

Complaints, Grievances, Disputes and Harassment Procedure(PRO 2.02)

Relates to policy: 02 Management Systems Policy (POL 2.00)

OVERVIEW

Nadrasca acknowledges that the supports and services that it provides does not always meet people's expectations and that mistakes happen. Nadrasca values the feedback, both positive AND negative, that it receives.

Nadrasca views complaints as a way to improve services and ensure participants are receiving the best service they can. With this in mind, a person does not necessarily have to expressly state that they wish to make a complaint to have an issue or concern dealt with as a complaint.

A staff member may receive feedback from those listed in "scope" and use this to make a complaint, particularly if this feedback is in regards to the services or support they are receiving.

Nadrasca will ensure that people do not get punished, or have adverse effects in their workplace, to a complaint being made. This being said, a complaint may be made anonymously, however it is preferred that it is not, as Nadrasca won't be able to contact the complainant to notify them of the outcome.

The purpose of this procedure is to:

- Provide staff with a framework for the resolution of complaints in an efficient, effective, transparent and manner
- Ensure procedural fairness in the management of complaints
- Ensure participants have the right to complain and be involved in the decisions affecting their lives
- Allow Nadrasca to record the number and type of complaints received for all Nadrasca and relevant business unit operations and functions.

SCOPE

This procedure is applicable to Nadrasca staff, employees, customers, volunteers, visitors, family members/advocates, members of the public and contractors.

DEFINITIONS

Complaint	An expression of dissatisfaction with a provider, service, staff, including how a previous complaint was handled, for which a response or resolution is explicitly or implicitly expected or legally required. Beyond the formal definitions, a complaint is someone letting you know that your service is not 'hitting the mark'.		
Complaints and Grievances	are used interchangeably in this procedure.		
Complaints Manager	In this instance, the Manager, Quality & Compliance (MQC) is the Complaints Manager. The Complaints Manager is responsible for coordinating the handling of complaints and ensuring the complaint is properly managed.		

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PROCEDURE

1 Steps and Support

Procedure:	Responsibility
1.1 When staff/employees are employed under an Award or Certified Enterprise Agreement containing grievance clauses, those conditions take precedence over this procedure.	Site Managers
1.2 Issues related to an Award or Certified Enterprise Agreement that requires interpretation are to be forwarded to Corporate Services.	Corporate Services
1.3 Individuals are able to express complaints without fear of retribution and have these matters addressed in a manner which is non-threatening. Feedback (both positive and negative) empowers people to speak up and assists Nadrasca to improve its services.	
1.4 Individuals making a complaint have the right to have a support representative of their choice to assist them.	
1.5 Participants may wish to take the complaint to an agency that provides advocacy services. Nadrasca will support participants with information to assist in accessing those services.	
1.6 Participants may wish to take the complaint to the NDIS Commission. Nadrasca will ensure that information regarding how to access the NDIS Commissions Complaints is accessible to participants.	
1.7 All complaints will be lodged through the Complaints Register, as this will ensure Nadrasca can identify trends in complaints and improve services and supports.	MQC
1.8 The complainant can use the Complaint Form (FRM 2.01 EE) & (FRM 2.01) to lodge a complaint.	

2 Processing Complaints

Procedure:	Responsibility
2.1 The recipient of the complaint shall forward the Complaint to Manager – Quality & Compliance (MQC), who will register the complaint in the Complaints Register or,	Managers/ Site Managers
2.2 If the complaint is lodged on the website, it will be sent directly to the MQC.	
2.3 The MQC will endorse the Complaint with the unique complaint number.	MQC

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Procedure:

Responsibility

- 2.4 The MQC will organise for the appropriate personnel to conduct an investigation. An Investigation Details Form (FRM 2.02) may be completed to assist in gathering the facts of the investigation. In some instances, the complaint may require the appointment of an external investigator.
- 2.5 The complaint will be handled in accordance with the National Disability Insurance Scheme (Procedural Fairness) Guidelines 2018.
- 2.6 The complaint shall be investigated and, attempts made to resolve the complaint as soon as reasonably possible, or within 14 days of the complaint being submitted. If the complaint is likely to take longer than 14 days to be resolved, the complainant will be advised that more time is required.
- 2.7 If the grievance is about another person, the other person must be notified of the nature of the grievance in writing, and will be provided with a copy of the Complaint Form (FRM 2.01).
- 2.8 The person involved has the right to respond to the complaint and have a support representative of their choice.
- 2.9 If necessary, appropriate and agreed upon by the complainant, supported mediation may occur between the two parties to resolve the complaint.
- 2.10 The complaint approach recognises that people who are making a complaint are generally seeking one or more of the following outcomes:
- Acknowledgement
 - Answers
 - Action
 - Apology
- 2.11 Should the matter remain unresolved after the investigation, the complaint shall be forwarded to the Chief Operations Officer to seek a resolution. **Chief Operations Officer**
- 2.12 If the Chief Operations Officer is unable to satisfactorily resolve the complaint, the complaint will be referred to the Chief Executive Officer. **Chief Executive Officer**
- 2.13 In the event that the Chief Executive Officer is unable to satisfactorily resolve the complaint, the complaint will be referred to an independent arbiter acceptable to both parties for resolution.
- 2.14 If the complaint is against the Chief Executive Officer, it shall be referred to the Chairman of the Board of Directors. **Chairman**

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Procedure:	Responsibility
2.15 If the complaint is against a Board member, it shall be referred to the Board of Directors.	Board of Directors
2.16 Disciplinary action may result, in accordance with Procedure Staff Performance, Counselling & Discipline Procedure (PRO 3.03).	
2.17 The person in charge of the investigation shall notate details of the process which transpired on the Investigation Form (FRM 2.02) and the final outcome on a Complaint Follow-Up Form (FRM 2.03) and attach it to the Complaint Form. The Follow up Form (FRM 2.03) must be signed by the complainant.	
2.18 The forms will be forwarded to the MQC and the complaint can be registered as finalised and closed off.	MQC
2.19 The original Complaint Record and Follow-up documentation will be maintained and controlled by the MQC.	
2.20 The MQC will follow up with the complainant within the following 3 months to ensure they are still satisfied with the outcome of their complaint.	
2.21 Copies of the Complaint Record and Complaint Form (FRM 2.01) and other relevant documents, shall be placed in the complainant's file and (if relevant) copies will also be placed in the files of the other parties involved.	

3 Confidentiality

Procedure:	Responsibility
3.1 The MQC shall ensure that access to the Complaints Register and documentation kept is controlled in a manner that ensures confidentiality.	MQC

4 NDIS Commission Reporting Procedure

Procedure:	Responsibility
<p>4.1 If the complaint is regarding the service provided by Nadrasca, participants, family, friends, advocates can contact NDIS Commission Directly.</p> <p>The NDIS Commission can be contacted to make a complaint by:</p> <ul style="list-style-type: none"> Phoning: 1800 035 544 (free call from landlines) or TTY 133 677. Interpreters can be arranged. National Relay Service and ask for 1800 035 544. 	

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Procedure:

Responsibility

- Completing a complaint contact form.
- 4.2 More information about making a complaint with the NDIS Commission can be found at:
<https://www.ndiscommission.gov.au/participants/complaints>

5 Complaints Training

Procedure:

Responsibility

- 5.1 Staff will be trained on complaints at their Induction to ensure they know the correct process and ensure staff know what to do in the event of a complaint.

6 Complaints Reporting - Internal

Procedure:

Responsibility

- 6.1 Complaints data is reported to the Executive Team monthly.
- 6.2 De-identifiable Complaints data, compiled by the Quality & Compliance team, is reported to the Nadrasca Board through the Risk and Compliance Committee.
- 6.3 On request, Nadrasca will provide de-identified, statistical and other information to the NDIS Commission.

References

Standards

NDIS Practice Standards
DSS National Standard 6: Service Management
NDIS Quality & Safeguards Practice Standards

Acts

Disability Act 2006 (Vic)
National Disability Insurance Scheme Act 2013

Guidelines

National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018
National Disability Insurance Scheme (Procedural Fairness) Guidelines 2018

Related Policies

Management Systems Policy (POL 2.00)
Feedback and Complaints Policy (POL 11.07 EE)

Related Procedures

Responding to Allegations of Physical and Sexual Assault, Abuse or Neglect (PRO 9.14)
Incident & Injury Reporting and Investigation (PRO 9.02)
Staff Performance, Counselling & Discipline (PRO 3.03)

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Related Forms

Complaint Form (FRM 2.01)
Complaint Form (FRM 2.01 EE)
Investigation Details Form (FRM 2.02)
Complaint Follow Up Form (FRM 2.03)

Related Resources

Everything you wanted to know about complaints (Disability Services Commissioner Resource)

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