Feedback and Complaints Procedure

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

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1.0 Purpose

This procedure supports Doc_0258 Quality Policy. It sets out how Kambu Health receives, records, acknowledges, resolves and learns from feedback and complaints.

Any person who uses Kambu Health services, or is affected by its operations, has the right to give feedback or make a complaint and to have it managed fairly, consistently and promptly. Children and young people have the same right, and their concerns will be handled in a way that is safe, culturally appropriate and supportive.

Kambu Health's approach to feedback and complaints is:

a) accessible and easy to use;
b) culturally safe and respectful;
c) fair and impartial, applying procedural fairness and natural justice;
d) confidential, protecting the privacy of everyone involved;
e) timely, with clear timeframes and escalation;
f) focused on early and informal resolution where appropriate; and
g) used to drive continuous improvement.

2.0 Definitions

Term	Definition
Affected Person	A person who is directly affected by an action of Kambu Health.
Anonymous Complaint	A complaint made without identifying details. Anonymous complaints are accepted, but investigation may be limited if there is not enough information.
Business Day	A day other than a weekend or public holiday in Queensland.
Children and Young People	People under 18 who access, take part in, or are affected by Kambu Health services or programs.
Complaint	An expression of dissatisfaction about Kambu Health's services, actions, decisions, staff conduct or quality of service, where a response or outcome is expected.

Complex Complaint	A complaint involving multiple issues, parties or services, or needing input from external parties, that cannot reasonably be resolved within 20 business days.
Conflict of Interest	A situation where a person managing a complaint is the subject of it, was involved in the decision or action complained about, or could reasonably be seen as biased.
Executive Manager	A member of the Executive Management Team (EMT).
Feedback	Compliments, suggestions or minor concerns that do not need investigation or a formal outcome but may inform improvement.
Feedback Manager	The manager assigned in LOGIQC as responsible for managing a complaint.
SAC 1 or SAC 2 Complaint	A complaint that involves, or may involve, immediate or serious risk, including: immediate safety concerns for a person; child safety matters; clinical risk or patient safety; a privacy breach or suspected breach; allegations of serious misconduct or criminal conduct; threats, aggression or intimidation; or matters likely to involve a regulator or external agency.
Internal Review	A review requested by a complainant who believes the complaint process was unfair or the outcome unreasonable.

3.0 Procedure

3.1 Who Can Give Feedback or Make a Complaint

Feedback and complaints can 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) Kambu Health members, community members, visitors and members of the public; and
d) partners, contractors, volunteers and other stakeholders.

This includes complaints about the services, decisions, actions or conduct of Kambu Health employees, contractors, volunteers, Board Directors, or anyone acting on Kambu Health's behalf.

A person may give feedback or make a complaint on behalf of someone else.

The following are not managed under this procedure:

a) requests for a service Kambu Health does not usually provide, although a concern about inaction on a request is treated as a complaint;
b) complaints that do not relate to the actions or decisions of Board Directors, employees, volunteers or contractors acting for Kambu Health; and
c) employment matters raised by staff, such as workplace disputes, performance management or staff-to-staff conduct. These are managed under Doc_0501 Grievance Resolution Procedure, unless the matter relates directly to service delivery or client safety.

3.2 Lodging Feedback and Complaints

Feedback and complaints can be made using:

a) Doc_2768 Feedback and Complaints Online Form, which is the preferred method. Anyone can complete it through the Kambu Health website or by scanning the QR code displayed at all Kambu Health sites; or
b) Doc_2680 Feedback and Complaints Paper Form, available at all Kambu Health sites and on request.

Feedback and complaints can also be made by email to feedback@kambuhealth.com.au, by letter, by phone or in person. The staff member receiving it must record it in writing and, where possible, ask the person to confirm the written record.

Support to make a complaint

Kambu Health will help anyone who needs support to give feedback or make a complaint. This includes:

a) help from a staff member to complete the form;
b) the option to speak with an Aboriginal or Torres Strait Islander staff member;
c) a support person, advocate, family member or carer acting with or for the person;
d) interpreters through TIS National (131 450); and
e) the National Relay Service (133 677) for people with hearing or speech impairment.

Information on how to give feedback or make a complaint will be available at all sites and on the Kambu Health website.

Anonymous and confidential complaints

Anonymous complaints, and complaints from people who want their name kept confidential, will be accepted if there is enough information to record and assess them.

People who wish to remain anonymous must be told that their anonymity may limit Kambu Health's ability to investigate, and that they will not receive information about the outcome.

Anonymous complaints alleging fraud, corruption, serious misconduct or criminal conduct by a staff member must be referred directly to the CEO. If the allegation is about the CEO, the complaint is referred under section 3.8.

3.3 Managing Feedback

The staff member who receives feedback must:

a) thank the person and acknowledge the feedback;
b) send it to feedback@kambuhealth.com.au on the same day for logging in LOGIQC;
c) pass compliments on to the staff member or team concerned and their manager; and
d) refer suggestions to the relevant manager for consideration, recording any resulting improvement in the LOGIQC Improvement Register.

A concern must be managed as a complaint under sections 3.4 to 3.7 if it cannot be resolved on the spot, or if the person asks for it to be treated as a complaint.

Feedback about the Board is referred to the Board Chairperson through the EA to the CEO/Board Secretary.

3.4 Receiving and Recording Complaints

The staff member who first receives a complaint must record it in LOGIQC on the same day and assign it to the relevant manager.

Complaints about the CEO or a Board Director are the exception and are not entered in LOGIQC. They are referred under section 3.8 and recorded on the confidential Board Complaints Register. This register:

- is kept for the Board Complaints Subcommittee;
- is maintained by the EA to the CEO/Board Secretary; and
- can be accessed only by the Board Chairperson, the Board Complaints Subcommittee and the EA to the CEO/Board Secretary.

When recording complaints in LOGIQC, staff must:

a) complete the record, including the SAC rating, and attach any written correspondence, taking care with privacy when summarising details;
b) set viewing permissions to suit the complaint's sensitivity, using the highest confidentiality level if unsure;
c) assign the complaint to the relevant manager, who becomes the Feedback Manager;
d) record all contact and actions on the day they occur, and add a progress note and request an extension if the due date will be missed; and
e) where an improvement is identified, create a related item in the LOGIQC Improvement Register before closing.

3.5 Risk Assessment and Escalation

On receipt, the staff member must give the complaint a Severity Assessment Code (SAC) rating using the SAC impact matrix in Doc_2677 Incident Management Procedure, and escalate it as shown below. When in doubt, choose the higher rating and escalate.

If a complaint describes an incident, such as harm, a near miss or a privacy breach, the incident must also be reported and managed under Doc_2677.

SAC	Consequence	Complaint examples	Escalate to	Acknowledge within	Respond within
SAC 1 – Extreme	Death, serious or permanent harm, or critical risk to people or the organisation	Child safety concern, alleged serious misconduct or criminal conduct,	CEO immediately	1 business day (same day where possible)	As directed by the CEO

		notifiable privacy breach, mandatory regulator notification			
SAC 2 – Major	Significant harm or risk, or likely external involvement	Clinical risk, threats or aggression, suspected privacy breach, likely regulator or funder involvement	Line manager, Executive Manager and CEO, same business day	1 business day	As directed by the CEO
SAC 3 – Moderate	Some impact on a person or service, no lasting harm	Service quality, staff conduct, access or wait times, communication, cost, consent	Line manager by end of next business day	2 business days	20 business days
SAC 4 – Minor	Minimal or no impact	Minor dissatisfaction, small service lapses	Line manager	2 business days	20 business days

Some complaints are managed outside the table:

- **Complaints about Board Directors, the CEO or Executive Managers** are routed under section 3.8, whatever their SAC rating.
- **Feedback** is managed under section 3.3 and does not receive a SAC rating.
- **Complex complaints** rated SAC 3 or SAC 4 may take up to 30 business days, with a progress update to the complainant at 20 business days.

The escalation chain is

Line Manager → Executive Manager → CEO → Board Chairperson/Secretary

If the line manager is unavailable, escalate to the next available management level.

All SAC ratings, escalation decisions and actions must be recorded in LOGIQC. If new information changes the seriousness of a complaint, the Feedback Manager must update the SAC rating and escalate again as required.

3.5.1 SAC 1 and SAC 2 Complaints

A SAC 1 or SAC 2 complaint must be escalated as shown in the table above. It must reach the CEO on the same business day, and within two hours of receipt where possible.

The CEO decides how the complaint is managed, including whether to notify the Board, the Finance Audit and Risk Management (FARM) Committee, or an external agency.

Some SAC 1 and SAC 2 complaints must also be managed under other requirements:

- **Child safety matters:** Kambu Health's Child Safety policy framework and the *Child Safe Organisations Act 2024* (Qld).
- **Suspected privacy breaches:** Doc_0555 Privacy Policy and the *Privacy Act 1988* (Cth), including assessment under the Notifiable Data Breaches scheme.
- **Incidents:** the external reporting requirements in Doc_2677 Incident Management Procedure.

3.5.2 Complaints Involving Children and Young People

Children and young people have the right to raise concerns or complaints about services, safety or staff conduct. Complaints made by or for a child or young person must be handled in a way that is:

a) respectful and culturally safe;
b) appropriate to their age and understanding;
c) supportive of their participation; and
d) consistent with the *Child Safe Organisations Act 2024* (Qld) and Kambu Health's Child Safety policy framework.

A parent, guardian or trusted support person may help the child or young person make or progress a complaint.

Any complaint raising concerns about the safety or wellbeing of a child or young person must be rated at least SAC 2 and escalated immediately.

3.6 Acknowledging Complaints

The Feedback Manager must acknowledge the complaint in writing within the timeframes in section 3.9. The only exception is an anonymous complaint with no contact details.

The acknowledgement must:

a) confirm the complaint has been received and recorded;
b) show the information provided is understood;
c) name the person or role managing the complaint;
d) outline next steps and the expected timeframe; and
e) note any limits on investigation, such as for anonymous complaints.

3.7 Assessing, Resolving and Investigating Complaints

The Feedback Manager decides whether the matter is:

a) a complaint to be managed under this procedure;
b) a complaint to be managed under another process; or
c) a matter that will not be progressed further.

If the complaint will be managed under another process, the Feedback Manager makes the referral or starts that process and tells the complainant.

The Feedback Manager may take no further action if the complaint is frivolous or vexatious, or lacks enough substance or detail. In that case, the complainant must be told in writing of the decision and the reasons, unless the complaint is anonymous.

For complaints managed under this procedure, the Feedback Manager must:

a) where appropriate, first try to resolve the complaint through discussion, negotiation or mediation;
b) investigate as promptly as possible where early resolution is not possible or not appropriate, including for all SAC 1 and SAC 2 complaints;
c) for complaints that are not anonymous, advise the complainant in writing of the outcome (including any action taken) and of the internal review and external options under section 3.13; and
d) record all information about the complaint and its outcome in LOGIQC, so it can be reported to the Board, FARM and EMT.

The outcome advice may not include details of findings, particularly where they involve personal information about staff or others.

3.8 Complaints about Board Directors, the CEO or Executive Managers

Lodging and referral

Complaints about Board Directors, the CEO or Executive Managers must be made in writing. The person who receives one must refer it immediately:

a) about the CEO, to the Board Chairperson/Secretary;
b) about a Board Director other than the Chairperson, to the Chairperson;
c) about the Chairperson, to the Board Complaints Subcommittee where convened; otherwise the remaining Board Directors, in consultation with the full Board, nominate a Board Director or independent delegate to manage it; and
d) about an Executive Manager, to the CEO.

Delegation

Depending on how serious the complaint is, the Chairperson or nominated Board Director may delegate its handling to the Board Complaints Subcommittee or an independent third party. This decision is made in consultation with the Board.

Handling

The person or body handling the complaint decides whether it will be managed under this procedure, managed under another process, or not progressed.

If it is managed under this procedure, they must:

a) consider the information provided;
b) seek a response from the person complained about;

c) decide what further investigation, if any, is needed;
d) advise the complainant in writing of the outcome and any external options, normally within eight weeks of receipt; and
e) make sure the complaint and outcome are recorded on the Board Complaints Register for reporting to the Board and FARM.

Complaints about Executive Managers are recorded in LOGIQC.

3.9 Timeframes

Acknowledgement and response timeframes are set out in section 3.5. Complaints about Board Directors, the CEO or Executive Managers must be responded to within eight weeks of receipt, or as directed by the Chairperson, Board Complaints Subcommittee or nominated delegate.

If a complaint cannot be resolved within its timeframe, the complainant must be told in writing and given a revised timeframe.

3.10 Confidentiality and Procedural Fairness

Lodging a complaint does not in itself establish that wrongdoing has occurred. Information about a complaint is shared only with people who need it to assess and respond to the matter.

When a complaint is about a staff member, volunteer or contractor, they must be told the substance of the allegations. They must also be given a fair chance to respond before any finding is made.

3.11 Conflict of Interest

Anyone managing a complaint must declare a conflict of interest. When a conflict is declared, the complaint must be reassigned immediately to an independent person:

- if the conflict involves an Executive Manager, the complaint goes to the CEO;
- if the conflict involves the CEO, the complaint goes to the Board.

3.12 Unreasonable Complainant Conduct

All complainants will be treated equitably and with courtesy. If a complainant lodges repeated or frivolous complaints, or behaves in a way that is unreasonable, argumentative or threatening, Kambu Health may:

a) warn the complainant in writing that restrictions on contact may apply if the conduct continues; or
b) apply reasonable restrictions on how or how often they contact Kambu Health.

Restrictions must be approved by the CEO or delegate, recorded in LOGIQC, and managed under Doc_0598 Managing Challenging Behaviours, Aggression and Violence Procedure.

Where a complaint is found to be deliberately false, malicious or intended to cause harm, Kambu Health may take appropriate action. This decision may only be made after careful assessment of the available information.

3.13 Internal Review and External Options

Internal review

A complainant who is unhappy with the outcome may request an internal review in writing within 20 business days of receiving the outcome.

The review is conducted by someone not involved in the original investigation. For complaints involving the Chairperson, a Board Director or the CEO, the Board may delegate the review to either:

- the Board Complaints Subcommittee, if it did not handle the original complaint; or
- an independent delegate.

The reviewer assesses whether the complaint was managed under this procedure and whether the outcome was reasonable. A written response must be given within 15 business days.

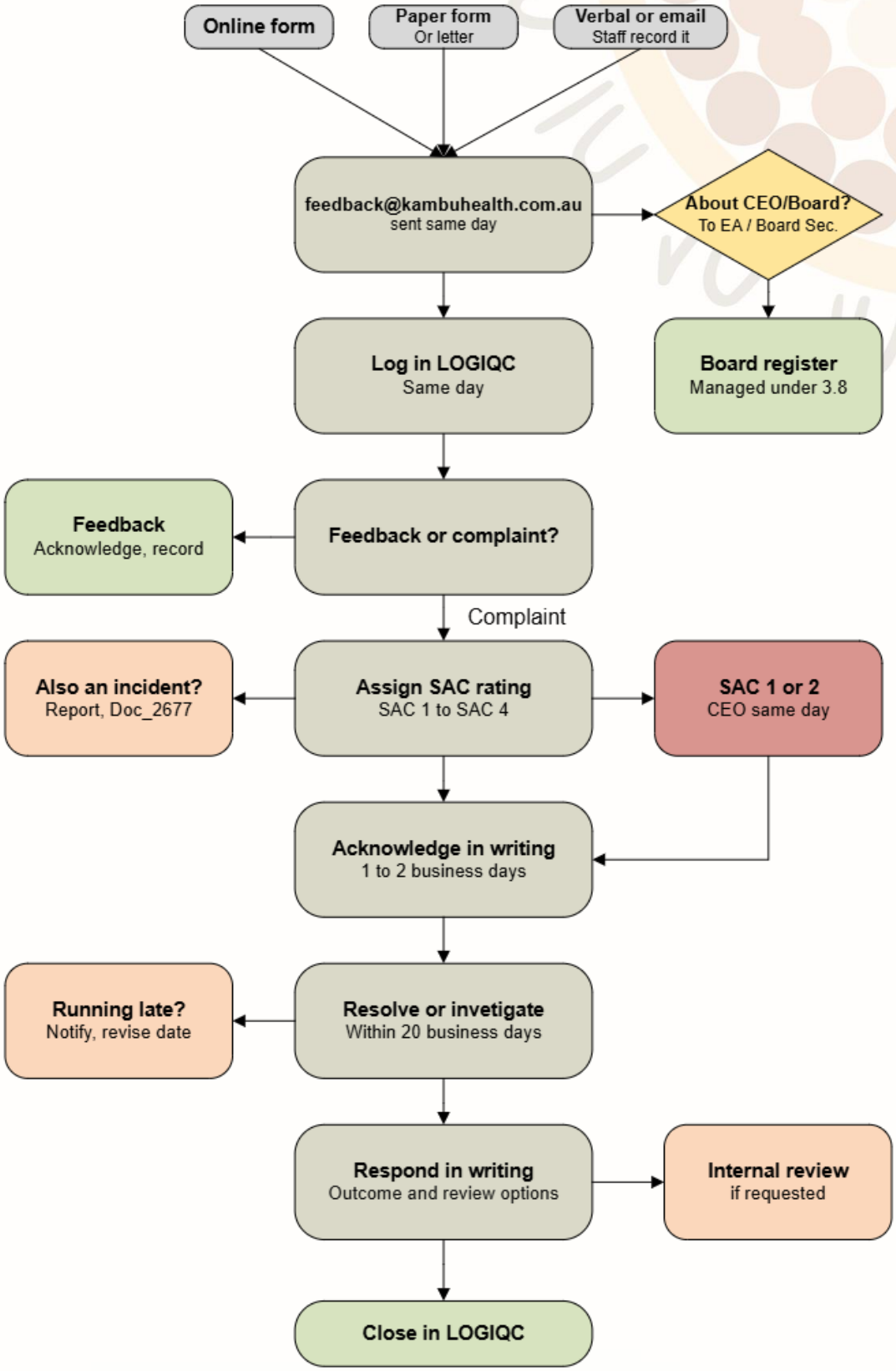
External options

A complainant who remains dissatisfied, or who prefers an external review, may contact:

a) the Office of the Health Ombudsman, for health service complaints;
b) the Office of the Australian Information Commissioner, for privacy complaints;
c) the Queensland Human Rights Commission, for human rights matters; or
d) the regulator or funding body for the service concerned.

External options must be included in all outcome letters.

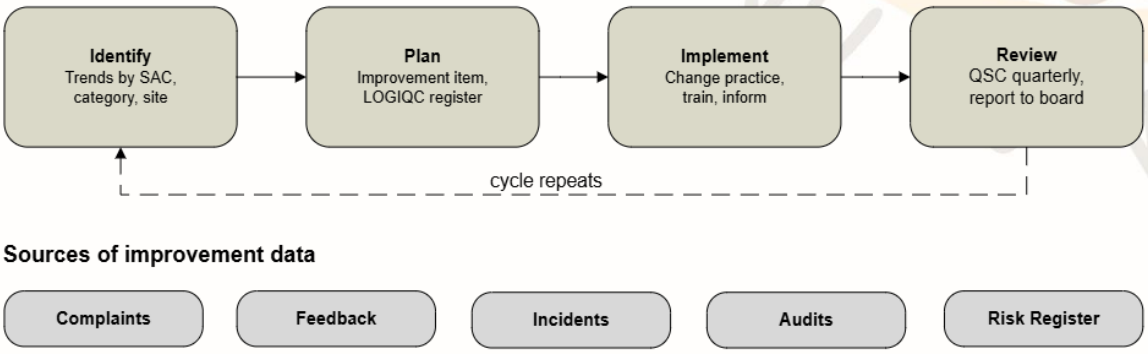
3.14 Complaint Handling Workflow



3.15 Continuous Improvement and Reporting

Resolving a complaint is the minimum response; the aim is to learn from it and prevent it from happening again.

After resolution, the Feedback Manager must consider what changes could prevent similar complaints. Any improvement must be recorded in the LOGIQC Improvement Register as a related item.



The Quality and Safety Committee reviews all complaints at least every three months to identify trends, emerging issues and systemic risks. It reports its findings to the CEO, Board and FARM.

Improvements are communicated to staff through team meetings, updated documents and LOGIQC notifications.

3.16 Roles and Responsibilities

Role	Responsibilities
Board of Directors	Receive complaint reporting, including trends and SAC 1 and SAC 2 complaints. Manage complaints about the CEO and Board Directors, directly or by delegation. Consider feedback about the Board. Conduct or delegate internal reviews of complaints about the Chairperson, Board Directors or CEO.
Board Chairperson	Receive and manage complaints about the CEO and Board Directors other than the Chairperson. Decide on management and any external notification for SAC 1 and SAC 2 complaints about the CEO or a Board Director. Delegate complaint handling to the Board Complaints Subcommittee or an independent third party, in consultation with the Board.
CEO	Receive and direct the management of SAC 1 and SAC 2 complaints. Decide on notification to the Board, FARM or external agencies. Receive anonymous complaints alleging fraud, corruption, serious misconduct or criminal conduct. Manage complaints about Executive

	Managers and conflicts of interest involving Executive Managers. Approve restrictions on complainant contact.
Executive Managers	Receive escalated SAC 2 complaints and complaints escalated through the escalation chain. Oversee complaint management, timeframes and improvement actions in their areas. Refer conflicts of interest to the CEO.
Feedback Managers	Acknowledge complaints in writing within timeframes. Review and update the SAC rating, and escalate again where needed. Resolve, investigate and record complaints in LOGIQC. Seek a response from staff complained about. Advise complainants of outcomes and of review and external options. Consider improvements and raise related items in the LOGIQC Improvement Register. Close complaints in LOGIQC.
All staff	Receive feedback and complaints respectfully and support people to make them. Record verbal feedback and complaints in writing. Send all feedback and complaints to feedback@kambuhealth.com.au on the same day. Assign an initial SAC rating and escalate SAC 1 and SAC 2 complaints directly. Send complaints about the CEO or Board Directors to the EA to the CEO/Board Secretary, not the mailbox. Declare conflicts of interest. Keep complaint information confidential.
EA to the CEO/Board Secretary	Receive complaints about the CEO or Board Directors and refer them under section 3.8. Maintain the confidential Board Complaints Register. Refer feedback about the Board to the Board Chairperson.
Quality and Compliance	Administer LOGIQC, including complaint categories and the SAC field. Maintain the feedback and complaint forms, the Complaints Assignment and Accountability Schedule, and the Feedback and Complaint Pathway. Monitor overdue complaints. Prepare complaint reporting. Maintain this procedure.

4.0 Related Documents

- Doc_258 Quality Policy
- Doc_2680 Feedback and Complaints Paper Form
- Doc_2768 Feedback and Complaints Online Form
- Doc_0465 Code of Conduct Policy
- Doc_0555 Privacy Policy
- Doc_0573 Risk Management Policy
- Doc_0598 Managing Challenging Behaviours, Aggression and Violence Procedure
- Doc_2677 Incident Management Procedure
- Doc_501 Grievance Resolution Procedure

Appendix A: Guide to Face-to-Face Complaint Handling

The first contact with a complainant matters. If a complaint is made face-to-face, take it somewhere private if possible, and encourage the person to fully explain their concerns.

When dealing with a complainant face-to-face:

a) Greet the person courteously, give your first name, and ask how you can help.

b) Treat the person respectfully and professionally and maintain confidentiality.

c) Listen with empathy and give them time to tell their story.

d) Use active and reflective listening and open body language, keep appropriate eye contact, and show interest.

e) Take notes of the conversation, including the time and location.

f) Clarify anything unclear in a non-judgemental way, using open questions (how, when, where, who, why).

g) Ask how they believe the complaint could be resolved.

h) Summarise the main points and check you have understood correctly.

i) Give any information that helps them understand the decision or action they are unhappy about.

j) Show empathy. Whether or not the complaint is justified, the person's sense of grievance is real, and it is Kambu Health's job to deal with it effectively.

k) Explain any relevant Kambu Health policy or legislation and, where possible, give them a copy of the relevant section.

Then work through the following:

- **Apologise where appropriate.** If an apology is warranted, offer it straight away. You can express regret without accepting blame on behalf of Kambu Health.
- **Stay positive.** Focus on solving the problem rather than finding fault.
- **Take action.** Fix the problem if it is within your authority. If it isn't, tell the person who the matter will be referred to.
- **Share improvements.** Let the person know about any improvements made because of their complaint.
- **Thank the person.** Thank them for their feedback.