

FEEDBACK AND COMPLAINTS POLICY – GUIDELINES FOR HANDLING COMPLAINTS



Preamble

To achieve a high level of client satisfaction, Centrecare values underpin the strategies used when responding to feedback from clients. Centrecare is committed to continual improvement, and as such proactively encourages feedback from its clients.

This is done by:

- (i) conducting client surveys annually; and
- (ii) obtaining ongoing feedback through the Suggestion, Compliment or Complaint Form, Service User Satisfaction Questionnaire or through the Centrecare website.

Effective and consistent management of feedback helps to continually improve services, and where necessary, gives people the opportunity to strengthen and/or rebuild relationships with Centrecare. Whilst service delivery areas may be unique in nature, the process for dealing with feedback is consistent throughout the Agency.

Objective

- To continually improve services and promote excellence in service delivery.
- To encourage feedback from internal and external clients.
- To encourage respectful, sensitive, consistent, effective and efficient handling of feedback.

Scope

This policy applies to all staff employed at Centrecare. It is prescribed by *AS ISO 10002 – 2018 Customer Satisfaction – Guidelines for complaints handling in Organisations*.

It is applicable to feedback relating to any aspect of services delivered by the Agency. The policy does not apply to disputes referred for resolution outside the Agency or for employment-related disputes.

Definitions

ISO 10002:2018: Australian Standard of the International Standards Organisation *Customer satisfaction – Guidelines for complaints handling in Organisations*.

Internal Client: A person who is employed (a worker, in a paid or unpaid capacity) by Centrecare, to make a contribution to service delivery or deliver services directly to external clients.

External Client: Partner agencies/shared client service providers, any member of the public not employed by Centrecare, who requests or engages in a service provided by Centrecare.

Feedback: Is the voice of the client sharing observations, complaints and suggestions with Centrecare about the way we conduct our business. Feedback is a response to an observation, concern or suggestion.

Centrecare Representative: Any person contracted by Centrecare to represent the Agency in a professional capacity.

FEEDBACK AND COMPLAINTS POLICY – GUIDELINES FOR HANDLING COMPLAINTS



Policy

Client feedback provides necessary information for the continual improvement of service delivery.

Feedback identified as a complaint should be provided to the Executive Manager or in the case where the complaint relates to an Executive Manager - Community Services, to the General Manager, or General Manager/Chief Corporate Services/Chief Financial Officer, to the Director.

Feedback obtained as a compliment or suggestion for improvement will be acknowledged and discussed at management meetings. This procedure is outlined in the **Client Feedback and Complaints** flow chart.

At the point where the feedback from an external client is received and identified as a complaint, staff will follow the procedure as set out in the **Client Feedback and Complaints** flow chart.

Centrecare will accept and take action on feedback from the general public about Centrecare tenants. However, Centrecare staff will not be able to act upon feedback from tenants against neighbours who are private homeowners or in private rentals.

The rights and responsibilities of parties involved in the feedback process are outlined below.

Rights of the person providing feedback:

- Have confidentiality.
- Be treated with courtesy and respect.
- Be given a clear explanation of the process.
- Be informed of the progress of their feedback.
- Have an understanding that their feedback will not affect other dealings they have with the Agency.
- Opportunity to seek external advice if the outcome is not to their satisfaction.
- Provide info about external agencies to support their claim.

Complainants will be advised in writing of the outcome of their complaint, including:

- whether the complaint was substantiated or not investigated;
- reasons for the decision;
- any actions taken to resolve or improve services; and
- options to seek external review or advice if dissatisfied.

Responsibility of the person providing feedback:

- Treat the agency staff with respect.
- While we encourage those providing feedback and complaints to make timely contact with the agency, service users can make contact any time within 12 months of ceasing service.
- Confirm their correct contact details so the Agency can respond to their feedback.
- Clearly identify the observation, complaint or suggestion.

FEEDBACK AND COMPLAINTS POLICY – GUIDELINES FOR HANDLING COMPLAINTS



Responsibility of the Executive Management, General Manager and Director:

- Promote awareness of the feedback process and foster a “no blame” culture.
- Implement systems to regularly monitor and review the feedback process to ensure that it is effectively and efficiently maintained and continually improved.
- Where possible, investigate the validity of any complaint and provide opportunity for all parties to state their understanding of the situation/event.
- Be neutral and objective at all times.
- Where possible, ensure that action is taken to resolve a complaint, prevent it from happening in the future and record the event.
- Manage clients’ expectations in relation to what the feedback process can and cannot deliver.
- Where the client disengages or cannot be contacted for more than 30 days, take action to address the cause of the complaint.
- Where necessary, refer any unresolved complaint to an external agent with accurate and relevant data.

All complaints will be managed in accordance with the following timeframes:

- Acknowledgement: Complaints will be acknowledged in writing within five (5) business days of receipt.
- Initial assessment: A preliminary assessment will be completed within 14 calendar days.
- Investigation and resolution: Where possible, complaints will be finalised within 30 calendar days. Where matters are complex, the complainant will be advised in writing of the expected timeframe and provided with updates at least every 30 days until closure.

Conflict of Interest and Escalation

Where a complaint relates to a person who is normally involved in complaint management, an alternate pathway will be applied to ensure independence and neutrality:

- Complaints about Program or Executive Managers will be referred to the Director.
- Complaints about the Director will be referred to the Board.
- If a conflict of interest exists at Board level, the matter will be referred to an independent external reviewer appointed by the Board.

Record Keeping and Confidentiality

All complaints will be documented and stored securely in accordance with Centrecare’s record-keeping procedures and privacy obligations. Access to complaint records will be restricted to authorised personnel. Records will be retained for the period required under legislation and securely destroyed thereafter. Confidentiality will be maintained at all stages of the process.

FEEDBACK AND COMPLAINTS POLICY – GUIDELINES FOR HANDLING COMPLAINTS



Assessment of Compliance with Legislative Requirements

When investigating complaints relating to the provision of Family Dispute Resolution (FDR) services, Centrecare will explicitly consider all obligations under the **Family Law Act 1975** and the **Family Law (Family Dispute Resolution Practitioners) Regulations 2025**, including but not limited to:

- Section 20 Assessment of suitability for FDR;
- Section 21 Information provided to clients, including confidentiality, disclosure obligations, admissibility, mandatory reporting, and fees;
- Section 22 Manner of conducting FDR, including neutrality and safety;
- Section 23 Ending sessions at the request of a party;
- Section 24 Requirements for issuing s60I certificates (timeframes, notices, and correct use of templates);
- Section 25 Avoiding conflicts of interest;
- Section 26 Record keeping and use of information; and
- Section 27 Provision of legal advice.

Compliance with these provisions will be the primary consideration in determining whether a service was appropriate.

Where a complaint is substantiated, Centrecare may require the practitioner to undertake remedial actions such as coaching, mentoring, training, or professional supervision. If the seriousness of a substantiated complaint indicates that a practitioner may no longer be suitable to practice FDR, Centrecare will notify the Attorney-General's Department (AGD) within a reasonable period, providing accurate and relevant information.

Where repeated non-serious substantiated complaints are received and the practitioner does not improve after support, Centrecare will consider notifying AGD of the practitioner's ongoing inability to provide appropriate FDR services.

Centrecare will notify the Attorney-General's Department in writing, within a reasonable period, of:

- Any serious substantiated complaint.
- Substantiated complaints relating to a material contravention of s20 (suitability assessments) or s25 (conflicts of interest); and
- Cases where a practitioner may no longer be suitable to provide FDR.