QMS-297 COMPLAINTS MANAGEMENT PROCEDURE

DOCUMENT CONTROL

Policy Custodian (Responsible): Quality, Compliance and Risk Coordinator	**Policy Owner (Accountable):** Chief Executive Officer	**Version:** 2.00
Document Number: QMS-297	**Policy Domain:** Governance and Leadership	**Document Risk Classification:** Level 2
Date Approved: 16/09/2025	**Next Review Date:** 16/09/2027	**Status** Final

REVISION RECORD

Date	Version	Revision Description
30/05/2024	1.00	Creation of new document
09/04/2025	1.1	References to Customer Thermometer and Feedback Management Procedure removed.
01/08/2025	2.00	Overall update and simplification of document. Clarification of approach to complaints about commissioned services.

1. PURPOSE

The Complaints Management Procedure establishes a standardised process to acknowledge, review, and resolve complaints received from external stakeholders to ensure that complaints are captured, recorded, and addressed promptly and fairly.

2. PRINCIPLES

The following principles are applied in the management of complaints:

- **Accessible** – The complaint process is easy to access and understand, and everyone can participate equally.
- **Responsive** – All complaints are acknowledged and appropriate communication with stakeholders is maintained throughout the complaints management process about expected timeframes, outcomes and avenues of further review.
- **Confidential** – Information is only provided to those people who need to know about it for the complaint to be actioned.
- **Fair** – All will have the opportunity to present their versions of events, provide information and respond to allegations. The person managing the complaint will remain impartial to each side.
- **Transparent** – The process and outcomes will be clearly explained and all involved kept informed of the progress and rationale.
- **Efficient** – The process will be conducted without delay, with all stakeholders communicated with in an equitable, objective, consistent and unbiased manner.

3. PROCEDURE SCOPE

This procedure applies to complaints received regarding GCPHN staff, conduct, processes or policies.

3.1 Exclusions

- Complaints about privacy and data breaches are managed in accordance with the Privacy Policy.
- Whistleblower notifications are managed under the Whistleblower Management Policy and Procedure Whistleblower - Gold Coast Primary Health Network.
- Feedback is welcomed using the Feedback Form found on the GCPHN website: Complaints and Feedback - Gold Coast Primary Health Network.
- Contracted Provider Reportable Incidents are managed under the Reportable Incident Procedure.

Complaints regarding GCPHN commissioned services or other GCPHN funded activities will be reviewed and a determination made on merit regarding an appropriate action. The complaint may be directed to the service provider, the Queensland Office of the Health Ombudsman (OHO) and/or Australian Health Practitioner Regulation Agency (AHPRA).

3.2 Definitions

Complaints means grievances, shortcomings, issues or dissatisfaction with GCPHN staff, conduct, processes or policies:

- The complainant is dissatisfied with the service or actions of staff
- The complainant is directly affected by the actions or outcomes.
- Some outcome from the complaint is expected.

It will not be a complaint if a person is:

- Requesting information
- Making a suggestion to improve services
- Providing feedback* on the GCPHN's performance
- Providing information

***** Feedback is helpful information or criticism that is given to improve GCPHN performance.

4. RESPONSIBILITIES

4.1 Complainant

- Provide all relevant information including a clear idea of the problem and the desired solution.
- Cooperate in a respectful way and be aware that unreasonable conduct will not be tolerated.
- Understand that complex complaints can take time to assess, manage and resolve.
- Be aware that some decisions cannot be overturned or changed.
- Inform the GCPHN of changes affecting the complaint, including if help is no longer required.
- Request an internal review within 20 days of receiving the outcome of the complaint if dissatisfied with the outcome or process.

4.2 GCPHN

- Manage complaints according to this procedure and any other relevant policies or procedures.
- Ensure assistance is provided including interpreter services, digital support, Auslan etc.
- Decide if a complaint is frivolous or vexatious.
- Assess if a complaint also engages another process.
- Ensure confidentiality of personally identifiable information about the complainant or any other person involved in the complaint.
- Provide procedural fairness to complainants and persons who are the subject of the complaint.
- Maintain a complaints register.
- Resolve complaints promptly and in accordance with 14 day timeframe.
- Advise the complainant that they can seek an internal review within 20 days if they are dissatisfied with the way their complaint was handled or believe the outcome was unreasonable.
- Maintain appropriate records to support each step of the process and enable accurate reporting.

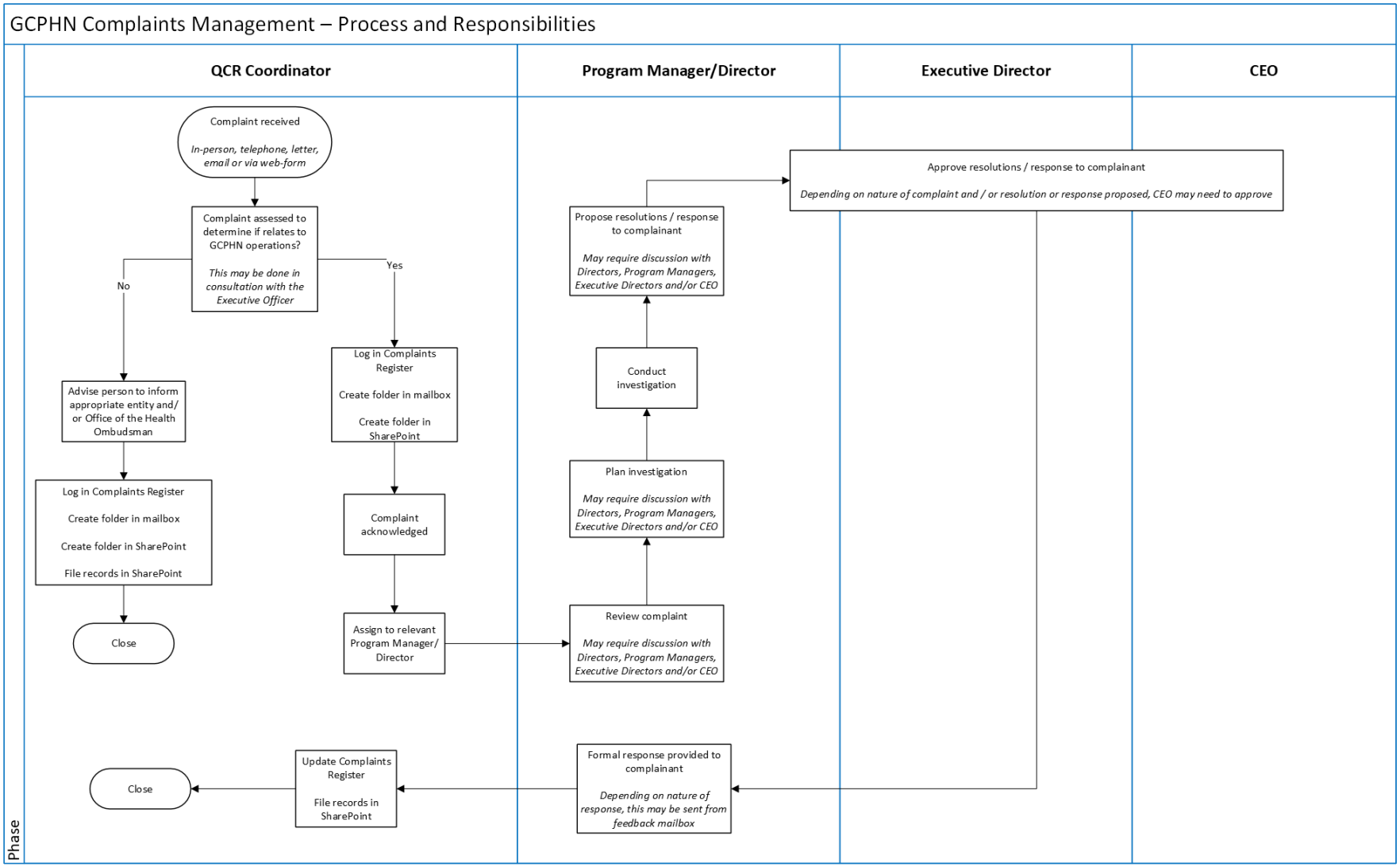
4.3 General

- Complainants will not be disadvantaged because of making a complaint.
- There is no fee to lodge a complaint.
- Anonymous and confidential complaints are accepted and considered if enough details are given for investigation.

If a person wishes to have someone assist or represent them in lodging or resolving their complaint, they must notify GCPHN, who will then communicate through that appointed representative.

5. COMPLAINTS MANAGEMENT PROCESSES

This section provides detail in relation to the process for managing complaints.



Depending upon the nature or subject of the complaint, the relevant Executive Director or CEO may lead the steps allocated to Program Manager/ Director

5.1 Receive Complaint
All complaints should be submitted using the form on the GCPHN website. Alternatively, complaints can be emailed to feedback@gcphn.com.au.

The following information is required when lodging a complaint:

- Contact details – name, email and phone.
- Details of the complaint.
- Any available evidence to support the complaint.
- Permission to disclose the identity of the person or organisation providing the complaint if it is necessary to resolve the complaint.

GCPHN will follow up with the complainant to obtain additional information as required.

5.2 Assess Complaint
The Complaints Officer (QCR Coordinator) will assess the content of the complaint to determine if the complaint received is within scope. This can involve consultation with Executive Officers and/or other staff.

5.3 Acknowledge and Assign
All complaints will be acknowledged by the Complaints Officer within two business days (by email from the Feedback mailbox) and will include information on whether the complaint is or is not within the scope of this procedure.

- If not within scope, referral to another feedback process or organisation will be provided, including contact details.
- If within the scope:
    - A statement that the complaint has been assigned for assessment and investigation, and that an officer (unnamed) may contact them to obtain further information.
    - Timeframes expected to complete the required investigation.

The Complaints Officer assigns each complaint to an appropriate staff member, usually a Program Manager/Director/Portfolio Manager for the relevant business area. If the complaint concerns that person, it is escalated to the Executive Director or CEO, who may delegate another staff member to investigate.

After assignment, the Complaints Officer logs the complaint in the Complaints Register and opens files for related records in the Feedback mailbox and SharePoint. All complaints, including those outside the procedure's scope, are recorded in the Complaints Register.

In accordance with the organisation's information security management and privacy management procedures, a secure SharePoint link is provided to the responsible person to store all complaint-related documents.

5.4 Assess
The responsible staff member will ensure the complaint is fully understood, which may require contacting the complainant for clarification.

When deciding how to handle a complaint, GCPHN will consider:

- The subject of the complaint
- Its seriousness, complexity, or urgency
- Any health and safety concerns
- How the complaint affects the complainant
- Risks of delayed resolution
- Whether other organisations, such as service providers, need to be involved.

If necessary, the staff member should consult their Executive Director or CEO, who may escalate the issue to the Board Chair or relevant funder.

5.5 Investigate and Resolve

A person **cannot** investigate a complaint about themselves or their actions.

Staff undertaking an investigation will determine the facts and options for resolution of a complaint by:

- Defining the issues to be investigated and planning the investigation.
    - Planning does not need to be detailed or complex but should be thorough enough to ensure that all issues raised in the complaint are considered.
- Gathering sufficient reliable information to enable the issues to be addressed, considering all relevant information, and following up with the complainant and other relevant stakeholders as necessary.
- Determining what (if any) action is required.
- Documenting how the investigation was conducted, relevant facts, conclusions, findings, and recommendations, which may include other continuous quality improvement opportunities.
    - Records should be saved within the allocated secure SharePoint location, in the link sent by the Complaints Officer when the complaint was assigned. This ensures that the confidentiality and information security of records can be maintained.

Depending on the nature of the complaint, it may be appropriate for GCPHN to engage a third party to investigate the complaint.

Where it is not possible to resolve a complaint within 14 business days, the staff member responsible for managing the complaint should maintain regular contact with the complainant to inform them of the process, and anticipated timeframes for resolution.

5.6 Resolve

After completion of the investigation, the responsible staff member must send a response to the complainant. Depending on the complaint, this may need approval from the Executive Director or CEO.

The response must cover:

- Each concern raised, with findings from the investigation.
- Any actions taken, referrals made, or reasons for no action.
- The rationale behind decisions.
- Remedies or resolutions provided.
- Options for further review, such as escalation to relevant authorities such as the Department of Health Disability and Ageing (DHDA).

Resolutions differ based on the complaint and can include an apology, correcting information, providing explanations, compensation, changes to policy/processes, or training. Often, resolutions combine several of these elements.

Where a resolution is not accepted by the complainant, the matter should be escalated to the relevant Executive Director and / or CEO. A further resolution may be offered to the complainant following this review, or they may be again informed of their rights to contact the DHDA.

5.7 Close

The Complaints Officer will record and analyse complaints and outcomes to support ongoing quality improvement.

The Complaints Register should include:

- Date, complainant, and subject of the complaint.

- Person responsible for handling the complaint.
- Final action, outcome, and closure date.
- Quality improvement recommendations addressing identified issues.
- Decisions regarding those recommendations.

5.8 Review of decision

If a complainant is dissatisfied with the resolution, they may request a review by submitting a written request to the CEO within 20 days of being notified of the initial outcome.

The review will assess:

- Whether the GCPHN staff followed fair and sufficient procedures; and
- If the conclusions were well-founded and clearly explained to the complainant.

The reviewing officer may:

- **Uphold** the original decision,
- **Change** the decision, or
- **Refer** the matter back for further review if additional issues are found.

Only one internal review is allowed before the complaint is closed.

Any person may choose to directly engage with the DHDA or other GCPHN funder to seek a review of GCPHN's management, handling and/or decision regarding complaints they have made.

6. ROLES AND RESPONSIBILITIES

Position	Roles and Responsibilities
Complaints Officer (currently held by Quality, Compliance and Risk Coordinator)	• Monitoring the feedback mailbox. • Receiving and documenting complaints. • Liaising with teams to resolve complaints effectively and efficiently. • Maintaining accurate records of complaints, including details of investigations, resolutions, and any actions taken. • Monitoring and reporting on key performance indicators related to complaint resolution, such as response times and resolution rates. • Serving as a point of contact for regulatory agencies or external organisations regarding complaint-related inquiries or investigations. • Maintain confidentiality regarding sensitive information related to complaints and complainants.
Executive Officer	• Acts as GCPHN Complaints Officer in absence of the Quality, Safety and Risk Coordinator. • Supports GCPHN Complaints Officer in assessing and responding to complaints. • Supports GCPHN Complaints Officer in undertaking analysis and reporting of complaints.
Program Manager / Director	• Investigating and responding to complaints • Receiving and responding to feedback. • Maintain confidentiality regarding sensitive information related to complaints and complainants. • Implement appropriate resolutions to resolve complaints and prevent recurrence. • Proactively identify and address potential issues or sources of complaints within their areas of responsibility.
Executive Directors	• Supporting Program Manager/Director/Portfolio Manager in investigating and responding to complaints or conducting investigations and responding to complaints. • Receiving and responding to feedback.

Position	Roles and Responsibilities
	• Maintain confidentiality regarding sensitive information related to complaints and complainants. • Proactively identify and address potential issues or sources of complaints within their areas of responsibility. • Foster a culture of continuous improvement and quality assurance to mitigate future complaints. • Implement appropriate resolutions to resolve complaints and prevent recurrence.
Chief Executive Officer	• Ensure GCPHN has established a robust feedback management system, including complaints management system within the organisation. • Ensure clear and accessible channels for stakeholders to lodge feedback. • Ensure that employees are familiar with the organisation's feedback management process and policies. • Supporting Executive Directors in investigating and responding to complaints or conducting investigations and responding to complaints. • Responsibilities as detailed in the Whistle-blower Management Procedure. • Foster a culture of continuous improvement and quality assurance to mitigate future complaints.
All staff	• Promptly forwarding any complaints received to the feedback mailbox. • If required, provide accurate and timely information to assist in the resolution of complaints. • Participate in training programs or workshops to enhance skills in complaint handling and customer service.

7. DOCUMENT CONTROL - MONITORING, EVALUATION AND REVIEW

This Procedure has been classified as a Level 2 document under the Controlled Documents Procedure and should be reviewed every two years or otherwise as improvements arise.

8. ASSOCIATED DOCUMENTS

GCPHN controlled Documents:

- QMS-245: Privacy Policy
- QMS-22: Quality Management System Manual
- QMS-250: Reportable Incident Procedure
- QMS-30: Whistleblower Management Policy and Procedure

External Documents:

- Primary Health Networks Program Complaints Policy
- Queensland Ombudsman - Managing unreasonable complainant conduct

9. RELEVANT LEGISLATION

- ☐ Queensland Health Ombudsman Act 2013 (QLD)
- ☐ Ombudsman Act 2001 (QLD)
- ☐ Privacy Act 1988 (Commonwealth)
- ☐ Competition and Consumer Act 2010 (Commonwealth)

10. KEY CONTACTS

- Australian Health Practitioner Regulation Agency
  - 1300 419 495
  - https://www.ahpra.gov.au/About-Ahpra/Contact-Us/Make-an-Enquiry.aspx
- Office of the Health Ombudsman (Queensland)
  - 133 646
  - https://www.oho.qld.gov.au/make-a-complaint

- Department of Health, Disability and Ageing
    - PHN.Complaints@health.gov.au
    - PHN State Teams and Assurance Section, MDP 810 Primary Health Networks and Partnerships Branch, Primary Care Division
      Department of Health, Disability and Ageing, GPO Box 9848
      CANBERRA ACT 2601
      Australia