

**Access Ability  
Upper Great Southern Family Support Association  
Inc**

**POLICY & PROCEDURE ON  
COMPLAINTS AND DISPUTES**

**STANDARD 7**

**Date Adopted: 12<sup>th</sup> January 2009**

**Last Date for Review: 12<sup>th</sup> January 2011**

**Date Revised .....**

## **1. BACKGROUND**

Upper Great Southern Family Support Association Inc. is a non-profit organisation established in 1992 with the purpose of enabling people with disabilities to remain within their family without compromising family life.

The services offered by the association include in-home respite, out-of-home respite, alternatives to employment, post school options, intensive family support, holiday program, recreation program and community connections.

The Association is governed by a Board of Directors, which is elected by nomination annually. These Directors can be family members, people with disabilities, primary carers and community members.

The Association receives its operating funds from the Western Australian Government in the form of an annual grant and from individual clients.

## **2. PURPOSE AND SCOPE**

The purpose of this policy is to establish mechanisms for clients to lodge a complaint. To ensure complaints are dealt with fairly and promptly and in a sensitive and courteous manner. To assure clients complaints can be submitted without fear of reprisal and will be treated with confidentiality. To provide an avenue for complaint and dispute resolution which can be resolved within existing resources. Complaints are also seen to have an important role in contributing to service improvement in the agency.

To empower the Executive Officer and the Association's Board of Directors to take responsibility for bringing complaints to a satisfactory conclusion for all parties concerned at a local level, if possible.

The Association empowers clients to choose through whom and how they want to make a complaint.

Clients may bring their complaint/dispute to the notice of the Association through the Executive Officer, the President of the Board or a Board member or other authority. Clients may present the complaint/dispute themselves or use an advocate.

Clients have the right to take their complaint to an external outside agency. Please refer to the brochure for a detailed list of who can help clients make a complaint.

### **3. COMPLAINTS AND DISPUTES POLICY STATEMENT**

Treatment of complaints and disputes will be fair to both the person making the complaint and those receiving the complaint and will be given high priority for resolve.

Service Users, families, clients and advocates have the right to be informed about the Organisation's service user Complaints Policy & Procedure.

Disputes about the Association, its staff, Board or services are invited by the Association, to provide opportunities for improvement of service quality and strengthening of the Association and client relationships.

Complaints will be viewed as a means of evaluating and improving the Association's role and performance.

### **4. PROCEDURES**

The following procedures are to be implemented to enable the Association to meet its policy objectives of ensuring that all clients are free to lodge and have resolved any complaints/disputes regarding the Association.

General procedures:

The Association's Executive Officer, Office Staff and all members as they become involved are expected to;

- 4.1** Treat all client complaints as private and confidential in accordance with the Privacy Act.
- 4.2** All staff are aware of the existence of, and have access to, a copy of the Complaints Management File.
- 4.3** The Executive Office or associated staff member will assist people who may have difficulty making a complaint by completing the "Complaints Form".
- 4.4** In the first instance encourage the complainant to discuss their issue with the person whom they have the complaint with, if appropriate.
- 4.5** Recording and acknowledgement of the complaint using the association "Complaints Register" and attempt a resolution by first point of contact.
- 4.6** If the complaint can not be resolved at this level, the complaint will then be directed to the Executive Officer. On receiving the complaint, the Executive Officer is to inform the Board of the complaint.
- 4.7** If the complaint is still not rectified then it is to be directed to the Board of Management.
- 4.8** If the client has elected to have the complaint dealt with internally, the complainant is to be met within 5 working days to document the nature of the complaint or concern and a resolution identified.

- 4.9** The Executive Officer shall notify the complainant in writing of the outcome of the investigation within 10 working days after the investigations have been completed.
  
- 4.10** If the complaint can not be resolved within the organisation, the complainant will be directed to an outside agency (refer to brochure). Ensure that consent is obtained prior to referring the complaint to the Office of Health Review. A consent form must be completed, signed and dated by the complainant and witnessed by an Association staff member or Board member.
- 4.11** Ensure that the complainant does not have to meet or deal with the person allegedly involved or associated with the complaint, should they choose not to do so.
- 4.12** All complaints, resolved and unresolved to be recorded in a complaints log book and a non-identifying summary of complaints to be tabled at the next Board of Management meeting.

## **5. REVIEW OF THE POLICY**

This policy will be reviewed on a two yearly basis. However, if at any time the legislative, policy or funding environment is so altered the policy is no longer appropriate in its current form, the policy will be reviewed immediately and amended accordingly.

## **ATTACHMENT** **STANDARD 7**

### **COMPLAINTS PROCESS**

All complaints will be recorded in the Complaints Register.

1. The person making the complaint will be requested to complete and sign the Association Complaint Form to ensure that all aspects of the complaint is captured. The Association will offer assistance at this stage if required.
2. The Executive Officer shall immediately inform the President of the Board that a complaint has been received. Further action shall be undertaken in accordance with Standard Seven Complaints & Disputes Procedures.
3. An investigation shall be commenced within 5 working days of receiving a complaint. All phone calls and/or meetings to be recorded on the complaint running sheet for each individual complainant.
4. The Executive Officer shall assess the necessary steps to be undertaken and to which agency the issue should be referred if necessary.
5. The Executive Officer shall notify complainant in writing of the outcome of the investigation within 10 working days after the investigations have been completed.
6. The Executive Officer shall notify the Disability Services Commission as required by the Mandatory Reporting Provisions.
7. All complaints resolved and unresolved to be recorded in a complaints log book and a non-identifying summary of complaints to be tabled at the next Board of Management meeting.