workable agreement;
- (F) develop options to resolve each issue; and
- (G) develop options that take into account each person's needs and desires.

Discussion is focused on what everyone could do as a way of assessing the options and exploring what may lead to an outcome that is satisfactory to everyone.

- (ii) *Conciliation* — A process involving a third party, a conciliator, who facilitates and assists both parties to communicate their concerns and to help generate options for resolution. Conciliation enables both parties to a dispute to openly discuss and identify the relevant issues and move the dispute towards an acceptable resolution. A resolution is not imposed on the parties however the conciliator may adopt an advisory approach.
- (iii) *Expert evaluation* — A process where an expert provides advice about appropriate standards and approaches in relation to issues that are in dispute. The expert will ordinarily have substantive expertise and can advise on the outcome if the matter is not resolved in the dispute resolution process.
- (iv) *Arbitration* — A process involving a third party arbitrator who can impose an outcome. Arbitrations often occur after mediation or conciliation, or both, have been undertaken.

See [Appendix J](#) for options for redress.

## Appendix H (informative)

### Three level model of complaint handling

#### H.1 General

Best practice dictates that an effective complaint management system incorporates three levels of complaint management (see [Figure H.1](#)).

Under this model the aim is to resolve the majority of complaints at the first level — the frontline. At each level either the complainant or the organization can decide to escalate the issue to a higher level. The application of the three tier model should not be unduly rigid. The level of escalation should be relative to the seriousness of the complaint and the nature of previous contact the complainant has had with the organization.

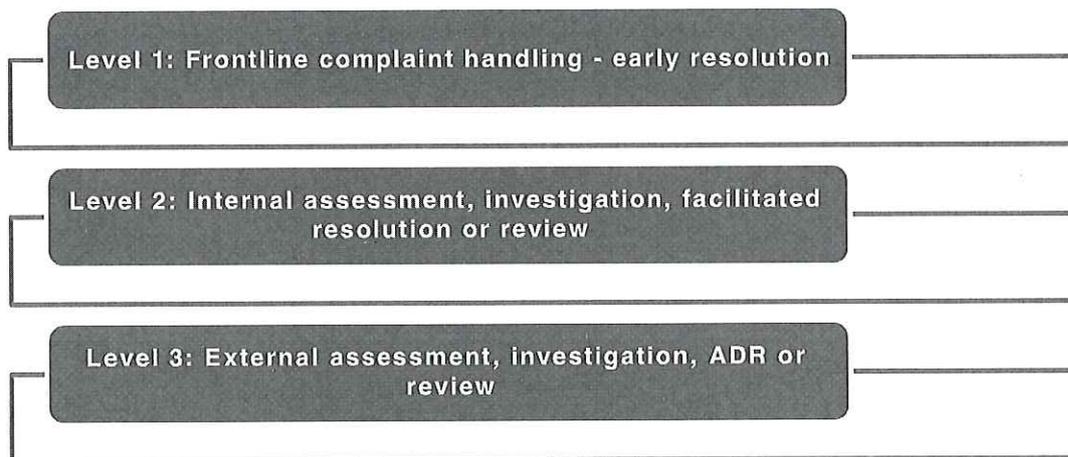


Figure H.1 — Three level model of complaint management

#### H.2 Level one: Frontline complaint management — Early resolution

It is in the interests of the organization that the majority of complaints are addressed by frontline or first point of contact staff. Frontline complaint management is sometimes referred to as early resolution. In order to achieve this, frontline staff should be adequately equipped to respond to complaints, including being given appropriate authority, training and supervision. Importantly staff should also be provided with training, skills development and learning experiences in dealing with people experiencing vulnerability and/or exhibiting challenging behaviours. Where escalation to a colleague or senior position may facilitate resolution of the complaint, such escalation should not be discouraged.

Training and skills development in this area could include a focus on the following:

- (a) Mental health first aid.
- (b) Enabling and managing storytelling by the complainant.
- (c) Referral to support services to assist the complainant.

Frontline staff also need clear guidance about the type of complaints that should be escalated to their line manager, complaint handling manager, senior management, or a combination thereof, and those they can deal with directly, including the available options to address the complaint.

### H.3 Level two: Internal assessment, investigation, ADR or review, or a combination thereof

Although frontline staff should be able to address many complaints, the seriousness of some complaints or a complainant's dissatisfaction with how their matter has been dealt with may warrant the complaint being dealt with at a more senior level. The second level of complainant handling should provide for the following:

- (a) *Internal assessment* — The information provided by the complainant should be assessed to determine whether, and if so how, the complaint can be dealt with by the organization. Such an assessment may consider issues such as —
- (i) the nature, complexity, seriousness and urgency of the matters alleged;
  - (ii) the complainant's desired outcome;
  - (iii) whether there is any utility in taking the matter further;
  - (iv) the adequacy of the information provided;
  - (v) the options available to address the complainant's concerns; and
  - (vi) the appropriate level at which the matters alleged or complained about can be addressed by the organization.

NOTE 1 The organization needs to give clear advice to its staff with complaint management responsibilities as to the broad objective to be achieved out of the complaint management process, for example, whether this is to obtain an outcome that the complainant perceives to be satisfactory (e.g. in a commercial setting where repeat custom, retention of goodwill and reputation are of fundamental importance), or an outcome that the organization believes to be satisfactory in all the circumstances whether or not the complainant is satisfied (e.g. in a public sector, particularly regulatory, setting).

- (b) *Internally facilitated resolution* — Where a representative of the organization talks with a complainant (or an agreed independent conciliator talks with representatives of both parties) to see if some form of mutually acceptable resolution can be achieved. Where appropriate, this process may include facilitating a discussion between the frontline staff member and the complainant.
- (c) *Internal investigation* — Investigating allegations that raise significant issues for either the organization or complainant. Depending on the circumstances, such investigations may be undertaken by an appropriate manager, staff from an internal audit, ethical standards or investigation unit, or an external investigator under contract.
- (d) *Internal review* — A more senior member of staff or a line manager may review the decision of the frontline staff member or the outcome of any internal assessment or investigation of the complaint. Appropriate senior staff should be given a broad discretion to overturn previous decisions and apply remedies.

NOTE 2 For organizations that are required to have one or more positions outside the internal dispute resolution process that undertake internal reviews, this role has discretion to overturn previous decisions, conduct own investigation and apply remedies and conduct systemic issue reviews.

- (e) *Systemic Issues management* – systemic issues should be identified, reported and managed within this level of the process. The focus should be on issues inherent in the overall product and/or service.

#### H.4 Level three: External assessment, investigation, ADR or review

Internal assessment, investigation, conciliation or review of complaints does not always result in matters being addressed satisfactorily.

When a complainant is dissatisfied with the outcome of an internal assessment, investigation, review or process, referral to an external complaint management mechanism may be appropriate. This can take a number of forms, including the following:

- (a) *External assessment* — There are a number of accountability bodies established by government or industry, or both, that receive and assess complaints from the public about the conduct of particular individuals or organizations. Dissatisfied complainants should be referred to these bodies.
- (b) *Externally facilitated ADR* — Sometimes an independent third party can help resolve an escalating dispute. A number of both private and public sector bodies use the services of professional mediators in such situations. The mediator, through a formal face-to-face process of discussion, helps the parties to clarify issues and reach a solution acceptable to both sides (see [Appendix G](#)).
- (c) *External investigation* — External accountability organizations generally have the capacity to investigate allegations that are within their jurisdictions, at their discretion (although their investigatory powers vary).
- (d) *External review* — In some circumstances there may be a right of appeal or review to a tribunal or court, an external dispute resolution agency or some other legal remedy exists. In such circumstances, dissatisfied complainants should be advised of these avenues of appeal or review and any time limits if known.

Due to the nature of disputes, possible outcomes of these processes can produce new issues and different circumstances may necessitate a return to an earlier stage of the dispute resolution process.

NOTE External organizations referred to above include the following:

- (a) Parliamentary ombudsman.
- (b) Industry ombudsman (or equivalent).
- (c) Professional oversight bodies (e.g. in relation to health and legal professions).
- (d) Registration bodies (responsible for maintaining standards within professions).
- (e) Trades or industry bodies.
- (f) Anti-corruption commissions.
- (g) Independent industry regulatory bodies and government regulatory bodies (e.g. those responsible for ensuring fair trading).
- (h) ADR organizations.
- (i) Civil and administrative tribunals.
- (j) Statutory regimes such as motor vehicle rental industry.

## Appendix I (informative)

### Effective apologies

#### I.1 General

When things go wrong, many complainants want to be listened to, understood, respected and, where appropriate, provided with an explanation and apology.

A prompt and sincere apology may avoid the escalation of a dispute and the significant cost in time and resources that can be involved.

#### I.2 How can an apology be worded

The most appropriate form and method of communication of an apology will depend on the circumstances of the particular case, the harm or impact to the complainant, and what is hoped to be achieved by giving the apology.

In principle, the most effective apologies, particularly in the most serious cases, incorporate the elements set out in [Clause I.3](#).

#### I.3 Elements of an effective apology

##### I.3.1 Recognition of the harm or impact to the complainant suffered

Recognition of the harm or impact to the complainant includes the following elements:

- (a) *Description of the wrong* — A description of the relevant problem, act or omission to which the apology applies.
- (b) *Recognition of the wrong* — An explicit recognition that the action or inaction was incorrect, wrong, inappropriate, unreasonable, harmful, etc.
- (c) *Acknowledgement of the harm or impact to the complainant* — An acknowledgement that the affected person has suffered embarrassment, hurt, pain, damage or loss.

##### I.3.2 Responsibility of the organization

This will entail the organization making an acknowledgement or admission of its responsibility for the wrong and the harm caused.

NOTE In some Australian jurisdictions a full apology (which includes an acceptance of fault or responsibility) is protected in civil litigation.

##### I.3.3 Reasons for or the cause of the problem

This will entail the organization providing the complainant with an explanation of the cause or reason(s) for the problem, or a promise to investigate the issue.

### **I.3.4 Regret for the harm suffered**

Appropriately expressing regret includes the following:

- (a) *Making an apology* — An expression of sincere sorrow or remorse (i.e. that the action or inaction was wrong).
- (b) *Sincerity of communication* — The form or means of how an apology is communicated is very important as it can indicate or emphasize the level of sincerity of the apologizer.

### **I.3.5 Redress for the wrong**

The provision of redress involves:

- (a) *Action taken or proposed* — A statement of the action taken or specific steps proposed to address the grievance or problem, by mitigating the harm or offering restitution or compensation.
- (b) *Undertaking not to repeat* — An undertaking that steps will be taken to ensure that the action or inaction will not be repeated.

### **I.3.6 Release from blame**

This is an optional element available to an organization when acknowledging harm suffered by a complainant. This may include a request for forgiveness.

## Appendix J (informative)

### Options for redress

#### J.1 General

If a complainant suffers detriment as a result of a failing of the organization's product, service or its employee's actions or inactions, the organization should consider appropriate redress.

Options for redress available to the organization in such cases may be grouped into the following categories.

#### J.2 Communication

Communicate with the person who has suffered detriment. Options include the following:

- (a) Providing explanations as to why the problem occurred.
- (b) Giving reasons for decisions (orally or in writing).
- (c) Establishing the degree of detriment suffered by the complainant.
- (d) Providing sufficient information to the complainant about the facts of their case and any legal or other options.
- (e) Providing an apology (see also [Clause I.3, Appendix I](#)).
- (f) Reaching agreements acceptable to the complainant through mediation between the parties, conciliation or other informal approaches to resolution.

#### J.3 Rectification

The organization or person responsible for the detriment to the complainant rectifies the problem. Options include the following:

- (a) Reconsidering conduct and taking any necessary action, stopping action that should not have been started, cancelling an intended action, or otherwise changing the conduct of its consequences.
- (b) Changes to processes, services or products to ensure the problem does not reoccur.
- (c) Ensuring compliance with obligations, whether legal or otherwise.
- (d) Correcting records.

#### J.4 Mitigation

Reduce the adverse consequences. Options include the following:

- (a) Ceasing action that may cause further unnecessary, unreasonable or inappropriate detriment.
- (b) Taking action to prevent unnecessary, unreasonable or inappropriate detriment.
- (c) Correcting records that are incomplete, incorrect, out-of-date or misleading.

- (d) Repairing physical damage to property.
- (e) Replacing damaged or lost property.
- (f) Refunding fees or charges.
- (g) Waiving fees, charges or debts.
- (h) Providing assistance and support.

## J.5 Satisfaction

Satisfy the reasonable concerns of the complainant who has suffered detriment through non-material means. Options include the following:

- (a) Providing an admission of fault.
- (b) Providing an apology (see [Appendix I](#)).
- (c) Publicly acknowledging the wrong done.
- (d) Giving undertakings to set in place improvements to systems, procedures or practice, or any other undertakings that are reasonable in the circumstances.
- (e) Instituting disciplinary action.

## J.6 Compensation

Financial compensation for detriment sustained directly or indirectly as a result of a mistake. Options include the following:

- (a) *Restitution* — For loss or damage to property or financial interests, loss of financial or other benefits, or loss of earnings.
- (b) *Reimbursement* — Refunds, and costs or damages that may or are likely to have been incurred by the complainant. That is indemnification, medical costs resulting from injury or damage to and deterioration of health, or professional costs incurred by a complainant in demonstrating that the problem did in fact occur or the scope of the detriment arising out of the problem, or both.
- (c) *Satisfaction or appeasement* — Financial assistance or payment, goodwill gift for damage to reputation or humiliation, worry or distress (including grief and suffering), disturbance to amenity (if not quantifiable), inconvenience, or “bother” (i.e. the inconvenience arising out of the fact of having to complain at all).

## Appendix K (informative)

### Implementing a root cause analysis system for complaints: A guide to investigating, preventing and reporting

#### K.1 General

When an organization receives a number of complaints about a similar issue, or a single complaint with the potential to greatly impact its business or people who deal with the organization, it may wish to focus on finding out what is causing the problem so that the underlying causes can be remedied and prevented.

Root cause analysis (RCA) is one common technique that an organization can use to assist it identify why a problem has occurred. It involves organizations looking beyond the human causes to examine the organizational processes and systems that may have caused it.

RCA uses a structured process to find the multiple causes of a problem so that the organization can —

- (a) determine what happened;
- (b) determine why it happened; and
- (c) take steps to reduce the likelihood that it will happen again.

A fully implemented RCA system can —

- (i) remedy significant and recurring problems;
- (ii) encourage quality service throughout the organization;
- (iii) lessen unacceptable and foreseeable risks;
- (iv) reduce waste and lower costs;
- (v) improve complainant relations, satisfaction and experience;
- (vi) improve relationships amongst internal stakeholders and provide opportunities to collaborate; and
- (vii) improve staff morale by focusing on service improvement rather than attributing blame.

#### K.2 Establishing a RCA system

##### K.2.1 General

The following steps provide a guide for organizations considering establishing a RCA system. The particular approach adopted will depend on the size and resources of the organization.

### K.2.2 Step One: Identify the problems

To identify high risk and significant recurring problems, the organization should consult complaint information, feedback data and other information such as risk registers for problems that raise the following issues:

- (a) Additional avoidable costs to the organization (e.g. compensation claims).
- (b) Damage or potential damage to the organization's reputation and brand.
- (c) The possibility of regulatory intervention.
- (d) Impacts on the quality of goods or services.
- (e) Staff skill sets.

Recurring problems or problems with the potential to significantly impact the organization should be referred to the RCA team (see [Clause K.2.3](#) below). The team can then apply RCA techniques to identify the root causes of the problems and make suggestions as to the appropriate remedial actions.

### K.2.3 Step Two: Assemble a RCA team

The organization should:

- (a) Determine the necessary skill set and levels of authority needed to be included on the RCA team.
- (b) Create a team (with supplementary staff to assist if needed) to undertake RCA activities. The team should consist of staff from various levels within the organization from the frontline to senior management.

Depending on the size and structure of the organization, suggested RCA team members may include the following:

- (i) Customer relations to provide complaint details and complainant feedback.
- (ii) Compliance staff to provide insights on regulatory requirements.
- (iii) Legal to offer legal perspectives and insight into legal requirements.
- (iv) Operations to identify systems and operational inadequacies.
- (v) Communications, marketing, and information designer to assist with identifying information and communication deficiencies.
- (vi) Staff who can assist with technology-related issues and provide suggestions for utilizing technology.
- (vii) Human resources to provide analysis of behavioural issues.
- (viii) Lateral thinkers for "outside the box" contributions.
- (ix) Representatives from the area where the problem first arose and is impacting to provide firsthand knowledge about the issues.
- (x) Representatives from downstream areas to ensure appropriate remedial actions are implemented and communicated to staff and customers as needed.
- (xi) Any other areas relevant to the problem being analysed.

## K.2.4 Step three: Analyse the problem and the goal

### K.2.4.1 Causal factors

Once the organization has identified and referred a problem to the RCA team, the team may then proceed to —

- (a) define the problem;
- (b) identify the goal that is being impacted by the existence of the problem;
- (c) collect data;
- (d) identify possible causal factors for the problem;
- (e) identify the root causes of the problem; and
- (f) create a logic tree (see [Clause K.2.4](#) below) to show the relationship between cause and effect.

## K.2.5 Step four: Create a logic tree

To assist in the identification and analysis of events leading up to the problem, the RCA team may draft a “causal factor” or “logic tree” diagram or chart, as part of this process.

The team may consider the problem, reflect on the various causes, and analyse each cause separately, ask why it occurred and question the answer five times. This technique is known as the five whys. By asking “why” five times, the team may look beyond the symptoms and uncover the root cause or causes of the problem.

NOTE The team may not need to ask why a problem occurred five times, in order to find its root cause. Alternatively, the team may need to continue to question why a problem occurred beyond the arbitrary five times to determine the origin of the problem.

In the course of asking why a problem has occurred, the RCA team is highly likely to identify more than one reason why the problem occurred. Each suggestion should be recorded and separately tested until asking “why” yields no further useful information. The team will have then identified the root cause or causes of the problem.

The purpose of root cause analysis is to identify issues over which the organization has control. Therefore, while the team may, on occasion, find the root cause of a problem to be beyond the control of the organization, its analysis and recommendations should focus on the issues within the control.

### K.2.5.1 Logic tree

See [Figure K.1](#) for an example of the structure of a logic tree.

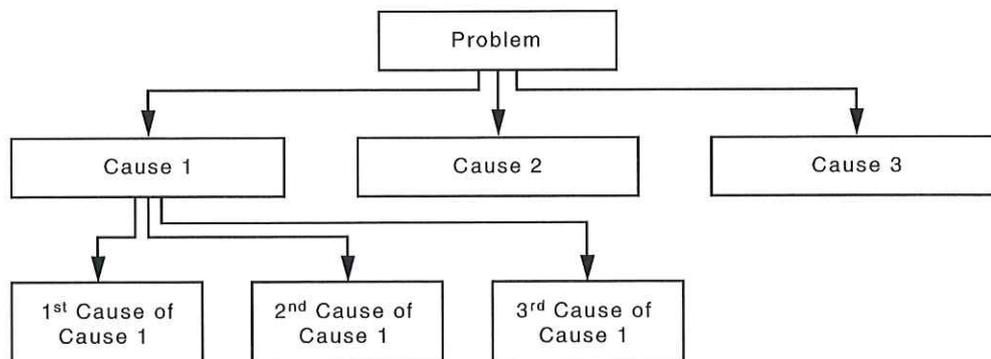


Figure K.1 — Logic tree

### K.2.5.2 Five whys worksheet

See [Figure K.2](#) for an example of a five whys worksheet.

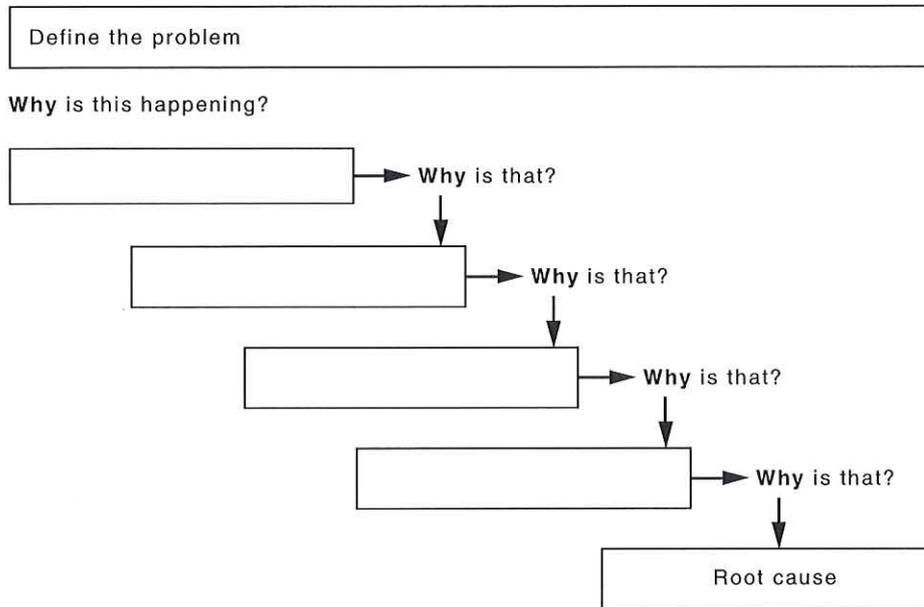


Figure K.2 — Five whys technique

### K.2.5.3 Five whys technique

The following is an example of applying the five whys technique to a problem:

- (a) *Define the problem* — A new ticketing system was being introduced, and as a result ticket validators for the prior system were being replaced. The timeframe was aligned with an advertising campaign (posters) at each point of sale. In some cases the ticket validators were removed earlier than the date advertised due to a contractor error. This meant that consumers could not use their still valid, old style tickets. As a result, those consumers contacted the organization's contact centre for assistance. This resulted in conflicting and confusing information being provided, and complaints were then escalated both internally and to the organization's external dispute resolution agency.
- (b) *Why did this happen* — Call centre staff were unable to advise the consumers of the correct removal date, advertising posters advised incorrect dates, and the process the consumer needed to follow to obtain a refund or validate the ticket was not clear.
- (c) *Why did this happen* — Call centre management had not been briefed about the incorrect removal of the validators and its impact. Without this information, call centre staff could not be briefed or provided with scripts to refer to, and therefore they were unable to address consumer concerns or provide genuine apologies to address consumer dissatisfaction.
- (d) *Why did this happen* — When the validators were removed prematurely, the ticket sales staff at ticket outlets had no process in place to alert head office of the problem and the fact that consumers were negatively affected. Complaints lodged at ticket outlets were mostly referred to the contact centre. Further, although some head office staff became aware of the problem, there was no consideration of the potential impact this may have on the contact centre, and the resultant need for a contact centre management briefing, script development and staff training.

- (e) *Why did this happen* — Head office did not have a system in place that ensured all relevant customer service areas (ticket outlet, contact centres, website updates, etc.) were informed of events that impacted consumers and therefore needed to be addressed immediately. The organization instead focused on replacing advertising material with updated information.
- (f) *Why did this happen: root cause* — Policy and processes needed to be introduced to improve communication across the organization so that when customer impacting events occurred, complaints could be prevented or minimized and customer impacts managed effectively. It was also identified that planned work to introduce a customer focused culture needed to be prioritized.

### K.2.6 Step five: Implement the recommendations of the RCA team

Successful RCA of a problem enables the organization to reduce or eliminate the likelihood of the problem recurring.

Critical to the success of RCA is ensuring that corrective action is taken following analysis of the problem. Particularly in the case of complex problems, the organization should enact the following:

- (a) Devise a plan to implement the corrective action recommended by its RCA team.
- (b) Break the plan down into various tasks and timeframes in which they should be completed.
- (c) Delegate responsibility for management of the plan to someone with appropriate authority and knowledge.
- (d) Establish regular meetings to review the progress of the plan's implementation.
- (e) Ensure momentum is maintained for implementation of the corrective action through regular reporting, feedback and encouragement of those involved.
- (f) Report to management on the outcomes of the RCA process.

### K.2.7 Step six: Evaluate the impact of corrective action taken as a result of RCA

The organization should evaluate —

- (a) the outcomes of significant problems;
- (b) the outcomes of common and similar problems; and
- (c) the overall effectiveness of the RCA system.

When such evaluation should occur depends on the nature of matters being evaluated. For example, the outcome of significant problems may be evaluated following the implementation of corrective action. The overall effectiveness of the RCA system may in comparison be evaluated by the organization annually or biannually.

Depending on the circumstances, the organization's evaluation may include consideration of the following:

- (i) *Complaints data* — Has there been a reduction in complaints stemming from or about the problem identified by its RCA team?
- (ii) *Compensation claims or other redress options available to the organization* — Has there been a reduction in the cost or number of claims made, or alternative redress options taken?
- (iii) *Organizational benchmarks and reputation* — Has it been maintained or improved since corrective action was taken by the organization to address the problem identified by RCA?
- (iv) *Social media* — Have there been any noticeable trends relating to the problem identified by RCA?

- (v) *Appeals* — Has there been a reduction in the number of appeals concerning the problem to external review bodies since corrective action was taken by the organization?

If upon review, the organization is unable to see an improvement in its practices, processes or reputation, it may consider asking itself the following:

- (A) Were all underlying causes identified by the RCA team?
- (B) Were the right skill sets included in the RCA team?
- (C) Were there any impediments to the implementation plan and, if so, was any action taken to correct these?
- (D) What else needs to happen in order to remedy the problem and prevent it from occurring again?

## Appendix L (informative)

### Information to collect on a complaint form and usage of information

#### L.1 Information to collect on a complaint

To capture the necessary data to effectively manage a complaint, the organization should consider collecting the following information:

- (a) Complainant's details.
- (b) Who should be contacted regarding the complaint, i.e. complainant's or representative's contact details.
- (c) Complainant's or representative's preferred contact method (if more than one contact option has been provided to the organization).
- (d) Any organization identifier (i.e. account number) relating to the complainant (if appropriate).
- (e) Any special assistance needed by the complainant to properly interact with the organization.
- (f) Whether the complaint relates to an organization's product, process, staff or service and confirmation of the product or service the complaint relates to.
- (g) Whether the issue has been raised previously by the complainant and they have previously received a response.
- (h) Free field for complaint details.
- (i) The outcome sought by the complainant.
- (j) Signature field (if in hardcopy) and date.
- (k) Outcome of the complaint.

Organizations should ensure that information as to where a complainant can obtain the organization's complaint policy and privacy statement is included on the complaint form and the website. Where complaint processes via social media are supported, it should be made clear what policies in relation to data collection are being used.

#### L.2 Internal use of information provided on a complaint

##### L.2.1 Categorization

These details will closely match the information provided by the complainant or the complainant's representative. However, the details should be categorized to ensure that the product or service complained about can be easily identified. The data can also be used to design the complaint management database or capture method.

In larger organizations it can assist in identifying what team or department the complaint relates to and determine the most appropriate person to consider and respond to the complaint.

### L.2.2 Complaint receipt

The relevant information to collect at lodgement of the complaint is as follows:

- (a) Date complaint lodged.
- (b) Complaint reference number — A reference number should be assigned to the complaint for ease of reference while the complaint is being considered and for any reference at later dates.
- (c) Complainant's details.
- (d) Complaint contact (i.e. complainant's or representative's contact details).
- (e) Preferred contact method, if listed. If not listed, the default contact method should be in the format in which the complaint was made, unless there is a specific reason for not doing so.
- (f) Any organization identifier (i.e. account number) relating to the complainant (if appropriate).
- (g) Any special assistance requested by the complainant.
- (h) Does the complaint relate to an organization's product or service?
- (i) What team or department does the complaint relate to (is it more appropriate to larger organizations)?
- (j) Complaint owner — who has been allocated to consider and respond to the complaint?
- (k) Does the content of the complaint need immediate escalation or immediate action, or both?
- (l) Complaint details, including any attachments.
- (m) Outcome sought.

### L.2.3 Complaint response

The following information will assist in the response to the complaint and the review of the complaint management process:

- (a) Date complaint acknowledgement letter was sent — was the acknowledgement letter sent within the organization's stated timeframes?
- (b) Complaint assessment.
- (c) Complaint investigation.
- (d) Complaint update — if further time was needed to properly investigate the complaint, was the complainant informed appropriately?
- (e) Was corrective action needed? If yes, what action was taken?
- (f) Complaint response — was the response sent within the organization's stated timeframes?
- (g) Date complaint closed.
- (h) Statistics — include the complaint issue type and outcome to any organization complaint statistics.
- (i) Inform any relevant contact in the organization about the outcome of the complaint and discuss any learning's, as appropriate.

## Appendix M (informative)

### Continual monitoring

#### M.1 General

This appendix is a generic guide for effective and efficient continual monitoring of the complaint management process. The approach adopted should be appropriate to the type and size of the organization.

#### M.2 Management responsibility

Those responsible for continual monitoring and reporting on the performance of the complaint management process and for taking corrective actions need to be competent for this role.

The following are some of the types of responsibilities that may be considered:

- (a) Senior management should —
  - (i) define the continual monitoring objectives;
  - (ii) define the continual monitoring responsibilities;
  - (iii) conduct reviews of the continual monitoring process; and
  - (iv) ensure that improvements are implemented.
- (b) The complaint handling management representative should —
  - (i) establish a process of performance monitoring, evaluation and reporting; and
  - (ii) report to top management on the performance revealed during the complaint management process reviews, so that all necessary improvements can be made.
- (c) Other managers involved in the complaint should ensure that —
  - (i) adequate continual monitoring of the complaint management process is undertaken and recorded within their area of responsibility;
  - (ii) corrective action is taken and recorded within their area of responsibility; and
  - (iii) adequate complaint management data are available for the top management review of the monitoring process within their area of responsibility.

#### M.3 Performance measurement and monitoring

##### M.3.1 General

The organization should assess and continually monitor the performance of the complaint management process using a set of predetermined criteria.

Organizational processes and products differ widely, as do the performance-monitoring criteria appropriate to them. Organizations should develop performance monitoring criteria relevant to their particular circumstances. Examples are given in [Clause M.3.2](#).

### M.3.2 Performance-monitoring criteria

Examples of criteria that may be considered and included when monitoring the performance of the complaint management process include —

- (a) whether a complaint management policy and objectives have been established, maintained and made appropriately available;
- (b) staff perception of the top management commitment to complaint management;
- (c) whether responsibilities for complaint management have been appropriately assigned;
- (d) whether staff in contact with complainants are authorized to address a complaint on the spot;
- (e) whether discretionary limits concerning responses have been set for staff in contact with complainants;
- (f) whether staff specialized in complaint management have been appointed;
- (g) the proportion of staff trained in complaint management who are in contact with complainants;
- (h) the effectiveness and efficiency of complaint management training;
- (i) the number of suggestions from staff to improve complaint management;
- (j) attitude of staff to complaint management;
- (k) frequency of complaint management audits or management reviews;
- (l) time taken to implement recommendations from complaint management audits or management reviews;
- (m) time taken to respond to complainants;
- (n) degree of complainant satisfaction; and
- (o) effectiveness and efficiency of the corrective and preventive action processes, when appropriate.

### M.3.3 Monitoring data

The monitoring of data are important since it provides a direct indicator of complaint management performance. Monitoring data may include the number or proportions of —

- (a) complaints received;
- (b) complaints addressed at the point at which they are made;
- (c) complaints incorrectly prioritized;
- (d) complaints acknowledged after agreed time;
- (e) complaints finalized after a set time;
- (f) complaints referred to external dispute resolution agencies;
- (g) repeat complaints or recurrent problems that have been complained about; and
- (h) improvements in procedures due to complaint.

Careful attention should be exercised in data interpretation because —

- (i) objective data, such as response times, may show how well the process is working but may not provide information about complainant satisfaction; and
- (ii) an increase in the number of complaints after the introduction of a new complaint management process may reflect an effective process rather than a poor product.

## **Appendix N** **(informative)**

### **Audit**

The organization should continually improve the effectiveness and efficiency of its complaint management process. For this reason, process performance and outcomes should be regularly monitored to identify and remove causes of existing and potential problems, as well as to uncover any opportunities for improvement. The main objective of a complaint management audit is to facilitate improvement by providing information on the performance of the complaint management process against stated criteria. Such criteria may include various policies, procedures and standards related to complaint management.

When examining the performance of the complaint management process, the audit evaluates the extent to which the process conforms to the stated criteria, as well as the suitability of the process to achieve objectives.

For example, an audit can be implemented to assess —

- (a) the conformity of complaint management procedures with the organization's policy and objectives;
- (b) the extent to which complaint management procedures are being followed;
- (c) the ability of the existing complaint management process to achieve objectives;
- (d) strengths and weaknesses of the complaint management process; and
- (e) opportunities for improvement in the complaint management process and its outcomes.

The complaint management audit may be planned and conducted as part of the quality management system audit. For more information on management system auditing, organizations should consult ISO 19011.

## Appendix O (informative)

### Role of information in reducing complaints

#### O.1 Presentation of information

A common cause of complaints relates to the way in which information about an organization, its products, services or systems, or a combination thereof, is communicated.

Many complaints arise because relevant information about an organization, its products, its services, or its role and functions —

- (a) is not readily available to the public;
- (b) is difficult to understand, incomplete or misleading;
- (c) does not appropriately address the common concerns or frequently asked questions of the public; or
- (d) is not provided or made available within a reasonable period of time or kept up-to-date.

In seeking to reduce the number and severity of complaints received, organizations should ensure that information about their products, services, systems, and role and functions is —

- (i) clear, concise, accurate and up-to-date;
- (ii) written in plain and direct language and avoids using jargon;
- (iii) provided or made available in a timely manner;
- (iv) easily accessible to its staff and the public, e.g. by using the WCAG;
- (v) in a document format where navigation is clear and logical; and
- (vi) communicated in an appropriate tone.

Research has shown that unless people's expectations about timeliness are managed properly (either by meeting their expectations or informing them when a response will be forthcoming), they are less likely to accept the organization's response, advice, products, services or systems favourably when they are provided.

Accessibility (as discussed in [Appendix B](#)) is the degree to which a product, service, system, and role and function of the organization is available to as many people as possible. When looking to improve their accessibility organizations should consider providing the following:

- (A) Information about their organization in a range of languages and accessible formats on its website, posters and brochures. Alternative formats can include —
  - (1) large print;
  - (2) braille;
  - (3) audio format;
  - (4) Auslan (DVD or internet video); and

- (5) easy English or pictures.
- (B) Additional assistance to customers/clients/consumers/service users accessing or using their products, services, systems, or role and functions.
- (C) A toll-free phone number.
- (D) A text telephone (TTY) service for people with a hearing impairment.
- (E) Access to interpreting and translating services.

An organization needs to know if the information it is distributing is clear, accurate, up-to-date, provided in a timely manner, and easily accessible to staff and the public. The steps in Clauses 0.2 to 0.4 provide a guide for organizations reviewing information about their products, services, system, and role and functions.

## **0.2 Assemble an information system design (ISD) team or system sponsor**

The organization should appoint an ISD team or system sponsor to review the accuracy, timeliness and accessibility of information about its products, services, systems, or role and functions, or a combination thereof. This may include the following:

- (a) Reviewing the content of the organization's website, brochures and fact sheets, as well as standard or common advice given to the public by its staff.
- (b) Seeking feedback from internal and external stakeholders, customers/clients/consumers and staff about the relevance, clarity, useability, accuracy, accessibility and timeliness of the provision of information by or available about the organization.
- (c) Regularly reviewing complaints data or speaking at least to the manager(s) responsible for handling complaints, and preferably a sample of complaint handling staff about possible areas of improvement in how and when the organization informs its staff and the public about its products, services, systems, or role and functions, or a combination thereof.

## **0.3 Implement the recommendations of the ISD team or system sponsor**

After reviewing the abovementioned sources of information, the ISD team or system sponsor should report back to the organization on its findings and, where appropriate, make recommendations to improve the clarity, accuracy, timeliness and accessibility of information within the control of the organization.

Critical to the success of the ISD team or system sponsor is following up whether appropriate corrective action has been taken following its report. Where significant changes to the provision of information by the organization are recommended, the organization should enact the following:

- (a) Devise a plan to implement the corrective action recommended by its ISD team or system sponsor.
- (b) Break the plan down into various tasks and timeframes in which they should be completed.
- (c) Delegate responsibility for management of the plan to someone with appropriate authority and knowledge to ensure its implementation.
- (d) Establish regular meetings to review the progress of the plan's implementation.
- (e) Ensure momentum is maintained for implementation of the corrective action by providing regular feedback and encouragement to those involved in the plan.
- (f) Report to management on the outcomes of the ISD or system sponsor process.

#### **0.4 Evaluate the impact of action taken as a result of the changes recommended by the ISD team or system sponsor**

A delegate of the organization with appropriate authority and knowledge of its products, services, systems, or role and functions, or a combination thereof, should evaluate the outcome of changes made to information controlled by the organization.

Depending on the circumstances, the organization's evaluation may include consideration of such things as the following:

- (a) Complaints data, to determine whether there has been a reduction in complaints stemming from the issues identified by the ISD team or system sponsor.
- (b) Feedback provided by its staff, internal and external stakeholders and the public on the relevance, accuracy, useability, timeliness and accessibility of information about its products, services or systems.

The timing of such evaluation depends on the nature and scale of changes made as a result of recommendations by the ISD team or system sponsor.

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GPO Box 476 Sydney NSW 2001  
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mail@standards.org.au  
www.standards.org.au