

## Complaints and Feedback Procedure

Kambu Aboriginal and Torres Strait Islander  
Corporation for Health  
(Kambu Health)

**Authorised: Board of Directors**

### 1.0 Origin/Authority

Kambu Aboriginal and Torres Strait Islander Corporation for Health (Kambu Health) Complaints and Feedback Procedure.

### 2.0 Related Legislation

*Corporations (Aboriginal and Torres Strait Islander) Act 2006* (Cth)

*Privacy Act 1988* (Cth) and Australian Privacy Principles

*Health Ombudsman Act 2013* (Qld)

*Child Safe Organisations Act 2024* (Qld) and *Child Safe Standards* (where applicable)

*Human Rights Act 2019* (Qld) (where applicable)

RACGP Standards for general practices complaints handling requirements

Human Services Quality Standards (Queensland)

### 3.0 Purpose

This process is established under Kambu Health's **Complaints and Feedback Policy** and is to be read in conjunction with that policy. It is intended to establish procedures which:

- a) provide for the effective management and resolution of feedback and complaints about Kambu Health's actions, services, decisions or conduct;
- b) support the implementation of the Kambu Health Complaints and Feedback Policy;
- c) ensure feedback and complaints are dealt with in a fair, objective, effective, transparent, consistent and accountable manner;
- d) support culturally safe and respectful complaint handling for clients, community members, children and young people, and other stakeholders; and
- e) facilitate the use of information obtained through the resolution of feedback and complaints to improve service delivery and organisational practices.

### 4.0 Scope

This Procedure applies to feedback and complaints made to or about Kambu Health in relation to its services, programs, decisions, actions, staff conduct, or the delivery of services. Feedback and complaints may be made by or about:

- a) clients, patients, carers and family members;
- b) children and young people accessing or affected by Kambu Health services;
- c) community members and members of the public;
- d) partners, contractors, volunteers and other stakeholders.

This Procedure applies to complaints relating to the services, actions or conduct of Kambu Health employees, contractors, volunteers, Board members or any person acting on behalf of Kambu Health.

This Procedure does not replace internal workplace grievance processes. Concerns raised by employees relating primarily to employment matters, including workplace disputes, performance management, or staff to staff conduct issues, will generally be managed through Kambu Health People and Culture processes unless the matter relates directly to service delivery or client safety.

## 5.0 Lodgement of Complaints

Customers are encouraged to use the *Complaint Form* when making complaints as use of the form will help ensure that all relevant information is provided.

A complaint can be:

- a) made by a person other than the person affected by the action being complained about;
- b) made in writing, including by email, letter or online form. If received by phone or in person, the receiving staff member will record the complaint in writing and, where possible, ask the complainant to confirm the written record;
- c) made anonymously.

Anonymous complaints, or complaints from people who wish their names to be held in confidence, will be accepted for investigation, if there is sufficient information to enable an investigation to be conducted.

People who lodge complaints, but who wish to remain anonymous are to be advised that Kambu Health's ability to investigate the complaint may be limited by their anonymity and also advised that they will not receive information about the outcome of their complaint.

Any anonymous complaints which allege fraud, corruption, serious misconduct or criminal conduct by a Kambu Health staff member will be referred directly to the Chief Executive Officer (CEO). If the allegations relate to the CEO, the complaint will be referred to the Board Chairperson or an appropriately independent delegate.

## 6.0 Resolving Complaints – Applicability of this Process

This process applies to all complaints made to Kambu Health. Matters not dealt with under this process include:

- a) customer requests for a service not usually provided by Kambu Health.
- b) a suggestion for proposed service-improvement;
- c) complaints which do not relate to the actions, including decisions, of the agents of Kambu Health including Board Members, Employees, volunteers and contractors, undertaken on the part of Kambu Health.

While a customer request for service or information is not a complaint, their concerns about inaction in respect to a request will be considered as constituting such a complaint.

## **7.0 Steps to be followed when Handling Complaints**

The Officer who first receives what may be a written complaint or a verbal complaint shall immediately enter the details into the LOGIQC online system and refer it to the appropriate manager.

1. The manager to whom the matter is referred determines if it is:
  - a) a complaint to be handled under this process;
  - b) a complaint which should be handled under a process other than this process;
  - c) a matter which should not be further progressed.
2. The manager forwards written correspondence to the complainant acknowledging the matters raised which:
  - a) demonstrates that the information provided is understood;
  - b) indicates what will happen next.
3. For complaints and other matters to be dealt with under a process other than this process, the manager makes the necessary referral or initiates the appropriate process.
4. For complaints identified for handling under this process, the manager:
  - a) Investigates the complaint as expeditiously as possible;
  - b) For other than anonymous complaints, advises the complainant in writing,
    - i. the outcome of their complaint including if remedial action, if any, was taken; and
    - ii. internal review and/or external appeal options if relevant.
  - c) Ensures all information relating to the complaint and its outcome in LOGIQC in a manner which facilitates relevant reporting to the Board, Finance Audit and Risk Management (FARM) and executive leadership team.

## **8.0 Complaints about Board Directors, the Chief Executive Officer (CEO) or Senior Executives**

1. Complaints directed to or about Board Directors, the CEO or Senior Executives will only be accepted if made in writing.
2. The Officer who first receives what may be a complaint about a Board Director, the CEO, or a member of the Senior Executive Leadership team shall immediately refer the complaint to:
  - a) in the case of a complaint about the CEO to the Board Chairperson/Secretary;
  - b) in the case of a complaint about a Board Director other than the Chairperson, the Chairperson;
  - c) in the case of a complaint about a member of the Senior Executive Leadership team, the CEO;
  - d) in the case of a complaint about the Chairperson, the remaining Board Directors will, in consultation with the full Board, nominate another Board Director or an appropriately independent delegate to deal with the complaint.
3. Having regard for the seriousness of the complaint the Chairperson or nominated Board Director, in consultation with the Board, may determine it necessary to delegate handling of the complaint to a member of the Senior Executive Leadership team or an independent third party (delegated party).

4. The person responsible for handling the complaint (i.e. Chairperson, Board Director, Secretary or delegated party) determines if the matter is:
  - a) a complaint to be handled under this process;
  - b) a complaint which should be handled under a process other than this process;
  - c) a matter which should not be further progressed.
5. For complaints identified for handling under this process, the person responsible for handling the complaint (ie Chairperson, Board Director, Secretary or delegated party) will consider the information provided by the complainant and seek a response from the Board Member or CEO and of receipt and consideration of the response will determine, what if any, further investigation is required.
6. The Chairperson, nominated Board Member, Secretary or delegated party will arrange for:
  - a) the complainant to be advised in writing, (normally within eight (8) weeks of the complaint having been received) of:
    - i. the outcome of his or her complaint; and
    - ii. external appeal options if relevant.
  - b) ensures all information relating to the complaint and its outcome is recorded in a manner which facilitates relevant reporting to the Board, FARM and executive leadership team.

## 9.0 Monitoring and Review

A Kambu Health Officer nominated by the CEO will maintain a register of all action complaints and at least quarterly provide a report to the CEO, Board, and FARM committee.

## 10.0 Timeframes

The following timeframes apply to the management of complaints:

### Acknowledgement:

- a) Standard complaints: within two (2) business days of receipt.
- b) High Risk Complaints: within one (1) business day of receipt (same day where possible).
- c) Anonymous complaints: acknowledgement provided where contact details are available.

### Investigation and response:

- a) Standard complaints: within 20 business days of receipt.
- b) Complex complaints: within 30 business days, with a progress update to the complainant at 20 business days.
- c) Complaints about Board Directors, the CEO, or Senior Executives: within eight (8) weeks of receipt, or as otherwise directed by the Chairperson or nominated delegate.
- d) High Risk Complaints: as directed by the CEO or Board Chairperson.

Where a complaint cannot be resolved within the applicable timeframe, the complainant must be notified in writing of the delay and provided with a revised estimated timeframe for resolution.

### 11.0 Acknowledgement of Complaints

Upon receipt of a complaint, the manager responsible for managing the complaint must provide a written acknowledgement to the complainant (unless the complaint is anonymous and no contact details have been provided).

The acknowledgement must:

- a) confirm that the complaint has been received and recorded;
- b) identify the person or role responsible for managing the complaint;
- c) outline the next steps and applicable timeframe for resolution;
- d) where relevant, note any limitations on investigation (for example, where the complaint has been made anonymously).

### 12.0 High Risk Complaints

Where a complaint is identified as a High Risk Complaint, the receiving staff member must immediately escalate the matter to the relevant manager and the CEO on the same business day, and within two (2) hours of receipt where possible.

High Risk Complaints include matters involving:

- a) immediate safety concerns for a person;
- b) child safety matters;
- c) clinical risk or patient safety;
- d) a privacy breach or suspected privacy breach;
- e) allegations of serious misconduct or criminal conduct;
- f) threats, aggression, or intimidation directed at staff or others; or
- g) matters likely to involve a regulator or external agency.

The CEO will determine the appropriate management of High Risk Complaints, including whether to notify the Board, the FARM Committee, or an external agency.

Child safety matters identified through the complaints process must also be managed in accordance with Kambu Health's *Child Safety policies* and procedures and applicable legislative obligations under the *Child Safe Organisations Act 2024* (Qld).

Suspected privacy breaches identified through the complaints process must be managed in accordance with Kambu Health's Privacy and Confidentiality Policy and the *Privacy Act 1988* (Cth).

### 13.0 Complaints Involving Children and Young People

Kambu Health recognises that children and young people have the right to raise concerns or complaints about services, safety, or the conduct of staff.

Where a complaint is made by or on behalf of a child or young person (a person under the age of 18), Kambu Health will ensure the complaint is handled in a manner that is:

- a) respectful and culturally safe;
- b) appropriate to the age and understanding of the child or young person;
- c) supportive of the child or young person's participation; and

- d) consistent with Kambu Health's obligations under the *Child Safe Organisations Act 2024* (Qld) and Kambu Health's Child Safety policies and procedures.

A parent, guardian, or trusted support person may assist a child or young person in making or progressing a complaint. Where a complaint raises concerns about the safety or wellbeing of a child or young person, the matter must be escalated immediately as a High Risk Complaint.

#### **14.0 Conflict of Interest**

Any person involved in managing a complaint must declare a conflict of interest where they are the subject of the complaint, were involved in the decision or action being complained about or could reasonably be perceived as biased in the matter.

Where a conflict of interest is declared, the complaint must be immediately reassigned to an appropriately independent person. Where the conflict of interest involves a member of the Senior Executive Leadership team, the complaint must be escalated to the CEO. Where it involves the CEO, the matter is escalated to the Board.

#### **15.0 Unreasonable Complainant Conduct**

All complainants will be treated equitably and with courtesy. Where, however, a complainant demonstrates a pattern of lodging repetitive or frivolous complaints, or behaves in a manner that is unreasonable, argumentative, or threatening, Kambu Health may:

- a) issue a written warning to the complainant that restrictions on staff contact and communication may be applied if the conduct continues; or
- b) apply reasonable restrictions on the method or frequency of contact with Kambu Health.

Any decision to apply restrictions must be approved by the CEO or delegate and documented in LOGIQC.

Where a complaint is found to be deliberately false, malicious, or made with intent to cause harm or disruption, Kambu Health may take appropriate action. Any such determination will be made carefully and only after appropriate assessment of the available information.

#### **16.0 Internal Review and External Appeal Options**

A complainant who is dissatisfied with the outcome of a complaint may request an internal review. The request for review must be made in writing within 20 business days of receiving the complaint outcome.

The internal review will be conducted by a person who was not involved in the original investigation. The reviewer will assess whether the complaint was managed in accordance with this Procedure and whether the outcome was reasonable in the circumstances. A written response to the review request will be provided within 15 business days.

Where a complainant remains dissatisfied following the internal review, or where they choose to seek external review, they may be referred to one (1) or more of the following external bodies:

- a) Queensland Health Ombudsman - for complaints about health services;

- b) Office of the Australian Information Commissioner - for privacy-related complaints; or
- c) Queensland Human Rights Commission - where a human rights matter is engaged.

Information about external appeal options will be included in all complaint outcome correspondence.

### 17.0 Complaint Risk Assessment and Escalation

On receipt of a complaint, the receiving staff member must assess the potential risk level of the complaint and escalate in accordance with the following framework. When in doubt, treat the complaint as a higher risk category and escalate.

#### Complaint risk level and escalation pathway

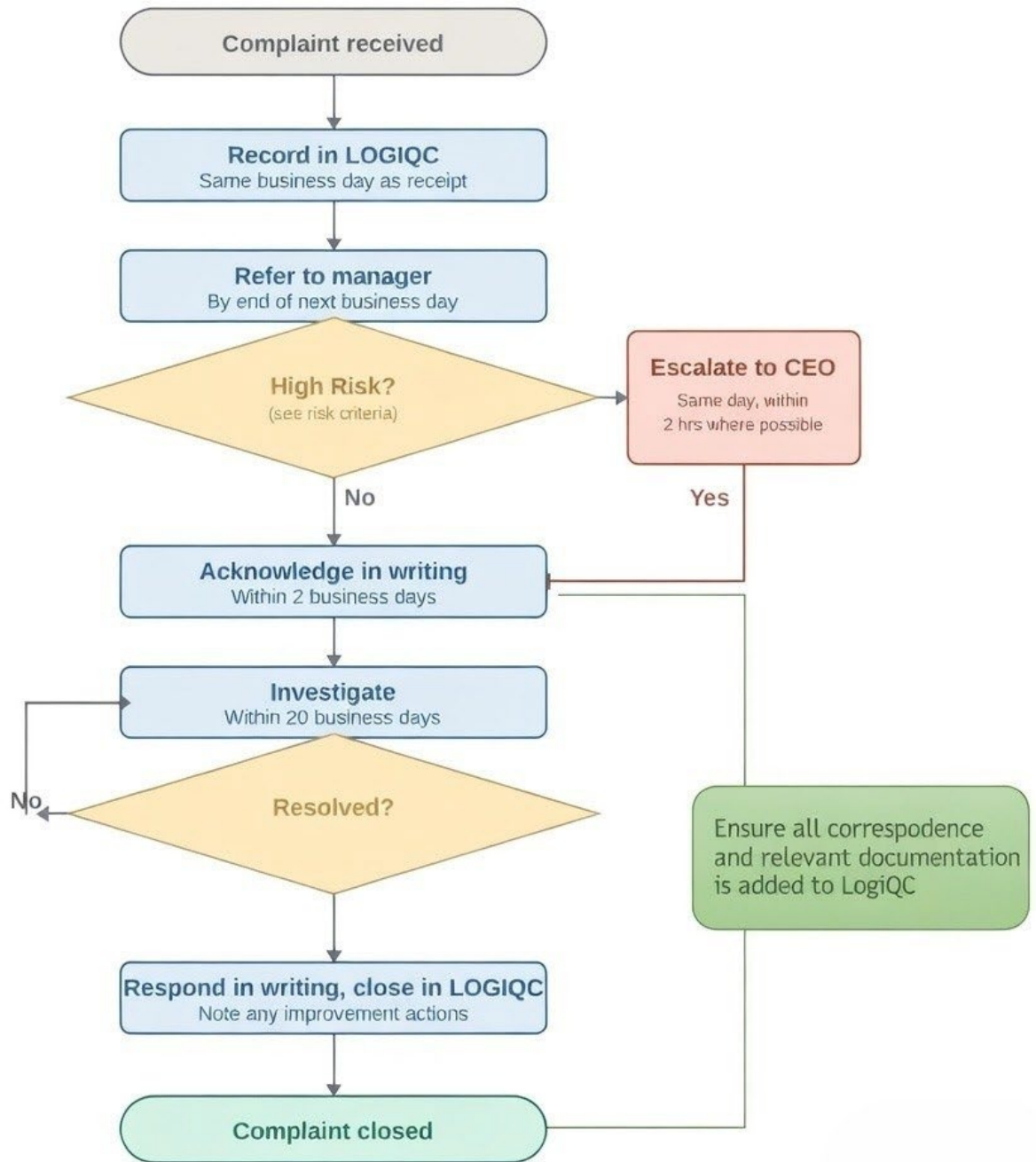
Risk level	Examples / triggers	Who to escalate to
<b>High Risk</b> Immediate action required	Child safety concern, clinical risk, alleged serious misconduct or criminal conduct, threats or aggression, privacy breach, regulator notification required	Line manager + CEO same business day (within 2 hrs where possible)
<b>Standard</b> Routine complaint	Service quality, staff conduct, access, communication, cost, consent, privacy, or professional conduct issues	Line manager by end of next business day
<b>Board / CEO</b> Executive-level complaint	Complaint about CEO, Board member, or Senior Executive	Board Chairperson or independent delegate, immediately
<b>Feedback / Low</b> No investigation needed	Compliments, suggestions for improvement, minor concerns resolved on the spot	Record and acknowledge, no investigation required

Escalation Chain: Line Manager – Executive Director - CEO - Board Chairperson/Secretary  
 If line manager unavailable escalate to the next available management level  
 All escalation decisions and actions must be recorded in LOGIQC

### 18.0 Complaint Handling Workflow

The following diagram illustrates the end-to-end complaint handling process, from receipt through to closure in LOGIQC.

# Complaint Handling Workflow



## 19.0 Recording and Managing Complaints in LOGIQC

All complaints must be recorded and managed in LOGIQC or registered with the Board, Kambu Health’s online quality and compliance system. The following steps apply:

### **Step 1 - Create a record:**

- a) Open LOGIQC and create a new Feedback/Complaint record on the same day the complaint is received.
- b) Complete all fields, including: feedback type, source, complaint category, date received, and a summary of the complaint (be mindful of privacy when recording details).
- c) Set viewing permissions appropriate to the sensitivity of the complaint. If unsure, select the highest confidentiality level and add relevant staff as viewers.
- d) Upload any written correspondence (letter, email, or completed Complaint Form) as an attachment.

### **Step 2 - Assign for review:**

- a) Assign the complaint to the relevant manager for review. This notifies the manager and tasks them to plan a response or action.
- b) The assigned manager becomes the feedback manager and is responsible for determining the course of action, setting a due date, and either managing the complaint directly or delegating to a staff member.

### **Step 3 - Take action and document:**

- a) All discussions with the complainant and other parties, and any actions taken, must be recorded in LOGIQC on the same day they occur.
- b) Where investigation is taking longer than the due date, add a progress note to update the feedback manager and request an extension.

### **Step 4 - Close the complaint:**

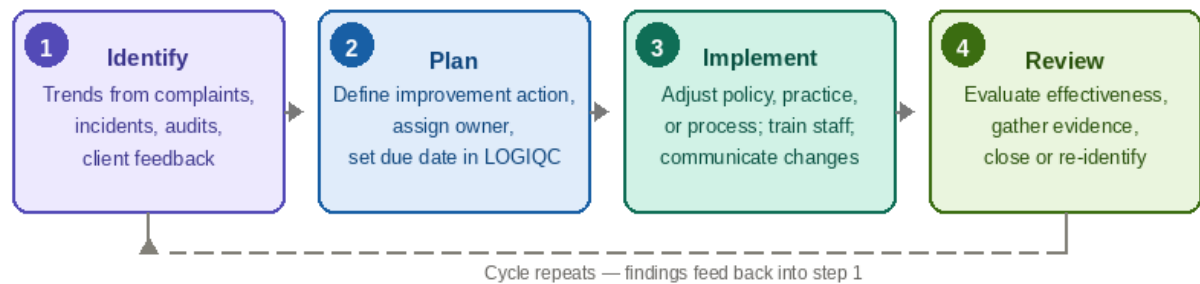
- a) When action is complete, the feedback manager approves and closes the complaint in LOGIQC.
- b) If corrective action or an improvement opportunity has been identified, create a related improvement item in the LOGIQC Improvement Register before closing.

## **20.0 Continuous Improvement**

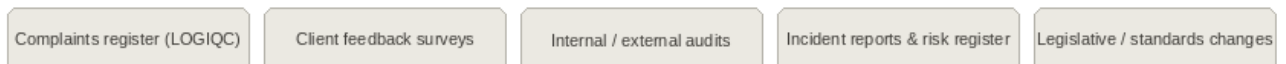
Kambu Health uses complaints, feedback, and incidents as a primary source of information for continuous improvement. Resolving a complaint is the minimum response - the goal is to learn from it and prevent recurrence.

Following the resolution of a complaint, the staff member managing the complaint must consider what changes could prevent the same or similar complaint arising in the future. Where an improvement opportunity is identified, it must be recorded in the LOGIQC Improvement Register as a related item to the complaint.

## Continuous improvement cycle — complaints as a driver of improvement



### Sources of improvement data:



The Continuous Improvement Committee is responsible for reviewing all complaints at least every three (3) months to identify trends, emerging issues, and systemic risks. This analysis is to be reported to the CEO, Board and FARM Committee and linked to Kambu Health's broader continuous improvement and risk management framework.

Improvements identified through the complaints process will be communicated to relevant staff through team meetings, updated policies and procedures, and LOGIQC notifications.

### 21.0 Guide to Face-to-Face Complaint Handling

The first step in resolving complaints is the acceptance of the complaint by Kambu Health. It is important that the initial contact is handled well. The environment in which the complaint is taken – if it is made face-to-face – should be private (if possible) and the complainant encouraged to fully express his or her concerns.

In dealing with a complainant face-to-face:

- a) Greet the complainant courteously, give his/her first name and inquire in a positive manner as to how he/she can help.
- b) Treat complainants respectfully, courteously and professionally. Maintain confidentiality where appropriate.
- c) Listen empathetically to what the complainant has to say – everyone appreciates being listened to, so give the complainant time to tell his/her story.
- d) If necessary, for complainants with speech or hearing impairment, arrange to use the National Relay Service (13 36 77).
- e) Use active and reflective listening skills, use positive body language (adopt an open body posture), maintaining eye contact and showing interest.
- f) Take notes (including details such as time and location) of the conversation for later reference.
- g) Seek clarification of any points that are not clear in a non-judgmental way, using open ended questions that start with how? when? where? who? why?

- h) Ask the complainant about possible remedies to resolve the matter by asking, “How do you believe your complaint can be resolved?”
- i) Make it clear to the complainant that the complaint has been understood by summarising the main points and seeking confirmation.
- j) Provide any relevant information that will assist complainants to better understand the decision or action that they are aggrieved about.
- k) Show empathy - remembering, whether the complaint is justified or not, the complainant’s sense of grievance is real, and it is Kambu Health’s job to deal with that grievance effectively.
- l) Explain any relevant policy of Kambu Health and, if relevant, draw attention to legislative provisions relevant to the matter which is the subject of the complaint. If possible, provide the complainant with a copy of the relevant provision of the policy or legislation.

**Where appropriate, apologise:** If an apology is warranted, offer an apology there and then. It may sometimes be necessary to express regret without accepting blame on behalf of Kambu Health.

**Be polite:** Be positive and focus on solving the problem rather than apportioning blame or finding fault.

**Take action:** Take action to rectify the problem presented if it is within your authority to do so. If you do not have the authority to rectify the problem, advise the complainant to whom the matter will be referred.

**Let the complainant know of positive consequences:** Inform the complainant about any improvements that have been made as a result of his or her complaint.

**Thank the complainant:** Express gratitude for the feedback given.

## 22.0 Related Policies and Documents

- Complaints and Feedback Policy
- Code of Conduct
- Privacy and Confidentiality Policy
- Child Safety policies and procedures
- Risk Management Framework