

Related Policies and Procedures:

Policy #: CF016

Review Date: July 2014

Version#: 5

Status: Active

1. Background

1.1 Karden Disability Support Foundation (KDSF) has a strong commitment to ensuring that we have a robust and accessible complaints process in place. We see feedback as an opportunity for us to improve our services.

2. Purpose of this Policy

2.1 The purpose of this Policy is to set out how KDSF manage complaints and resolve disputes from people we support, their networks and other stakeholders. It is recognised that complaints do arise and this Policy assists staff with the process involved for handling complaints and resolving disputes.

3. Introduction

3.1 KDSF is committed to dealing with complaints and resolving disputes efficiently and fairly. The KDSF Board expressly endorse this commitment.

3.2 Handling complaints well gives KDSF an opportunity to better understand the people we support, families, carers and stakeholders and improve service and minimise disputes.

3.3 All Board members, casual, permanent and contract staff and volunteers are responsible for adhering to this policy.

4. Terminology

4.1 Complaint means any expression of dissatisfaction with a service offered or provided by KDSF. A complaint can be made orally or in writing.

4.2 Dispute means a pursued unsatisfied complaint. In other words, it is a matter that has been dealt with as a complaint under this Policy, but where the complainant is still not satisfied with the outcome.

5. Requirements

5.1 The procedures must appropriately document the internal complaints handling and dispute resolution procedures.

This includes setting out in writing the procedures and policies for:

- receiving complaints;
- investigating complaints;
- responding to complaints within appropriate time limits;
- referring unresolved complaints to either the Department of Human Services or the Disability Services Commissioner;
- recording information about complaints;

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- identifying and recording systemic issues;
- the types of remedies available for resolving complaints; and
- internal structures and reporting requirements for complaints handling.

A copy of the procedures must be available to all Relevant Staff.

A simple and easy-to-use guide to the procedures should also be made available to people supported upon entry to KDSF's service, upon request or when they want to make a complaint.

The procedures must include a system for informing complainants about the availability and accessibility of external complaints processes including access to the Disability Services Commissioner.

This means that this Policy must provide that if a complaint has been through the internal Complaints Handling Process but remains unresolved, or is not resolved within the appropriate time limits, the relevant complaints handling staff:

- must inform the complainant that they have a right to pursue their complaint with an external dispute resolution scheme; and
- provide details about how to access the relevant external dispute resolution scheme.

6. Key Principles for Complaints Handling and Dispute Resolution

6.1 The Key Principles which underpin this Policy are as follows:

- KDSF is committed to the efficient and fair resolution of complaints (noting that in this context, "fairness" means fairness to both the complainant, and the person complained about).
- KDSF has allocated adequate resources for handling complaints.
- KDSF tells staff, people supported, families & carers about its complaints handling policy.
- KDSF makes this complaints handling mechanism available to all of the people we support at service entry.
- If appropriate and a complainant requests, KDSF will provide assistance to the complainant in the formulation and lodgement of complaints.
- KDSF aims to deal with complaints quickly and courteously.
- Complaints handling under this Policy is at no charge to the complainant at any time.
- Data is collected and recorded about complaints, and their outcomes.
- Complaints are classified and analysed so that systemic or recurring problems are identified and rectified.
- There is appropriate reporting on the operation of this Policy against documented performance standards.
- This Policy is reviewed at least annually to ensure that it is delivering effective outcomes.

6.2 This Policy embraces these Key Principles.

7. Procedures



Complaints Handling & Dispute Resolution Policy

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7.1 If a person supported submits a complaint to KDSF, KDSF:

- a) must, if the complaint is oral, either resolve it “on the spot” to the person’s satisfaction, or if that is not done, request the person to submit a written complaint (however, there is no requirement that the complaint be in writing before it can be dealt with according to these procedures) and refer the complaint to the CEO;
- b) must, if the complaint is in writing, acknowledge in writing receipt of the complaint as soon as practicable and in any event within 7 days from receipt, and enclose a copy of this Policy for the person’s information;
- c) must ensure that the complaint receives proper consideration resulting in a determination by the CEO as the person designated by KDSF as appropriate to handle complaints;
- d) must act in good faith in dealing with and resolving the complaint;
- e) must investigate the complaint including by:
 - (i) seeking all relevant information from the complainant;
 - (ii) obtaining all relevant information from KDSF staff,
- f) may in its discretion give any appropriate remedy to the complainant, including any of the following:

(i) information and explanation regarding the circumstances giving rise to the complaint;

(ii) an apology; or

(iii) compensation for loss incurred by the complainant,

- g) must communicate to the complainant as soon as practicable and in any event not more than 30 days after receipt by KDSF of the complaint:

(i) the determination in relation to the complaint;

(ii) the remedies (if any) available to the complainant; and

(iii) information regarding any further avenue for complaint.

7.2 All oral complaints not resolved “on the spot” and all written complaints must be referred to the CEO on receipt. The CEO must ensure the steps listed in 6.1(b)-(g) are carried out. In doing

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this, the CEO must take into account and act consistently with the Key Principles set out in 5.1 of this Policy.

When a complaint can be treated as “resolved to the satisfaction of the person”

7.3 **Written complaints** - Where a person has been notified in writing of a decision about a complaint, and no response has been received from the individual, the complaint can be treated as “resolved to the satisfaction of the person”.

7.4 **Oral complaints** – These can be treated as “resolved to the satisfaction of the person” where:

- the complaint has been resolved to the person’s satisfaction “on the spot”; or
- where the person has been notified of a decision about a complaint, and no response has been received from the person, the complaint can be treated as “resolved to the satisfaction of the person”.

If a person supported asks for information about complaints handling procedures

7.5 If a person asks for information about KDSF’s complaints handling methods, staff must refer that request to the CEO as soon as possible. The CEO must ensure the person is provided with a copy of this Policy within 7 business days of the request.

If a person supported asks for assistance in formulating or lodging complaint

7.6 If a person asks for assistance in the formulation and lodgement of his / her complaint, staff must refer that request to the CEO as soon as possible. The CEO must ensure reasonable assistance is provided to the person.

Where complaint not resolved to person’s satisfaction

7.7 For each complaint that cannot be resolved to the person’s satisfaction within the abovementioned 30 days, the CEO must inform the complainant in writing that the complainant may have a right to pursue their complaint with the Disability Services Commissioner and provide details about how to access the Disability Services Commissioner.

Telling Stakeholders about this Policy

7.8 KDSF must tell people supported, families and other stakeholders about this Policy at the commencement of service and at anytime requested by the people who access our service.

8. General

Communication within KDSF

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8.1 All Relevant Staff must be made aware of this Policy. It is the responsibility of the CEO to ensure this occurs.

8.2 Periodically (at least annually), the CEO must remind all Relevant Staff about this Policy.

Annual Review of this Policy

8.3 The CEO is responsible for ensuring this Policy is adhered to.

8.4 Periodically (at least annually), the CEO must review this Policy and report the outcome of this review to KDSF Board.

8.5 When reviewing this Policy, consideration must be given to whether the Policy:

- continues to comply with all applicable legislative requirements; and
- is efficiently delivering effective outcomes.

The Complaints and Disputes Register

8.6 The CEO must ensure that a Complaints and Disputes Register is established, maintained and kept up to date.

8.7 At a minimum, the Register must include the following information about every complaint and/or dispute that is received:

- Date complaint made/dispute notified;
- Nature of complaint/issue;
- Date resolved;
- How resolved;
- Was dispute referred to the Disability Services Commissioner;
- Does complaint/dispute indicate a recurring or systemic issue;
- If yes, action taken to ensure issue does not recur/that systemic issue addressed.

8.8 The CEO must periodically review the Register amongst other things, to check that:

- complaints are being handled appropriately, including in accordance with this Policy, and within the required timeframes;
- systemic or recurring complaints are being identified, and that the cause of those complaints is being identified and remedied.

8.9 The Complaints and Disputes Register must be tabled at least quarterly at the meetings of the KDSF Board.



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Department of Human Service Standards

This policy meets the following Victorian Department of Human Service Standards;

Standard 1: Empowerment

Standard 2: Access & Engagement

Standard 3: Wellbeing

Standard 4: Participation