

PURPOSE

This policy and procedure describes the structures and processes Dementia Australia applies to source, collect, evaluate and use feedback including complaints and compliments. Good feedback management supports continuous improvement by ensuring stakeholders have input into the organisation's planning and review activities. In addition, the document defines processes for managing complaints that are fair, transparent and timely.

SCOPE

This policy and procedure applies to all Directors, Managers, staff, volunteers and contractors of Dementia Australia and relates to all feedback about activities delivered by the organisation including suggestions from staff about internal operations. Complaints from staff about internal operations are addressed under grievance and dispute resolution processes therefore not covered by this Policy.

PRINCIPLES

Feedback and complaint management at Dementia Australia is based on the following principles:

- **Feedback is valued:** Easy, effective processes for providing feedback are available and staff are encouraged to advise stakeholders on how to lodge feedback and help those who may need assistance. Feedback is valued as a means to improve operations through incorporating outcomes of trend monitoring and actions arising from investigations into complaints.
- **Natural Justice and Procedural Fairness:** All parties involved in a complaint will be afforded natural justice and procedural fairness including:
 - ensuring all parties involved know what to expect during the management process
 - carrying out the complaint management processes in a transparent manner
 - providing all parties with equal opportunity to participate in the process
 - treating all parties in a respectful manner
 - ensuring any individuals who may have a conflict of interest in the complaint are not involved in handling, investigation of or adjudication on a complaint and
 - providing reasons for the decisions made.
- **Equity and transparency:** Actions and decisions about feedback will be made with consideration the individual nature and circumstances of the parties involved. Dementia Australia will always endeavour to investigate concerns raised however they are expressed and a complainant will not be disadvantaged through lodging a complaint in good faith, regardless of the outcome. Stakeholders providing feedback are entitled to nominate their preferred contact in the organisation and be assisted by a support person of their choice. Information about the activities undertaken by Dementia Australia, applicable processes and stakeholder rights and responsibilities in relation to these are communicated.
- **Confidentiality and Recording:** The privacy and confidentiality of parties will be respected to the extent practicable and appropriate in accordance with the requirements of the **Privacy and Confidentiality Policy** and relevant legal requirements. Accurate records will be kept by each staff member dealing with the feedback, including recording of reasons for all significant decisions.
- **Resolution:** Dementia Australia will investigate and endeavour to resolve the complaint or respond to the feedback with fair and reasonable remedies as appropriate.

- **Authority:** Individuals involved in handling complaints will have the necessary authority, skill and management support to carry out the process effectively, and will have access to appropriate training and resources to fulfil their role.

REFERENCE

- [Privacy Act 1988](#)

Refer to other related Dementia Australia Policies and Procedures

- Complaint Management Action record
- Risk Management Policy and Procedure
- Privacy and Confidentiality Policy and Procedure

DEFINITIONS

Terms used in this policy and procedure are defined as:

Clients	People who access support or education services including people with dementia, carers/family members and health professionals.
Complaint	An expression of concern, dissatisfaction or frustration with the quality or delivery of services, unmet expectation, a policy or procedure, or the conduct of another person that would reasonably expect a response, involves a degree of investigation and/or follow-up action as a result. A complaint may, for example, be about a breach of policies or procedures, employee conduct, provision of information or quality of service.
Complainant	A person who makes a complaint.
Compliment	An expression of satisfaction with, or praise for Dementia Australia activities, services, staff or performance.
Consumer	An individual or organisation that comes in contact with Dementia Australia which may include but is not limited to clients, members, donors and event supporters.
Feedback	Information about Dementia Australia activities or performance including complaints, compliments and suggestions.
Formal Complaint	A written complaint signed by the complainant and addressed to any level of Dementia Australia management. Written complaints may be made by letter, fax or email.
Informal Complaint	A complaint submitted verbally either by telephone or face-to-face
Solicited feedback	Feedback which is planned, has a defined goal and is actively sought through a formal process such as surveys/evaluations, research or focus groups.
Staff	All individuals whether paid, volunteer or on contract who undertake specified duties for Dementia Australia.
Stakeholder	A person, group or organisation that has interest or concern in an organisation.
Unsolicited feedback	Feedback provided without a specific request to do so such as individual completing a Feedback form or talking to a staff member.

POLICY STATEMENT

Dementia Australia recognises the value of feedback especially complaints, in its operational activities and undertakes to routinely seek it from a variety of sources. Feedback is seen as an opportunity to review and improve practices therefore the organisation encourages and supports the receipt of feedback from all consumers, clients, stakeholders and staff.

Feedback is to be encouraged at all times and formally sought at key times such as for strategic, business and activity planning and review. It is to be sought from a diverse range of stakeholders including those who may have concerns to ensure the organisation's activities reflect the needs of the community it represents.

All activities designed to solicit feedback in bulk e.g. surveys, must be approved by the relevant Executive Director. They are to be planned and assessed to ensure they align with strategic and business plans, avoid duplication and use appropriate language and format to achieve the desired outcome.

When feedback is received, an assessment is required to determine the appropriate action which may include recording the details, investigating and responding in line with the procedures below. Consent must be obtained to retain any identifying details related to the feedback.

Any negative feedback received in writing where contact information has been provided or received verbally where further action is requested is to be considered a complaint.

1. Feedback sources

Feedback is to be sought through a range of formal and informal options to ensure organisational activities continue to reflect the expectations of key stakeholders and the wider community.

Formal sources include (but not limited to):

- User surveys
- Individual workshop and program evaluations
- Service evaluations
- Interagency/Professional network meetings
- Consumer advisory groups
- Focus groups
- Research activities

Planning for these activities are to include processes and responsibilities for collating, analysing, reporting on outcomes and storage of completed responses.

Unsolicited feedback is to be actively encouraged and made accessible by promoting the process through:

- Displaying the **Your Feedback** poster prominently in each office
- Providing a feedback procedure on the organisational website
- Using the **Rights and Responsibilities** brochure to assist in explaining the process to clients at intake
- Providing evaluation or feedback forms to program or activity participants

2. Staff feedback

Suggestions from staff on how activities can be improved are encouraged and will be referred to relevant program area for consideration. Opportunities to provide feedback and suggestions include through climate surveys, performance reviews and meetings. Complaints from staff have specific requirements for management which are detailed in policies related to grievance and dispute resolution.

3. Complaints

Dementia Australia views complaints as an opportunity to improve services, systems and processes. To facilitate their receipt, information on how to make a complaint is to be displayed in all centres and on the website. The procedure for making a complaint must be provided and explained to all clients during the intake/registration process.

Complaints will reflect badly on the organisation if not managed well therefore all complaints are to be:

- Taken seriously, investigated and responded to in accordance with the procedures included in this policy as deemed appropriate by the departmental manager. Informal concerns or suggestions may not require investigation or response however they are to be documented in accordance with the policy to support continual improvement activities.
- Recorded on the Complaints Register which is monitored regularly to provide opportunities to review current procedures or practices. To ensure confidentiality is maintained, access to the Register is limited. The Register is maintained by the Quality Working Group who can be contacted through quality@dementia.org.au.

A report of key trends from this register is reviewed monthly by the Executive Team. Where there are significant risks, these will be handled through the Risk Management process and any systematic improvements will be recorded in the Continuous Improvement register and monitored by the Executive Team. Data trending is reported to the Board on a half-yearly basis via Risk Management and Continuous Improvement updates, high-risk items are reported by the CEO monthly or as required.

Consumers and/or their support people and other stakeholders have the right to raise complaints, issues, and problems they have with any aspect of service, and to have them resolved equitably and fairly, in a way that preserves the dignity of the consumer and without fear of retribution. As such, the organisation will continue to provide services where appropriate throughout the resolution of a complaint. Advocates and families are encouraged to be part of the complaints handling process, when clients want support.

Complaints about staff are to be managed in accordance with organisational policy related to performance and misconduct management.

Any complaint involving unlawful or criminal behaviour including, but not limited to, sexual harassment or assault, corruption, fraud, theft, malicious damage will be managed in accordance with legal requirements. Staff suspecting unlawful or criminal behaviour are to inform the CEO, an Executive Director or the General Manager People and Culture immediately for referral to the appropriate authority.

A complaint raised by a client in respect of another service provider will be handled with diligence and sensitivity. Clients will be made aware of any confidentiality issues and encouraged in the first instance to approach the Agency directly and enact that Agency's complaints policy in order to resolve the problem. If they have done so already and received an unsatisfactory outcome or are unable or unwilling to do so, direct them to the appropriate government agency eg the [Aged Care Quality and Safety Commission](#) for Commonwealth funded services (Aged or Community Care) or equivalent State/Territory agency for State funded services (Disability).

The primary role of Dementia Australia in dealing with these complaints is to listen to the concerns of the client and support them in assessing the situation and deciding on the appropriate course of action. Clients are to be made aware of their rights, and assisted in contacting agencies responsible for investigating complaints and/or advocating on their behalf. Advocacy activities must be undertaken in accordance with policies related to their use.

PROCEDURE

Solicited Feedback

A summary of outcomes is to be prepared and stored centrally for use in program planning and review and strategic planning. Any complaints received during this process are to be managed in accordance with the defined procedures.

Unsolicited Feedback

Forward to the relevant departmental Manager.

Complaints

Step 1 – Identification

Complaints may be made, for example, in person, by telephone, letter, survey and in some cases through the media.

Step 2 – Immediate action

Wherever possible an informal complaint is to be resolved directly by the recipient. If this is not possible and no manager is available encourage the complainant to explain the situation, obtain contact details for follow-up communication and inform them of their rights, the complaints handling process and name of the manager who will contact them.

Formal complaints are to be directed to the relevant General Manager or Executive Director immediately if the matter is serious for example (but not limited to) it relates to alleged illegal activity including abuse or fraud or has the potential to the organisation's reputation. Other formal complaints are to be escalated within three working days.

Step 3 - Notification

All complaints are to be logged in the Complaints Register by emailing quality@dementia.org.au as soon as possible after receipt with the relevant Manager copied in. The **Complaint Management Action Record** can be used to record the details or the equivalent information provided in the email.

Complaints posing a potential risk to the organisation including staff, volunteers or consumers or the wider community, should immediately be brought to the attention of the Chief Executive Officer. This includes situations of actual or alleged abuse and those that may impact on the organisation's reputation or result in litigation.

The Manager is required to prepare an appropriate response plan which includes investigation and communication with the parties involved.

Step 4 - Investigation

All complaints are to be investigated and analysed in a manner appropriate to the circumstances and risk it presents to the organisation. The objective is to determine the cause of the complaint particularly where it may indicate a systemic issue.

An investigation of the complaint will be initiated within two working days of the receipt of the complaint by the appropriate Manager or their representative. The complainant should be contacted within two working days to advise the complaint has been received, obtain further information if required and agree on a resolution plan including estimated timeframe and communication strategy. Ensure the agreed communication timelines are adhered to including advising the complainant of the outcome within one week of the decision.

If it is considered the matter will take more than 60 days to process and finalise, the complainant is to be informed in writing of the anticipated timeframe and provided with regular updates with the progress of the investigation.

Where the complaint cannot successfully be resolved to the satisfaction of either party, it can be referred to an independent mediator with appropriate qualifications and experience, in order to attempt to reach an agreed outcome.

Once the investigation is complete and a response is compiled, the Manager will inform quality@dementia.org.au the outcome of the investigation and that the case is closed. The Register will be updated and copies of the response shall be filed with the Register and original form.

Step 5 – Action

Action is the implementation of recommendations from the investigations and analysis which aims to develop better systems and improve practice. A suitable timeframe for implementing the recommendations and person responsible for completing them must be documented in action plans.

Outcomes implemented to resolve a complaint should be shared with appropriate colleagues to ensure others in a similar situation benefit from the investigation.

Where the investigation identifies a more systemic issue that points to service improvement this should be added to the **Incidents Register** by emailing quality@dementia.org.au.

Monitoring and Reporting

Regular monitoring of complaint data is required to identify and prioritise improvement opportunities.

Regular reports on complaint topics, outcomes and response times including aggregated data and are to be provided to the Executive Team and Board.

Document management

Ensure notes or minutes are taken at all meetings and copies of correspondence retained by the manager responsible for coordinating the response. All documentation relating to complaints and investigations are to be securely stored to ensure the confidentiality of those involved is maintained.

RESPONSIBILITIES

Role	Responsibilities
Chief Executive Officer	<ul style="list-style-type: none"> Ensuring the organisation meets industry standards for complaints management Fostering an environment where complaints are encouraged, reported, investigated and outcomes incorporated into continual improvement activities Ensuring staff have the required skills to effectively manage complaints
Executive Team	<ul style="list-style-type: none"> Overseeing management of complaints and incidents within their jurisdiction Monitoring trends and identifying areas for improvement
Executive Officer	<ul style="list-style-type: none"> Oversee the maintenance of the Complaints and Incidents/Improvement Logs Log including regular trend monitoring

	<ul style="list-style-type: none"> • Provide regular reports on risk status to the Executive Team and Board
Managers/Supervisors	<ul style="list-style-type: none"> • Ensuring staff and consumers are encouraged and supported to raise complaints and contribute to the resolution process
Quality Working Group (or equivalent)	<ul style="list-style-type: none"> • Maintaining and monitoring the Complaints Register • Identify opportunities for continuous improvement resulting from outcomes of complaint and incident investigations.

DOCUMENT HISTORY

This document replaces:

Feedback and Complaints Policy and Procedure (NSW)

QLD Feedback Procedure

Complaints Management Policy (SA)

Complaints, Comments and Compliments Policy and Procedure (VIC)

E-version overrides printed copy

Complaints Procedure

