


EXTERNAL COMPLAINTS POLICY



Telethon Speech & Hearing

Topic: External Complaints Policy
Responsible: Chief Executive Officer
Location: TSH Intranet / Website
Approved by: Chief Executive Officer **Signature:** 
Review Date: 2 years from procedure approval date or as and when required

Effective Date:	April 2024	Review Date:	April 2026	Policy Version:	V3
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1. AIM and OBJECTIVE

TSH welcomes feedback and believes that being open to complaints and taking them seriously is an important component of our culture. Feedback enables the organisation to improve the quality of our work, enhance the trust and confidence of stakeholders, identify areas of work that need to be improved, and ensures that TSH learns from the feedback provided through the process.

2. SCOPE and APPLICATION

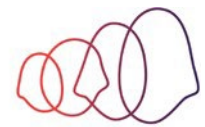
This policy is intended to apply to any external complaint, regardless of who makes it.

This policy needs to be understood and used by all staff, our volunteers, our partners, our contracted service providers, and covers complaints made by those external to TSH.

[Internal issues and grievances raised by staff and volunteers are dealt with in discussion with management and in accordance with the organisation's Workplace Complaints Policy.]

3. RELATED LEGISLATION and DOCUMENTATION

- Disability Services Act 1993 Disability Services Commission, Quality Assurance Guidelines – QAS4 National Standards for Disability Services
- The School Education Act 1999
- Australian Education Act 2013
- Health and Disability Services (Complaints) Act 1995
- Australian Standard: Customer satisfaction – Guidelines for complaints handling in organisations (ISO 10002:2004)
- National Disability Insurance Scheme Act 2013
- National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018
- Whistleblowers Policy



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- Workplace Complaints Policy
 - Student Complaints Policy

4. DEFINITIONS

A **complaint** is 'an expression of dissatisfaction', as defined by the International Standards Organisation standard on complaints handling. Complaints do not include:

- A general enquiry about the organisation's work;
- A request for information;
- An initial request to amend donor records; and
- A request to unsubscribe or be removed from the database.

Complainant is a person or persons who lodge a complaint. TSH recognises that, in accordance with the relevant standards, complaints may be made on behalf of a program participant by a family member, friend, advocate or carer.

Complaints Coordinator shall mean person designated by the CEO to formally receive, investigate and report on complaints.

The **role of the Director** as referenced in the [Guide to the Registration Standards and Other Requirements for Non-Government Schools \(January 2024\)](#) as:

"The Director General of the Department of Education is responsible for ensuring that the school observes the registration standards, including the standard about its complaints handling system. Any student, parent or community member is entitled to contact the Director General with concerns about how the school has dealt with a complaint. Information is available on the Department of Education website. While the Director General may consider whether the school has breached the registration standards, she does not have power to intervene in a complaint or override the school's decision."

5. POLICY

a. Guiding Principles

Anyone has the right to raise a complaint, have that complaint addressed in a timely manner, and receive an accurate and thoughtful response. Every effort will be made to resolve the complaint in a satisfactory manner and, if appropriate, to keep the complainant's identity private. TSH is committed to recognising the importance and value of listening and responding to concerns and complaints and ensuring its feedback and complaints handling process is fair, effective, safe, confidential and accessible to all stakeholders without prejudice.

TSH will receive and respond to all complaints irrespective of who makes them or the nature or subject of the complaint.

The following principles will guide the organisation in the handling of complaints and ensure that we comply with high standards relating to external feedback handling as follows:



- The feedback and complaints handling process is as effective, safe, confidential and accessible to all staff, irrespective of their gender, status or background and without prejudice to their future participation.
- *Visibility*: Information about the process for providing feedback or making a complaint will be clear and well publicised to families, program participants, partners, supporters, and other stakeholders.
- *Accessibility*: The feedback and complaints handling process is easily accessible to all stakeholders and is publicised on the organisation's website. There is readily accessible information about the process of making and resolving complaints in a range of formats so no complainants are disadvantaged. The organisation will ensure that flexibility is provided to complainants to call, fax, write and e-mail complaints and/or to raise concerns in person.
- *Responsiveness*: All complaints and constructive feedback will be taken seriously and handled as quickly as practicable. All complainants will be treated courteously and kept updated on the progress of their complaint through the complaints handling process.
- *Objectivity*: All feedback, suggestions and complaints are addressed in a fair, equitable, objective and unbiased manner throughout the complaints handling process. Issues of conflict of interest will be identified to ensure objectivity.
- *Confidentiality*: Confidentiality relating to a complaint will be safeguarded so far as reasonably practicable including the person(s) to whom the complaint is addressed.
- *Accountability*: Accountability for handling complaints and reporting on complaints-related actions and decisions of the organisation with respect to complaints handling will be clearly established. All complaints will be recorded through the Complaints Coordinator before action is taken. Complaints will be addressed at a local level as much as possible using the agreed complaints procedure and only escalated to the Senior Leadership Team if they are of a serious nature.
- *Continuous improvement*: The organisation is committed to the continual improvement of the complaints handling process and the quality of the organisation's work. The commitment is practically supported by:
 - a. the collection and classification of complaint trends;
 - b. analysis and reporting of complaints trends;
 - c. monitoring of complaints handling processes; and
 - d. auditing / management reviews.

b. Complaint and Compliments Handling Standards

The organisation's handling of complaints and compliments will meet the following minimum standards:

- i. All complaints and compliments will be acknowledged as soon as possible, ideally within five working days by the recipient.
- ii. All complainants will be invited to be involved in the complaint resolution process.
- iii. All complainants will receive a full response to their complaint giving the outcome (within applicable legislation, legal advice and other requirements) as soon as possible and, as a standard rule, at least within ten working days from receipt. If the



matter is more complex and this timeframe proves impossible, the complainant will be notified of the likely timeframe for resolution. Such a response shall be in writing unless otherwise requested by the complainant.

- iv. All complaints will be reported to the Senior Leadership Team for discussion about improvements in our process.
- v. Complaints will be summarised into a complaints register and provide to the Board periodically.
- vi. All complainants will be treated respectfully, whether it is felt the complaint is justified or not.

c. Role of the Board

The Legal and Governance Committee of the organisation's Board has an important role to play in overseeing the number and nature of complaints received and ensuring that they have been handled satisfactorily, that appropriate corrective action has been implemented, and that trends are identified and addressed. The CEO will ensure the development and maintenance of an External Complaints Register and provide it along with any supporting analysis for submission to the Legal and Governance Committee on an annual basis.

The CEO shall inform the Board, initially via the Chair, as soon as practical, of any complaint that may have significant impact on the organisation's reputation or resources.

Where the nature of the complaint is of a nature that warrants its use, the Whistleblower Policy should be referred to for managing such complaints.

d. Safeguards for People Who Raise a Complaint

TSH will ensure safeguards are in place where a staff member has made a complaint in good faith:

- *Protection from reprisal:* TSH recognises that the decision to report an issue can be a difficult one to make, not least because of the fear of reprisal from those being reported. The organisation will not tolerate harassment or victimisation and will take all practical steps to protect those who raise a complaint in good faith.

TSH shall also ensure that the accused is treated fairly and in accordance with the principles and processes of natural justice.

- *Confidentiality:* TSH will protect an individual's identity when he or she raises an issue and does not want their name to be disclosed. It should be understood, however, in certain circumstances there may be a need to identify the source of the information and a statement by the individual may be required as part of the evidence.
- *Untrue or unproven allegations:* If an allegation is made in good faith but it is not confirmed by an investigation, TSH will ensure that no action will be taken against the complainant. However, individuals should not make malicious or vexatious allegations aimed at damaging the character of any person.
- *Access to Complaints Process/Information:* Given the nature of the children and families we support, TSH will work with complainants to ensure they have information



- in a manner that is reflective of their understanding, language, and/or other requirements where appropriate.
- *Complaints Information:* TSH will collate all complaints into its Complaints Register, which will be provided periodically to the Board or the committee nominated by the Board. Complaints will be retained in accordance with relevant TSH policies

e. Referral of Complaints to External Organisations

a. Referral to Statutory Authorities/Government Agencies

TSH recognises the rights for a person to refer complaints to the relevant body (such as the NDIS Commission, Disability Services Commission, the Health Department or the Department of Education, as appropriate) if they are not satisfied by the nature of reply received by the organisation.

b. Use of Independent Arbiters

If necessary, TSH and the complainant may refer the matter an independent third party for arbitration.

c. Referral to Law Enforcement or Related Agencies

Any situation which allegedly may involve the contravention of the law will be referred to the appropriate external agency promptly for investigation.

f. Independent Advocates

The Independent disability advocates act to protect the rights and interests of a person with a disability. They assist the person with a disability to exercise choice and control and to have a voice. An independent advocate can assist to resolve a complaint with TSH as NDIS provider. TSH promises to work with the independent advocate to resolve any complaints.

<https://disabilityadvocacyfinder.dss.gov.au/disability/ndap/>

g. Culturally and Linguistically diverse families

For families that are from a culturally and linguistically diverse background, if requested, TSH will arrange interpreters to assist the family with the complaints process.

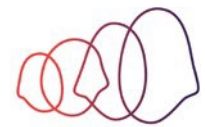
h. NDIS Commission complaints process

Our complaints management system and process make it easy for people to make a complaint (anonymously if they choose) and ensures that all complaints are dealt with quickly and fairly. As required by the NDIS Commission we keep records of any complaints we receive for up to 7 years.

As an NDIS provider it is an expectation that we support people with disability and their carers, to understand how to make a complaint directly to us as the provider or to the NDIS Commission. When a provider receives a direct complaint, the person making the complaint and the person with disability affected by the issue must:

- Be informed of the complaint's progress,
- Be appropriately involved in the resolution of the complaint,
- Be updated on the implementation of any relevant outcomes, including any action taken and

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decisions made.

Complaints can be made directly to the NDIS Quality and Safeguards Commission. Participants are able to make a complaint to the NDIS Commission about any issue connected with NDIS funded supports or services provided by an NDIS provider. A person does not have to raise their complaint with the provider before approaching the NDIS Commission for help.

A complaint can be made to the NDIS Commission by: phoning 1800 035 544 (free call from landlines) or TTY 133 677 (interpreters can be arranged) using the National Relay Service and asking for 1800 035 544 or completing a complaint contact form to let the NDIS Commission know how best to contact you (<https://www.ndiscommission.gov.au>).

6. SUPPORT SERVICES

The following services and organisations can provide help, advice and support to the complainant:

Family Helpline – 9223 1100 / 1800 643 000

This is a free confidential telephone counselling and information service for families.

Lifeline Australia – 13 11 14

This service operates 24 hours a day, 7 days a week and can provide information about other support services, if required.

Crisis Care – 9223 1111 / 1800 199 008

24-hour phone service for people in crisis and needing urgent help.

Beyond Blue - 1300 224 636.

Website: <https://www.beyondblue.org.au/>

Prime Corporate Psychology Services - 9492 8900 / 1800 674 188

This is a support service available for anyone who may experience personal issues resulting from making a report. They offer an employee assistance program including counselling, management and referrals.

7. POLICY UPDATES

This policy may be updated or revised from time to time. TSH will notify all staff each time the policy has been updated. If you are unsure whether you are reading the most current version, you should contact the CEO or Principal.

Originated	Version 1	November 2015
Updated	Version 2	April 2019
Updated	Version 3	May 2022
Updated	Version 4	April 2024