



QUEENSLAND
ombudsman

COMPLAINTS MATTER

A review of the complaints management systems of Queensland Government agencies

February 2010

Report of the Queensland Ombudsman

Complaints matter

A review of the complaints management systems
of Queensland Government agencies

February 2010

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Foreword

Most people know that the Office of the Queensland Ombudsman investigates complaints about the actions and decisions of public sector agencies. However, the *Ombudsman Act 2001* also requires my Office to make recommendations and provide other help to agencies to improve their decision-making. This role extends to helping agencies improve the way they manage complaints.

Complaints management is a vital component of every decision-making framework and is especially important for agencies that have daily interaction with the community for the purposes of providing services and benefits.

Every agency is now faced with the expectations of the community and its own employees that complaints will be handled in a timely, effective and accountable way. Agencies must be equipped to respond appropriately to straightforward service related problems as well as problems of a complex or systemic nature.

In November 2006, the Public Service Commissioner, at my request, issued *Directive 13/06 – Complaints Management Systems*, which prescribed the minimum standard for complaints management in Queensland Government agencies covered by the *Public Service Act 1996* (since repealed by the *Public Service Act 2008*).

From November 2007, all such agencies were required to have complaints management systems in place that addressed the requirements of the Directive, which included implementing appropriate complaints policy and procedures, and a system for recording and reporting on complaints information.

In June 2009, we completed an audit of the complaints management systems of those agencies to assess their compliance with the Directive. This report presents the results of that assessment as well as the results of our assessment of the assistance provided by the agencies' websites to people who wish to make a complaint.

My investigation revealed that most of those agencies had implemented complaints management systems that satisfactorily comply with the Directive and that the remainder will comply with it once they implement my recommendations. In all, I made more than 300 recommendations to agencies on ways to improve their systems. Agencies responded positively to those recommendations and, in many cases, have already implemented them.

I firmly believe that agencies, whose complaints systems comply with the Directive, are able to provide a better level of service to the community by dealing fairly and effectively with individual complaints and by identifying areas where they can improve service delivery.



David Bevan
Queensland Ombudsman



4 February 2010

The Honourable John Mickel MP
Speaker
Parliament House
George Street
BRISBANE QLD 4000

Dear Mr Mickel

In accordance with s.52 of the *Ombudsman Act 2001*, I hereby furnish to you my report, *Complaints matter: A review of the complaints management systems of Queensland Government agencies*.

Yours faithfully

A handwritten signature in black ink, appearing to read "D Bevan".

David Bevan
Queensland Ombudsman

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Dictionary and abbreviations

Agency	A department, part of a department, public service office, declared public service office or other agency of the Queensland Government
Australian Standard	Australian Standard <i>Customer satisfaction—Guidelines for complaints handling in organizations</i> AS ISO 10002-2006
CEO	Chief executive officer
CMP	Complaints Management Program
CMS	Complaints Management System
Complaint	A generic term referring to the expression of dissatisfaction, orally or in writing, about the service or actions of an agency or its staff
Declared public service office	An entity listed in Schedule 1 of the Public Service Regulation 2008
Department	Entity declared to be a department of government by Governor-in-Council by gazette notice
Directive	<i>Public Service Commissioner Directive 13/06 – Complaints Management Systems</i> , issued on 11 November 2006
PP&R	Performance planning and review
Public Service Act	Unless otherwise indicated, the <i>Public Service Act 2008</i>
Public service office	An entity listed in Schedule 1 of the <i>Public Service Act 2008</i>
QOO	Queensland Ombudsman Office
TTY	Teletypewriter – a device that allows hearing impaired people to use the telephone

Chapter 1: Background

1.1 Complaints handling

Every organisation that deals with the public receives complaints from time to time about its activities. Complaints are inevitable and have to be managed.

Queensland's public sector agencies (agencies) are no exception and there is significant public interest in those agencies responding appropriately to complaints about their decisions and actions from members of the community and, indeed, from their own staff.

People have a right to complain and agencies are accountable for their decisions and actions. Each agency should therefore have in place a fair and effective complaints management system (CMS) for reviewing the decisions and actions of its own officers.

An effective CMS is integral to good customer service by:

- enabling the agency to correct decisions that are unfair or otherwise wrong
- providing customer feedback and trends in complaints that can be used to identify ways of improving business practices.

In 2002-2003, the Crime and Misconduct Commission conducted a survey of agencies to assess their resistance to corruption and other misconduct.¹ At our request, the Commission included in its survey several questions about agencies' complaints management systems.

The survey indicated that only 58% of responding state agencies had a policy governing complaints management and only 26% of those agencies claimed their policy reflected the Australian standard for complaints handling.

1.2 Complaints Management Program

One of the functions of the Queensland Ombudsman is to help agencies improve their administrative practices and procedures.²

As part of this administrative improvement function, in 2003 we commenced a long-term initiative to help agencies improve their complaints management systems. We refer to this initiative as our Complaints Management Program (CMP).

1.3 CMP Phase 1

We commenced Phase 1 of the CMP in May 2003. The aim of Phase 1 was to assist 11 participating agencies to develop a CMS that met recognised standards for good complaints management.

¹ Crime and Misconduct Commission, *Profiling the Queensland Public Sector: Functions, Risks and Misconduct Resistance Strategies*, Brisbane, June 2004.

² Section 12(b) and (c), *Ombudsman Act 2001*.

The participating agencies were:

- Department of Child Safety, Department of Corrective Services, Department of Industrial Relations, Department of Education and the Arts, Department of Natural Resources and Mines, Queensland Health, Queensland Transport and WorkCover Queensland
- Boonah Shire Council, Gold Coast City Council and Maroochy Shire Council.

We developed information sheets on good complaints management practice and other resources to help agencies evaluate their CMS. We also provided other help to them to conduct the evaluations.

Our main findings were that:

- the participating agencies' policies or practices on complaints management were either non-existent or rudimentary in that they failed to address key areas such as timelines
- staff were not trained or given clear responsibility for carrying out complaints handling roles
- information was not made available to the public on how to go about making a complaint
- systemic problems could not be identified and addressed because existing complaint systems lacked coordination and reporting capability.

We recommended improvements to their systems and also gave them extensive advice and other assistance while they were implementing our recommendations.

The most common recommendations we made were that agencies:

- develop stand-alone complaints management policies and procedures containing key features for effectively resolving complaints
- clearly delineate staff responsibilities for complaints handling and train staff in those roles
- make policies and procedures available to both agency staff and the public
- ensure complaints data is collected, analysed, reported and acted on, especially where systemic issues are involved.

We completed Phase 1 on 30 June 2005.

In October 2005, the Ombudsman wrote to the Queensland Public Service Commissioner recommending that he issue a Directive under the *Public Service Act 1996* requiring all state government departments and public sector units to implement by a specified date a CMS that complies with the relevant Australian Standard.

On 1 December 2005, our report on the *Complaints Management Project Phase 1* was tabled in Parliament.

Our report highlighted that the next phase of the CMP would focus on encouraging all other public sector agencies and local governments to implement a best practice CMS.

On 11 November 2006, the Commissioner, in response to the Ombudsman's recommendation, issued *Directive 13/06 – Complaints Management Systems*. The

Directive required all agencies covered by the Public Service Act to implement and maintain a CMS incorporating certain elements.

The Directive required agencies to have their CMS in operation by 11 November 2007.

1.4 CMP Phase 2

In the lead up to and after 11 November 2007, we provided practical assistance to agencies to develop and implement systems that complied with the Directive. This assistance included conducting a series of complaints management workshops, meeting with representatives of individual agencies to assist them in developing their own CMS, and convening a complaints management forum.

We completed Phase 2 in March 2008.

1.5 CMP Phase 3

Phase 3 of the CMP commenced in April 2008. Its primary objective was to assess the extent to which agencies were complying with Directive 13/06 and other indicators of best practice.

We forwarded a self-audit questionnaire to the Directors-General and CEOs of selected state agencies, including all government departments.³ We requested the questionnaire be completed and returned along with supporting documents (including relevant complaints policies and procedures) by 30 June 2008.

We collated and analysed the completed questionnaires and supporting documents to assess compliance with the Directive. We also reviewed agencies' websites to assess the levels of visibility and accessibility of complaints information to the public.

We completed Phase 3 on 30 June 2009.

The purpose of this report is to summarise the outcomes of Phases 2 and 3 in relation to state agencies.

1.6 Changes to Government Departments – March 2009

A general election for the Queensland Parliament was held on 21 March 2009.

On 26 March 2009, changes to ministerial administrative arrangements (Administrative Arrangements Order (No. 1) 2009) and changes to departments of government (Public Service Departmental Arrangements Notice (No. 2) 2009) were published in the Government Gazette.

In particular, the number of departments has been reduced from 23 to 13, with the new departments organised around areas of government priorities and responsibilities. The 13 departments are:

Department of Communities
Department of Community Safety
Department of Education and Training

³ Excluding the Queensland Police Service.

Department of Employment, Economic Development and Innovation
Department of Environment and Resource Management
Queensland Health
Department of Infrastructure and Planning
Department of Justice and Attorney-General
Queensland Police Service
Department of the Premier and Cabinet
Department of Public Works
Department of Transport and Main Roads
Queensland Treasury.

The creation of these 13 departments has primarily been achieved through the amalgamation of existing departments with related functions.

Where applicable, we will refer to the department that existed prior to 26 March 2009 and also to the name of the new department that now has responsibility for the functions discharged by the former department/s.

Chapter 2: CMP Phase 2

2.1 Objective

The objective of CMP Phase 2 was to actively encourage, and provide guidance and assistance to, all state agencies to develop an effective CMS that complies with recognised standards, with particular emphasis on those agencies not involved in Phase 1.

We implemented the following strategies and activities to achieve this objective.

2.2 Dissemination of CMP Phase 1 report

In December 2005, we wrote to 29 selected state agencies enclosing a copy of our Phase 1 report. We highlighted that our report explains the benefits in implementing an effective CMS and includes resources that provide a step-by-step guide to developing and implementing an effective CMS.

We received considerable positive feedback from these agencies about our report and resources.

2.3 Communication Plan

In January 2006, we prepared and implemented a targeted communications plan to promote awareness of:

- our role in assisting agencies to improve their complaints management
- Phase 2 of the project
- the availability our CMP resources.

We also developed a database of agency contacts (liaison officers) for ongoing communication. A list of agencies that participated in Phase 2 is set out in Appendix 1.

2.4 Complaints management resources

In Phase 1 we developed the following resources to assist agencies to develop an effective CMS:

- a set of 'effective complaints management fact sheets'
- a self-audit checklist for agencies to use in assessing the effectiveness of their own CMS
- a guide to developing effective complaints management policy and procedures.

We distributed these publications to agencies and also made them readily available on our website.

We continued to update these resources during Phase 2 to reflect the new Australian Standard and Directive 13/06.

Australian Standard *Customer satisfaction—Guidelines for complaints handling in organizations* AS ISO 10002-2006 was published on 5 April 2006.

We also provided links on our website to the complaints management policies and procedures developed by the agencies that participated in Phase 1.

2.5 Complaints management forum

In March 2006, we conducted a complaints management forum to further publicise our complaints management resources and the other assistance we were able to provide to agencies. The forum also included presentations from officers of agencies that had participated in Phase 1, who spoke about their learnings from the project.

2.6 Liaison officer network workshops

In July and August 2006, we conducted liaison officer network workshops to discuss common issues affecting implementation, the new Australian Standard for complaints handling, agencies' experience in implementing a CMS and to provide information on complaints management databases.

2.7 Commissioner's Directive

As mentioned at 1.3, on 11 November 2006, the Public Service Commissioner, in response to the Ombudsman's recommendation in October 2005 and after consulting with Directors-General, other CEOs and our Office, issued *Directive 13/06 – Complaints Management Systems*. The Directive required agencies under the *Public Service Act 1996* to implement a CMS that incorporated the following key elements:

- visibility and access
- responsiveness
- assessment and action
- feedback
- monitoring effectiveness.

The Directive required agencies to comply with its terms by 11 November 2007.

2.8 Joint information sessions

In May 2007, we jointly conducted with the Office of the Public Service Commissioner two information sessions about Directive 13/06 and the resources we had developed to assist agencies to comply with the Directive.

2.9 Complaints management workshops

In August and September 2007, we conducted the following workshops in Brisbane to assist agencies to develop and implement a good quality CMS.

- Workshop 1 – Key concepts in complaints management
- Workshop 2 – Building your complaints policy
- Workshop 3 – Building your complaints procedures
- Workshop 4 – Getting your complaints system off the ground
- Workshop 5 – Capturing, understanding and managing complaints data.

We delivered each workshop twice. Seventeen agencies attended at least one Brisbane workshop.

In September 2007, at Queensland Health's request, we delivered the five workshops to Zonal Complaints Managers in Townsville.

Also, we conducted workshops for particular agencies with specific issues about the application of the Directive, or strategic and/or operational challenges affecting its implementation. We delivered these workshops to Queensland Transport, Department of Child Safety and the Department of Industrial Relations.

Because feedback from the workshops was so positive, we published the workshop material *Complaints Management Workshops – Directive 13/06 – working towards better practice* on our website to assist agencies as they worked towards compliance with the Directive by 11 November 2007. That material remains available on our website.

2.10 Ongoing agency advisory meetings

From October 2007 to March 2008, we continued to conduct meetings with specific agencies to provide them with advice on the adequacy of their own complaints management policies. The meetings also provided opportunities for agencies to raise issues about the application of the Directive to their CMS. Twenty-three agencies attended one or more of these advisory meetings.

2.11 Complaints management forum

In March 2008, we conducted a Complaints Management Forum for agencies participating in CMP Phases 2 and 3. Twenty-one agencies attended the forum.

The forum provided a valuable networking opportunity for policy officers and complaints managers.

At the forum, we identified key issues relevant to effective complaints management in the public sector and provided agencies with details of Phase 3.

Chapter 3: CMP Phase 3

3.1 Objectives

The objectives of Phase 3 were to assess state agencies' compliance with Directive 13/06 and other indicators of best practice in complaints management and, where appropriate, to make recommendations to improve their CMS.

3.2 Requirements of Directive 13/06

Directive 13/06 requires that each agency's CMS must be supported by written policies and/or procedures. While an agency may determine the actual substance, form and complexity of their system, the Directive requires that each CMS must, as a minimum, incorporate the following key elements:

1. **Visibility and access** – mechanisms and strategies are in place to provide readily available information about where and how to make a complaint and how the complaint will be managed (timeframes and information regarding progress and result), as well as reasonable assistance to people wishing to make a complaint.
2. **Responsiveness** – mechanisms and strategies are in place to inform staff of the existence and operation of the CMS, respond to complaints in a timely manner, monitor timeframes for resolution, and communicate with parties about progress of resolution.
3. **Assessment and action** – mechanisms and strategies are in place to enable complaints to be dealt with fairly and objectively, to assess the nature of complaints, how complaints will be dealt with and by whom, and to refer complaints to external agencies, where required.
4. **Feedback** – mechanisms and strategies are in place to provide complainants with timely feedback, notify complainants of any available review mechanisms, and provide feedback internally where potential system improvements are identified.
5. **Monitoring effectiveness** – mechanisms and strategies are in place to gather and record information to meet any statutory, policy and procedural reporting requirements, identify complaint trends and monitor the time taken to resolve complaints.

3.3 Other indicators of best practice complaints management

Directive 13/06 is not a complete statement on best practice complaints management. This is acknowledged in the Directive, which requires an agency's CMS to meet the above five elements, as a minimum.

Australian Standard *Customer satisfaction—Guidelines for complaints handling in organizations* (AS ISO 10002-2006) is widely recognised as setting the standard for best practice complaints handling in organisations. The standard outlines nine guiding principles underlying best practice complaints management: visibility, accessibility, responsiveness, objectivity, charges, confidentiality, customer-focused approach, accountability and continual improvement.

We prepared an 'Effective complaints management fact sheet series' to assist agencies to implement a new or enhanced CMS to meet the community's expectation that agencies will be client-focused and responsive to feedback, particularly complaints.

The fact sheet series incorporates our views on the features of good complaints management based on more than 30 years experience in handling complaints in the Queensland state and local government sectors. Our views are consistent with the Australian Standard on complaints handling. The series also provides guidance on the minimum requirements of Directive 13/06. Indicators of best practice for complaints management systems beyond those required by Directive 13/06 include:

- organisational commitment to good complaints management practices
- provision of adequate training to officers who deal with complaints
- maintaining confidentiality in the complaints management process
- the acceptance of anonymous complaints
- availability of appropriate remedies.

Chapter 4: CMP Phase 3 – measuring compliance

4.1 Document based audit

4.1.1 Questionnaire

In April 2008, we started an audit of state agencies' compliance with Directive 13/06. We developed a self-audit questionnaire based on the Directive's five elements, and other indicators of best practice outlined in our 'Effective complaints management fact sheet series' and in the Australian Standard. We also prepared instructions for agencies on how to complete the survey.

The questionnaire we provided to state agencies is set out in Appendix 2. It contains 22 questions and is divided into the following parts:

Part A – Agency's identifying and contact details

Part B – Compliance with Directive 13/06 (Questions 1-16)

Part C – Compliance with additional indicators of complaints management best practice (Questions 17-22).

We forwarded the questionnaire to 53 state agencies comprising:

- 22 government departments
- 9 departmental units
- 12 public service offices
- 3 declared public service offices
- 7 other state agencies that are not bound by the Directive.

A list of these agencies appears in Appendix 3.

We have not included details in this report of the complaints systems of the seven agencies not bound by the Directive, except in the case of WorkCover Queensland. We have included details of our assessment of WorkCover's CMS in Appendix 8 as WorkCover was one of the 11 participants in Phase 1 of our project. At the start of Phase 1, we assessed WorkCover's CMS as being rudimentary. Our latest assessment is that its CMS demonstrates a high level of compliance with the relevant indicators of best practice.

In our view, good administrative practice demands that every publicly funded agency, whether bound by the Directive or not, have in place a fair and effective CMS. The agencies in the group not bound by the Directive included six Queensland universities, only one of which responded to the survey (Central Queensland University). We have not followed up the other five universities as we intend to carry out a review of their complaints systems as a separate project.

We requested agencies to complete the questionnaire and send their responses and supporting policy and procedures to us by 30 June 2008. From April to June 2008, eight agencies attended agency advisory meetings with our officers to obtain help in developing their policy and procedures and/or to complete the questionnaire.

4.1.2 Response to questionnaire

Of the 46 agencies bound by the Directive, eight failed to respond. However, these were units of departments that completed and returned the questionnaire. The one departmental unit that responded separately from the department itself was Arts Queensland.

The agencies that responded to our questionnaire accounted for approximately 98% of the 4370 complaints we received in 2008-2009 about state agencies.

We evaluated compliance by assessing the agencies' responses to the 22 questions in the questionnaire and the policies, procedures and other documents they provided with their responses. We rated compliance in accordance with the following scale, which is based on the number of recommendations we made to each agency for improvements to their CMS:

- | | |
|---------------------------|-------------------------------------|
| • High compliance | 0-5 recommended improvements |
| • Satisfactory compliance | 6-10 recommended improvements |
| • Limited compliance | 11-15 recommended improvements |
| • No compliance | 16 or more recommended improvements |

4.2 Outcome of document based audit

We found that 34 agencies (about 90%) had implemented a CMS that demonstrated a high or satisfactory level of compliance (Appendix 5).

Only four agencies (about 10%) were assessed as having a CMS with limited or no compliance. Those with limited compliance were the Office of the Medical Board of Queensland, the Queensland College of Teachers and the Residential Tenancies Authority. The Office of Health Practitioner Registration Boards was non-compliant.

In all, we made 202 recommendations to 37 of the 38 agencies for improvements to their systems. No recommendations were made to Queensland Treasury.

One hundred and twenty seven recommended improvements related to compliance with the requirements of the Directive. The main areas for improvement were:

- an agency's complaints management policy and/or procedures should be readily accessible on its website
- complaints handling staff should be appropriately trained
- all staff should be made aware of the existence and operation of the agency's CMS at induction or through other internal communication mechanisms
- complaints management policy and/or procedures should require that timely and reasonably informative feedback be given to complainants
- reasonable assistance should be available to people who wish to make complaints, particularly people with disabilities or people disadvantaged by education or language
- information about how to make a complaint should be readily accessible on an agency's website.

Seventy-five recommendations related to compliance with other indicators of best practice in complaints management. The main areas for improvement were:

- adherence to complaints management policy and/or procedures timeframes should be linked to the agency's performance planning and review processes where complaint handling is a significant part of an officer's role
- complaints management policy and/or procedures should contain an appropriate range of options for redress in the event a complaint is substantiated
- complaints management policy and/or procedures should reference the relevant principles for 'customer satisfaction' as found in AS ISO 10002-2006
- anonymous complaints should be accepted and considered on their merits
- complaints management policy and/or procedures should provide for regular reviews of the effectiveness of the CMS.

4.3 Website based audit (visibility and access)

Websites are an important communication tool for agencies.

Our initial audit of CMSs concerned two aspects of agencies' websites, that is, whether complaint information was available and whether the actual policies and procedures of an agency could be accessed on its website.

We conducted an audit of the websites of the 38 agencies that completed the questionnaire as part of our evaluation of the visibility and accessibility of their CMS.

Visibility is about making members of the public and staff aware of the agency's CMS and of where and how to complain. Accessibility is about making it easy for customers to make a complaint and to contact officers who deal with complaints. An agency's website plays a very important role in making its CMS visible and accessible to the public and staff.

Visibility and accessibility are essential components of an effective CMS and are included in the Directive as necessary elements of an agency's CMS. We assessed agency websites against the following criteria:

Visibility

High	Easily identifiable link on home page to complaints information required by the Directive (directive based); and Complaints Management Policy available online
Satisfactory	Directive based complaints information available or Complaints Management Policy available online
Limited	Limited Directive based complaints information available and Complaints Management Policy not available online

Accessibility

High	Interactive online complaints form ⁴ available; and printable (Word/PDF format) complaints form available; and dedicated complaints email link available
Satisfactory	Interactive online complaints form available; or printable (Word/PDF format) complaints form; or dedicated complaints email link available
Limited	No online complaints form or printable (Word/PDF format) complaints form or dedicated complaints email link available

4.4 Outcome of website based audit

In all, we made 127 recommendations to 35 agencies for improvements to the visibility and accessibility of their CMS on their websites.

No recommendations were made to the Department of Child Safety, Queensland Health and the Department of the Premier and Cabinet.

Visibility

We found that 28 (74%) agencies' websites provided a high or satisfactory level of visibility (Appendix 6). Ten agencies' websites were assessed as having limited visibility. Those agencies were:

- Building Services Authority
- Queensland College of Teachers
- Department of Communities
- Department of Emergency Services
- Department of Tourism, Regional Development and Industry
- Queensland Audit Office
- Queensland Water Commission
- Office of the Health Practitioner Registration Boards
- Office of the Medical Board of Queensland
- Residential Tenancies Authority.

We made 62 recommendations to improve the visibility of complaints information on agency websites. The main areas for improvement were:

- information about where and how to make a complaint, how complaints will be managed (including timeframes), and how the complainant will be informed of progress and the outcome should be readily available on the 'contact us' webpage or by a link to a dedicated complaints webpage
- information about the assistance available to people wanting to make complaints, particularly people with disabilities (for example, information about the availability of TTY⁵ or National Relay Service for the vision or hearing impaired) or education or language difficulties should be available through easily identifiable links

⁴ A form that can be populated with data online.

⁵ Teletypewriter – a device that allows hearing impaired people to use the telephone.

- complaints management policy and/or procedures should be available through easily identifiable links.

Accessibility

We found that 26 (68%) agencies' websites provided a high or satisfactory level of access (Appendix 7). Twelve agencies' websites were assessed as providing limited access. Those agencies were:

- Building Services Authority
- Queensland College of Teachers
- Department of Education, Training and the Arts
- Department of Emergency Services
- Department of Employment and Industrial Relations
- Department of Public Works
- Electoral Commission of Queensland
- Commission for Children and Young People and Child Guardian
- Office of the Health Practitioner Registration Boards
- Office of the Medical Board of Queensland
- Queensland Water Commission
- Residential Tenancies Authority.

We made 65 recommendations to improve the level of access their websites provided to persons wishing to make complaints. The main areas for improvement were that websites provide:

- an interactive online complaints form
- a printable complaints form in PDF or other format
- a dedicated complaints email link.

4.5 Agency responses to recommendations

The effect of the machinery of government changes on 26 March 2009 reduced the number of agencies participating in Phase 3 of our CMP from 38 to 27 agencies.

In June 2009, we provided written assessments to these 27 agencies on their level of compliance and made recommendations for improvements to their CMSs. In total, we made 329 recommendations.

We included in our feedback to new or merged departments the results of our review of those former departments or parts of departments that are now part of the new or merged departments.

We requested agencies to advise us if they accepted our recommendations and if so the steps they intended to take to implement them. We received all agency responses by early July 2009.

Overall, the agency responses to our evaluation and recommendations were very positive.

With only minor exceptions, agencies accepted our recommendations and agreed to implement them. Only three recommendations were not accepted. In some instances, agencies advised they had already implemented changes that addressed our recommendations. Having considered the further information provided by these agencies, we are satisfied that appropriate action has been taken by those agencies.

New or merged government departments generally advised that they are reviewing their existing complaints management systems and will incorporate our recommendations into new whole of department systems or revised systems.

A summary of each agency's response to our evaluation and recommendations appears in Appendix 8.

We are presently working with agencies in relation to the implementation of the recommendations.

Appendix 1: Agencies that participated in CMP Phase 2

State government (10)

Aboriginal and Torres Strait Islander Policy

Disability Services Queensland

Emergency Services

Housing

Main Roads

Office of State Revenue (Treasury)

Primary Industries and Fisheries

Public Works

Queensland Corrective Services

Tourism, Fair Trading and Wine Industry Development

Local government (15)

Belyando Shire Council

Bundaberg City Council

Crows Nest Shire Council

Dalby Town Council

Herberton Shire Council

Millmerran Shire Council

Roma Town Council

Stanthorpe Shire council

Tara Shire Council

Thuringowa City Council

Tiaro Shire Council

Townsville City Council

Waggamba Shire Council

Warroo Shire Council

Whitsunday Shire Council

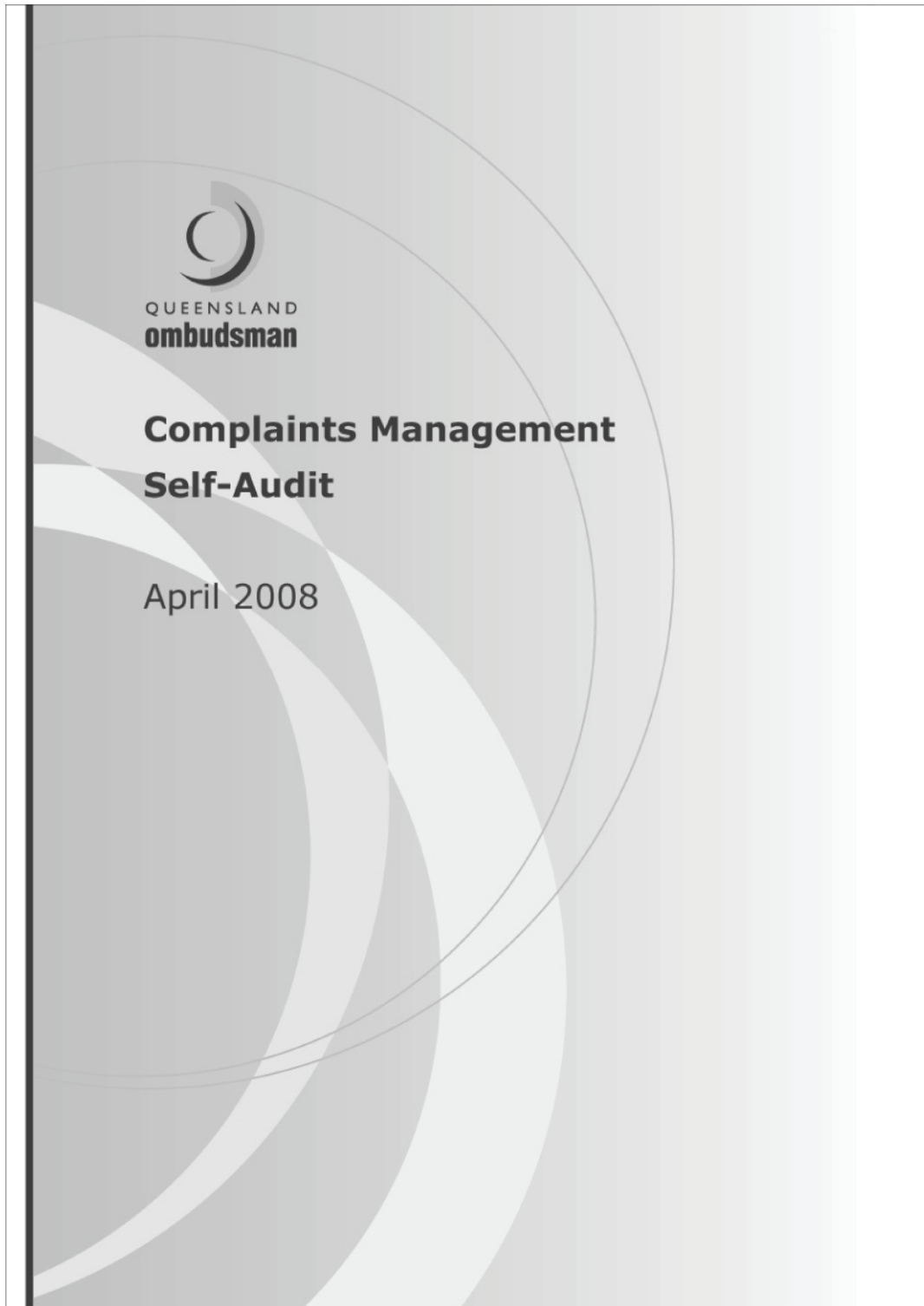
Universities/TAFE (3)

Griffith University

James Cook University

South Bank Institute of TAFE

Appendix 2: Self-audit questionnaire



Foreword

As part of its administrative improvement role, the Office of the Queensland Ombudsman (QO) has been undertaking the Complaints Management Project (CMP) as a long term initiative to improve the complaints management structures and processes of public agencies State-wide.

The Public Service Commissioner's *Directive 13/06 – Complaints Management Systems* (Directive 13/06 / the Directive) was developed in consultation with the QO in an effort to achieve an appropriate level of consistency in complaints handling across agencies that come under the *Public Service Act 1996*.

The Directive, which was issued on 10 November 2006, gave agencies 12 months to comply. The Directive does not apply to local government which are required to have a General Complaints Process by the *Local Government Act 1993*.

This year, the QO's CMP moved into Phase 3, which involves providing ongoing administrative improvement assistance to agencies in relation to complaints management as well as an audit for compliance with the Directive. The dissemination of this document to agencies marks the commencement of the audit.

Phase 3 of the CMP will close in late 2008 - early 2009 with a report to Parliament outlining:

- the extent to which agencies have complied with the Directive
- whether agencies are achieving a level of best practice above that required by the Directive, and
- where appropriate, recommendations to specific agencies with respect to areas for improvement.

Self-Audit Toolkit

The QO's main objective is that agencies deal with complaints in a fair, timely and accountable manner. The QO considers compliance with *Directive 13/06* to be the minimum standard for agencies in dealing with complaints. The Office encourages agencies to strive to exceed the minimum by incorporating additional elements of best practice in complaints management.

The Self-Audit Toolkit is based on the requirements of Directive 13/06 and other relevant best practice for complaints management. To ensure consistency of agency responses, the Self-Audit questions should be completed with the aid of the accompanying instructions.

The Self-Audit questions relating to the Directive should be completed by every agency. It is also recommended that agencies complete the questions relating to additional indicators of complaints management best practice as they give agencies an opportunity to assess whether they have demonstrated a commitment to complaints management that goes beyond the minimum required.

We request that the Self-Audit is completed, signed off at Director-General/CEO level and returned to the QO by 30 June 2008.¹ We also request that you provide copies of relevant documents as indicated in the Self-Audit by the words '*Enclosure required*'.

¹ This Self-Audit **excludes** Local Government, which will be surveyed separately at a time/date to be confirmed, per the criteria set out in the Local Government Act (General Complaints Process) and the relevant Department of Local Government Bulletin.

Self-Audit

The following Self-Audit questions are separated into parts:

- A. Agency details
- B. Compliance with Directive 13/ 06 (mandatory)
- C. Compliance with additional levels of complaints management best practice

Part A - Agency Details	
I. Agency Details Agency name _____ Portfolio _____ Total number of employees (FTE) _____	Instructions I. Please complete required fields. <i>Notes:</i> Field requiring total number of employees (FTE) provides information regarding agency size, which often impacts type and complexity of the complaints management system adopted. II. Please complete required fields. <i>Notes:</i> Officer completing the Self-Audit is asked to provide information about whether their function in relation to complaints management is delegated or nominated. III. Please complete required fields immediately prior to return of the Self-Audit to the QO.
II. Officer completing Self-Audit Name _____ Business area _____ Contact telephone & email _____ Delegated officer for oversight of agency complaints management system? <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No	
III. Director-General/ CEO (for sign-off) Name _____ Date _____ Signature _____	

Part B - Compliance with Directive 13/06

Governance

1. The agency has the following in place for complaints management:

- a. Policy
- And/or**
- b. Procedures
- And**
- c. Database
- And**
- d. Resources

2. The complaints management policy contains clear statements outlining the agency's commitment to complaints management, with incorporation of (or specific reference to) the 5 minimum elements / principles of:

	Section / Page
<input type="checkbox"/> a. Visibility and access	
<input type="checkbox"/> b. Responsiveness	
<input type="checkbox"/> c. Assessment and action	
<input type="checkbox"/> d. Feedback	
<input type="checkbox"/> e. Monitoring effectiveness	

Enclosure required

3. The complaints management procedures contain clear processes for staff to follow in the handling of complaints, which includes instruction for giving effect to the 5 minimum elements/ principles of:

	Section / Page
<input type="checkbox"/> a. Receiving complaints	
<input type="checkbox"/> b. Recording complaints	
<input type="checkbox"/> c. Processing complaints	
<input type="checkbox"/> d. Providing feedback on complaints	
<input type="checkbox"/> e. Reporting on complaints	

Enclosure required.

Instructions

Governance

1. Please tick all that apply. If you tick a), please *move to question 2*. If you do not tick a), please *move to question 3*. If you do not tick b), please skip question 3. If you tick a) and b), please *answer both question 2 and question 3*.

Notes:

The agency must have a complaints management policy and/ or procedures in place, as well as a database capable of capturing and reporting on complaints and dedicated resources. The size, shape, format or structure of each of these may be determined by the agency.

Failure to complete this question will indicate that the agency has not complied with the Directive.

2. Please tick all that apply, and provide the relevant page (or section) number(s) of the policy. Please enclose a copy of the policy for QO reference when submitting the Self-Audit.

3. Please tick all that apply, and provide the relevant page (or section) number(s) of the procedures. Please enclose a copy of the procedures for QO reference when submitting the Self-Audit.

Part B - Compliance with Directive 13/06 (mandatory)	
<p>Database</p> <p>4. The complaints management database captures and reports on complaints data via:</p> <p><input type="checkbox"/> a. (Centralised) Stand-alone database, used throughout the agency for capturing and reporting on complaints data</p> <p><input type="checkbox"/> b. (Centralised) Stand-alone combined database, used throughout the agency for capturing and reporting on complaints and other data</p> <p><input type="checkbox"/> c. (Decentralised) Central database, which receives information via other agency databases/ information collections for reporting purposes</p> <p><input type="checkbox"/> d. Other _____</p> <p>_____</p> <p><i>Enclosure required.</i></p> <p>5. The technical format for the complaints management database is:</p> <p><input type="checkbox"/> a. Dedicated software (eg. Resolve)</p> <p><input type="checkbox"/> b. Spreadsheet (eg. Excel)</p> <p><input type="checkbox"/> c. Table (eg. Word)</p> <p><input type="checkbox"/> d. Combination of formats _____</p> <p>_____</p> <p><input type="checkbox"/> e. Other _____</p> <p>_____</p> <p>Resources</p> <p>6. The complaints management resources used by the agency include:</p> <p><input type="checkbox"/> a. Staff who are trained in complaints management</p> <p><input type="checkbox"/> b. Website (eg. dedicated complaints link)</p> <p><input type="checkbox"/> c. Intranet</p> <p><input type="checkbox"/> d. Dedicated call centre or complaints hotline</p> <p><input type="checkbox"/> e. Brochures and/or posters and/or leaflets/ mailouts</p> <p><input type="checkbox"/> f. Other _____</p> <p>_____</p> <p>_____</p>	<p>Instructions</p> <p>Database</p> <p>4. Please tick that which most closely applies. If you tick d), please <i>describe the features of your database</i> in the space provided. Please enclose relevant documentation for QO reference when submitting the Self-Audit, eg. illustration of your database (a screen shot, blank spreadsheet, other) and/ or technical specifications.</p> <p>5. Please tick that which most closely applies. If you tick d), or e), please <i>describe the technical format being used</i>.</p> <p>Resources</p> <p>6. Please tick all that apply. If you tick f), please <i>describe the resource(s) being used</i>.</p>
<p>5 Complaints Management Self-Audit April 2008</p>	

Part B - Compliance with Directive 13/06	
<p>5 key elements/principles</p> <p><i>Visibility and access</i></p> <p>7. The community, clients/ customers, staff and others can easily find information about how to make a complaint on the agency's website</p> <p><input type="checkbox"/> a. Yes - http:// _____</p> <p><input type="checkbox"/> b. No</p> <p><input type="checkbox"/> c. The website is currently being upgraded to provide easy access to information about the agency's complaints process</p> <p>8. The complaints management policy and/ or procedures can be accessed on the agency's website</p> <p><input type="checkbox"/> a. Yes - http:// _____</p> <p><input type="checkbox"/> b. No</p> <p><input type="checkbox"/> c. Although not available on the agency's website, the complaints policy and/ or procedures will be made available in hard copy upon request</p> <p>9. Assistance is available to those wishing to complain who are in any way disadvantaged by intellectual or physical disability, education, language ability (e.g. non-English speaking) or any other impairment</p> <p><input type="checkbox"/> a. Yes: _____ _____ _____</p> <p><input type="checkbox"/> b. No</p> <p><input type="checkbox"/> c. Arrangements for providing assistance to those who are disadvantaged are being explored</p>	<p style="text-align: center;">Instructions</p> <hr/> <p>5 key elements/principles</p> <p><i>Visibility and access</i></p> <p>7. Please tick that which applies. If you tick a), please provide the URL.</p> <p>8. Please tick that which applies. If you tick a), please provide the URL.</p> <p>9. Please tick that which applies. If you tick a), please describe the assistance available, including the relevant page (or section) number(s) if articulated in your complaints management policy and/ or procedures.</p>
<p><i>Complaints Management Self-Audit April 2008</i> 6</p>	

Part B - Compliance with Directive 13/06	
<p><i>Responsiveness</i></p> <p>10. Staff with any role in the agency's complaints management system are appropriately trained</p> <p><input type="checkbox"/> a. Yes: _____ _____ _____</p> <p><input type="checkbox"/> b. No</p> <p><input type="checkbox"/> c. A training plan is being developed</p> <p><input type="checkbox"/> d. A training plan is being implemented</p> <p>11. All staff are made aware of the existence and operation of the agency's complaints management system at induction and/ or through other internal communication mechanisms</p> <p><input type="checkbox"/> a. Yes - Section/Page: _____ _____</p> <p><input type="checkbox"/> b. No</p> <p><input type="checkbox"/> c. A communications plan for complaints management is being developed</p> <p>12. Indicative timeframes for responding to complaints are outlined in the complaints management policy and/ or procedures</p> <p><input type="checkbox"/> a. Yes - Section/Page: _____ _____</p> <p><input type="checkbox"/> b. No</p> <p><i>Assessment and action</i></p> <p>13. The complaints management policy and/ or procedures provide clear information about the roles and responsibilities of agency staff in the complaint handling process</p> <p><input type="checkbox"/> a. Yes - Section/Page: _____ _____</p> <p><input type="checkbox"/> b. No</p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>Instructions</p> <p><i>Responsiveness</i></p> <p>10. Please tick that which applies. If you tick a), please <i>describe the training that is made available to staff.</i></p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>11. Please tick that which applies. If you tick a), please <i>describe what is contained in the induction programme and/ or internal communication mechanisms.</i></p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>12. Please tick that which applies. If you tick a), please <i>provide the relevant page (or section) number(s) where this is articulated in the complaints management policy and/ or procedures.</i></p> </div> <div style="border: 1px solid black; padding: 5px;"> <p><i>Assessment and action</i></p> <p>13. Please tick that which applies. If you tick a), please <i>provide the relevant page (or section) number(s) where this is articulated in the complaints management policy and/ or procedures.</i></p> </div>
<p>7 <i>Complaints Management Self-Audit April 2008</i></p>	

Part B - Compliance with Directive 13/06

Instructions

14. The complaints management policy and/ or procedures require the identification and referral of particular complaint types that are subject to specific complaint procedures (eg. Official Misconduct, Public Interest Disclosures, HR Grievances)

- a. Yes - Section/Page: _____
- b. No

14. Please tick that which applies. If you tick a), please provide the relevant page (or section) number(s) where this is articulated in the complaints management policy and/ or procedures.

15. The complaints management Policy and/ or Procedures requires that timely and reasonable feedback be provided to the complainant as soon as possible after the complaint outcome has been determined

- a. Yes, both timely and reasonable feedback is required
Section/Page: _____
- b. Only timely feedback is required
Section/Page: _____
- c. Only reasonable feedback is required
Section/Page: _____
- d. No

15. Please tick that which applies. If you tick a), b) or c), please provide the relevant page (or section) number(s) where this is articulated in the complaints management policy and/ or procedures.

Notes:

Timely feedback refers to adhering to reasonable timeframes for the communication of complaint outcomes.

Reasonable feedback refers to providing information about available review mechanisms to the complainant at the time of communicating complaint outcomes. NB: Although not specifically required by the Directive, reasonable feedback also refers to providing the complainant with adequate and well articulated reasons for the complaint outcome.

Monitoring effectiveness

16. The requirements for systematic recording and reporting of complaints data, including

- i. number and type of complaints received**
- ii. timeframes for assessment and action**
- iii. complaints decisions/ outcomes**
- iv. opportunities for systemic improvement**

are clearly articulated in the complaints management policy and/ or procedures

- a. Yes - Section/Page: _____
- b. Only some - Section/Page: _____
- c. No

Monitoring Effectiveness

16. Please tick that which applies. If you tick a) or b), please provide the relevant page (or section) number(s) where this is articulated in the complaints management policy and/ or procedures.

Part C - Compliance with additional indicators of complaints management best practice	
<p>17. Regular review of the effectiveness of the complaints management system is provided for in the complaint management policy and/ or procedures</p> <p><input type="checkbox"/> a. Yes - Section/Page: _____ _____</p> <p><input type="checkbox"/> b. No</p>	<p>Instructions</p> <p>17. Please tick that which applies. If you tick a), please provide the relevant page (or section) number(s) where this is articulated in the complaints management policy and/ or procedures.</p>
<p>18. In addition to the requirements of Directive 13/ 06, the complaints management policy and/ or procedures references the related principles for 'Customer Satisfaction' as found in AS ISO 10002-2006</p> <p><input type="checkbox"/> a. Yes - Section/Page: _____ _____</p> <p><input type="checkbox"/> b. No</p>	<p>18. Please tick that which applies. If you tick a), please provide the relevant page (or section) number(s) where this is articulated in the complaints management policy and/ or procedures.</p>
<p>19. A commitment to best practice in complaints management is clearly articulated in one or both of the following publicly available agency documents:</p> <p style="margin-left: 20px;">i. Strategic Plan</p> <p style="margin-left: 20px;">ii. Annual Report</p> <p><input type="checkbox"/> a. Yes - Section/Page: _____ _____</p> <p><input type="checkbox"/> b. No</p> <p><i>Enclosure required.</i></p>	<p>19. Please tick that which applies. If you tick a), please provide the relevant page (or section) number(s) where this is articulated in the complaints management policy and/ or procedures. Please enclose a copy of the relevant documents for QO reference when submitting the Self-Audit.</p>
<p>20. Anonymous complaints are accepted by the agency</p> <p><input type="checkbox"/> a. Yes - Section/Page: _____ _____</p> <p><input type="checkbox"/> b. Yes, in limited circumstances - Section/Page: _____ _____</p> <p><input type="checkbox"/> c. No</p>	<p>20. Please tick that which applies. If you tick a) or b), please provide the relevant page (or section) number(s) where this is articulated in the complaints management policy and/ or procedures.</p>

Part C - Compliance with additional indicators of complaints management best practice	
<p>21. Adherence by (relevant) staff to timeframes set out in the complaints management policy and/ or procedures is linked to the agency's performance planning and performance review processes remedy in the event a complaint is substantiated</p> <p><input type="checkbox"/> a. Yes - Section/Page: _____</p> <p><input type="checkbox"/> b. No</p>	<p>Instructions</p> <p>21. Please tick that which applies. If you tick a), please <i>provide the relevant page (or section) number(s) where this is articulated in the complaints management policy and/ or procedures.</i></p>
<p>22. The complaints management policy and/ or procedures contain an appropriate range of options for redress/ in the event a complaint is substantiated</p> <p><input type="checkbox"/> a. Yes - Section/Page: _____</p> <p><input type="checkbox"/> b. No</p>	<p>22. Please tick that which applies. If you tick a), please <i>provide the relevant page (or section) number(s) where this is articulated in the complaints management policy and/ or procedures.</i></p>

Appendix 3: Agencies to which self-audit questionnaire was sent

Government departments (22)

Child Safety
Communities
Corrective Services
Disability Services Queensland
Education, Training and the Arts
Emergency Services
Employment and Industrial Relations
Environmental Protection Agency
Health
Housing
Infrastructure and Planning
Justice and Attorney-General
Local Government, Sport and Recreation
Main Roads
Mines and Energy
Natural Resources and Water
Premier and Cabinet
Primary Industries and Fisheries
Public Works
Tourism, Regional Development and Industry
Transport
Treasury

Departmental units (9)

Arts Queensland
Maritime Safety Queensland
Office of Fair Trading
Office of the Public Service Commissioner
Office of State Revenue
Registry of Births, Deaths and Marriages
Service Delivery and Performance Commission
Shared Service Agency
State Penalties and Enforcement Registry

Public Service offices (12)

Anti-Discrimination Commission Queensland
Commission for Children and Young People and Child Guardian
Electoral Commission of Queensland
Health Quality and Complaints Commission
Office of the Health Practitioner Registration Boards
Office of the Medical Board of Queensland
Public Trust Office
Q-COMP (Workers' Compensation Regulatory Authority)
QLeave (Building and Construction Industry (Portable Long Service Leave) Authority)
Queensland Audit Office
Queensland College of Teachers
Queensland Water Commission

Declared Public Service offices (3)

Building Services Authority
Legal Aid Queensland
Residential Tenancies Authority

Other agencies not bound by Directive (7)

Central Queensland University
Griffith University
James Cook University
Queensland University of Technology
University of Queensland
University of Southern Queensland
WorkCover Queensland

Appendix 4: Agencies returning completed self-audit questionnaire

Government departments (22)

Child Safety
Communities
Corrective Services
Disability Services Queensland
Education, Training and the Arts
Emergency Services
Employment and Industrial Relations
Environmental Protection Agency
Health
Housing
Infrastructure and Planning
Justice and Attorney-General
Local Government, Sport and Recreation
Main Roads
Mines and Energy
Natural Resources and Water
Premier and Cabinet
Primary Industries and Fisheries
Public Works
Tourism, Regional Development and Industry
Transport
Treasury

Departmental units (1)

Arts Queensland

Public Service offices (12)

Anti-Discrimination Commission Queensland
Commission for Children and Young People and Child Guardian
Electoral Commission of Queensland
Health Quality and Complaints Commission
Office of the Health Practitioner Registration Boards
Office of the Medical Board of Queensland
Public Trust Office
Q-COMP (Workers' Compensation Regulatory Authority)
QLeave (Building and Construction Industry (Portable Long Service Leave) Authority)
Queensland Audit Office
Queensland College of Teachers
Queensland Water Commission

Declared Public Service offices (3)

Building Services Authority
Legal Aid Queensland
Residential Tenancies Authority

Other agencies not bound by Directive (2)

Central Queensland University
WorkCover Queensland

Appendix 5: Document audit – agency level of compliance

High Compliance (25)

Anti-Discrimination Commission Queensland
Arts Queensland
Child Safety
Communities
Corrective Services
Disability Services Queensland
Education, Training and the Arts
Electoral Commission of Queensland
Emergency Services
Employment and Industrial Relations
Environmental Protection Agency
Health
Housing
Infrastructure and Planning
Justice and Attorney-General
Legal Aid Queensland
Local Government, Sport and Recreation
Main Roads
Mines and Energy
Premier and Cabinet
Public Trust Office
Public Works
Queensland Water Commission
Transport
Treasury

Satisfactory Compliance (9)

Building Services Authority
Commission for Children and Young People and Child Guardian
Health Quality and Complaints Commission
Natural Resources and Water
Primary Industries and Fisheries
Q-COMP (Workers' Compensation Regulatory Authority)
QLeave (Building and Construction Industry (Portable Long Service Leave) Authority)
Queensland Audit Office
Tourism, Regional Development and Industry

Limited Compliance (3)

Office of the Medical Board of Queensland
Queensland College of Teachers
Residential Tenancies Authority

No Compliance (1)

Office of the Health Practitioner Registration Boards

Note: WorkCover Queensland is not bound by the Directive, but its CMS was assessed as High Compliance.

Appendix 6: Website audit – agency level of compliance for visibility

High Compliance (14)

Arts Queensland
Corrective Services
Environmental Protection Agency
Health
Health Quality and Complaints Commission
Infrastructure and Planning
Justice and Attorney-General
Legal Aid Queensland
Main Roads
Mines and Energy
Premier and Cabinet
Public Trust Office
Transport
Treasury

Satisfactory Compliance (14)

Anti-Discrimination Commission Queensland
Child Safety
Commission for Children and Young People and Child Guardian
Disability Services Queensland
Education, Training and the Arts
Electoral Commission of Queensland
Employment and Industrial Relations
Housing
Local Government, Sport and Recreation
Natural Resources and Water
Primary Industries and Fisheries
Public Works
Q-COMP (Workers' Compensation Regulatory Authority)
QLeave (Building and Construction Industry (Portable Long Service Leave) Authority)

Limited Compliance (10)

Building Services Authority
Communities
Emergency Services
Office of the Health Practitioner Registration Boards
Office of the Medical Board of Queensland
Queensland Audit Office
Queensland College of Teachers
Queensland Water Commission
Residential Tenancies Authority
Tourism, Regional Development and Industry

Note: WorkCover Queensland is not bound by the Directive, but its website was assessed as Satisfactory Compliance.

Appendix 7: Website audit – agency level of compliance for access

High Compliance (8)

Child Safety
Corrective Services
Environmental Protection Agency
Health
Housing
Premier and Cabinet
Primary Industries and Fisheries
Public Trust Office

Satisfactory Compliance (18)

Arts Queensland
Anti-Discrimination Commission Queensland
Communities
Disability Services Queensland
Justice and Attorney-General
Health Quality and Complaints Commission
Infrastructure and Planning
Legal Aid Queensland
Local Government, Sport and Recreation
Main Roads
Mines and Energy
Natural Resources and Water
Q-COMP (Workers' Compensation Regulatory Authority)
QLeave (Building and Construction Industry (Portable Long Service Leave) Authority)
Queensland Audit Office
Tourism, Regional Development and Industry
Transport
Treasury

Limited Compliance (12)

Building Services Authority
Commission for Children and Young People and Child Guardian
Education, Training and the Arts
Electoral Commission of Queensland
Emergency Services
Employment and Industrial Relations
Office of the Health Practitioner Registration Boards
Office of the Medical Board of Queensland
Public Works
Queensland College of Teachers
Queensland Water Commission
Residential Tenancies Authority

Note: WorkCover Queensland is not bound by the Directive, but its website was assessed as Satisfactory Compliance.

Appendix 8: Results of compliance assessment

This appendix sets out the results of our compliance assessments of the complaints management systems of agencies based on our documentary audits and our audits of their websites.

The document based audit involved reviewing each agency's completed questionnaire and its complaints management policies, procedures and other relevant documents.

The website based audit involved reviewing each agency's website to assess the levels of visibility and accessibility of their complaints systems to the public and staff.

We assessed the complaints systems of 38 agencies. In March 2009, machinery of government changes reduced the number of participating agencies to 27. Therefore, in line with these new arrangements, this appendix contains our assessment of each agency's level of compliance, our recommendations for improvement to their CMS and the agency's response to our recommendations.

The break up of agencies is:

- 12 government departments
- 12 public service offices
- three declared public service offices – Legal Aid Queensland, Residential Tenancies Authority and Building Services Authority
- one other agency not bound by the Directive – WorkCover.

Departments of Government

Department of Communities

(Former) Department of Communities

The policy refers to the Australian Standard and includes a commitment statement and outlines complaints management roles and responsibilities.

The policy and procedures support the promotion of visibility and accessibility of the complaints process.

A communications plan is being developed to ensure all staff are aware of the CMS. The procedures promote ongoing communication with the complainant throughout the process.

The procedures outline how complaints will be assessed and investigated and provide for follow up after investigation to establish if the matter has been resolved to the complainant's satisfaction.

The department's Complaints and Prevention Unit is responsible for monitoring the management of each complaint for compliance with the policy and procedures.

Quarterly reports are provided to the Complaints Management Quality Committee (CMQC) to identify systemic improvements. The CMQC is an independent committee

established to provide advice to the Minister on the quality, efficiency and effectiveness of Disability Services Queensland's complaints management system.

The CMQC has five members, including the chairperson. Members are appointed by the Minister for a two year period and are selected for their skills and experience in either representing the views of people with a disability, providing disability services, or through their expertise in the investigation and resolution of complaints.

Document based assessment of CMS:
High compliance

Recommendations

1. The policy should clearly state the department's commitment to the five minimum elements of Directive 13/06 – visibility and access, responsiveness, assessment and action, feedback and monitoring effectiveness.
2. Customer friendly information about how to make a complaint, and how complaints will be managed (including timeframes and how the complainant will be informed of progress and the outcome) should be easily available on the website.
3. The policy and/or procedures should be easily accessible on the website.
4. A communication plan for complaints management should be finalised and implemented to ensure all staff are aware of the complaints management system.
5. The requirements for systematic recording and reporting of complaints, including number and type of complaints received, timeframes for assessment and action, complaint decisions/outcomes and opportunities for systemic improvement, should be clearly outlined in the policy and/or procedures.

Website based assessment of CMS:
Visibility – Limited compliance
Access – Satisfactory compliance

Recommendations

1. Information about assistance available (such as TTY or National Relay Service) for the vision or hearing impaired should be readily available.
2. The policy and/or procedures should be accessible through easily identifiable link/s.
3. An interactive online complaints form should be easily available.
4. A printable complaints form in PDF or other format should be easily available.

(Former) Disability Services Queensland

The policy refers to the Australian Standard and includes a commitment statement and outlines complaints management roles and responsibilities.

The policy and procedures support the promotion of visibility and accessibility of the complaints process.

A communications plan is being developed and relevant staff have been trained in good decision-making and complaints management delivered by the Queensland Ombudsman Office (QOO).

The procedures outline how matters will be assessed and investigated and provide for follow up after investigation to establish if a matter has been resolved to the

complainant's satisfaction. The policy and procedures provide that complainants are to be advised of the outcome, reasons, action taken and right of external review.

Some requirements for systematic recording and reporting of complaints data are outlined in the policy or procedures. The policy provides that DSQ monitors the effectiveness and efficiency of the CMS through regular analysis of data. The CMQC undertakes independent monitoring of the CMS.

Document based assessment of CMS:

High compliance

Recommendations

1. The policy should clearly state the department's commitment to the five minimum elements of Directive 13/06 – visibility and access, responsiveness, assessment and action, feedback and monitoring effectiveness.
2. The policy should be accessible on the website through easily identifiable link/s.
3. A communication plan for complaints management should be finalised and implemented to ensure all staff are aware of the complaints management system.
4. The requirements for systematic recording and reporting of complaints, including number and type of complaints received, timeframes for assessment and action, complaint decisions/outcomes and opportunities for systemic improvement, should be clearly outlined in the policy and/or procedures.

Website based assessment of CMS:

Visibility – Satisfactory compliance

Access – Satisfactory compliance

Recommendations

1. The policy should be accessible on the website through easily identifiable link/s.
2. An interactive online complaints form should be developed and easily available.
3. A printable complaints form in PDF or other format should be easily accessible.

(Former) Department of Child Safety

The policy includes a commitment to complying with Directive 13/06 and contains the five principles.

Customer friendly complaints information and a 'how to complain' brochure is available on the website. Copies of the policy and procedures can be provided on request.

The procedures outline roles and responsibilities and timeframes for responses.

There is a process for gathering and reporting on complaints data and for feedback to be provided to senior staff through telelinks and conferences.

The policy and CMS are to be reviewed every 12 months.

Document based assessment of CMS:
High compliance

Recommendations

1. The policy should be accessible on the website through easily identifiable link/s.
2. Adherence to complaints management policy/procedures timeframes should be linked to the agency's PP&R processes where complaint handling is a significant part of an officer's role.

Website based assessment of CMS:
Visibility – Satisfactory compliance
Access – High compliance

Recommendation

1. The policy should be accessible on the website through easily identifiable link/s.

(Former) Department of Housing

The policy refers to Directive 13/06 and uses Directive specific headings.

Customer friendly complaints information including 'how to complain' brochures and assistance information is available on the website.

The policy states that staff are expected to deal with complaints with a customer focused approach. Staff awareness of the CMS is achieved via the departmental publication 'DG Direct', staff email and the intranet. Specific complaints handling training is delivered to staff through 'service area team meetings'.

Within each service area, operational procedures detail the internal processes for managing complaints. These procedures outline roles and responsibilities and accord with the operational guidelines and complaints management model outlined in the policy. Fairness, objectivity, privacy and confidentiality principles are outlined in the policy.

Complainants are to be provided with timely advice following assessment and investigation. Reasons for complaint decisions and external review rights are also to be included. Any potential business improvement opportunities that are identified are to be recorded in the 'Innovation and Improvement Register'.

General Managers and Directors are to ensure that the policy and procedures are reviewed annually. Complaint statistics are to be included in the Annual Report.

Document based assessment of CMS:
High compliance

Recommendations

1. The policy should be accessible on the website through easily identifiable link/s.
2. Adherence to complaints management policy/procedures timeframes should be linked to the agency's PP&R processes where complaint handling is a significant part of an officer's role.

Website based assessment of CMS:

Visibility – Satisfactory compliance

Access – High compliance

Recommendations

1. Information to assist vision and hearing impaired users such as TTY or National Relay Service should be available on the complaints webpage.
2. The policy should be accessible through easily identifiable link/s on the complaints webpage.

Sport and Recreation – (formerly part of the Department of Local Government, Sport and Recreation)

The policy outlines that the CMS has been developed based on Directive 13/06.

Complaints information is available on the website. A copy of the policy is available on request.

The policy provides that staff are to be trained on the policy and procedures. This training can include awareness training, internal review training, online tools, induction training and CTRAC (database recording system). A training plan is being implemented.

The assessment and investigation process is outlined in the procedures.

Under the policy and procedures, timely responses are to be provided to complainants together with reasons for decisions. Remedial action is to be taken where a complaint is substantiated. Complainants are to be advised of the external review right to the QOO if dissatisfied with the agency's decision. The procedures list available remedies. Each Division/Region has an assessment officer who manages the complaint process through to resolution.

A complaints coordinator is responsible for reporting and analysis of complaints data and for identifying trends and systemic improvements. Complaint reports are provided monthly to the Executive Management Team. The Executive Director is responsible for reviewing Executive Management Team reports prepared by the complaints coordinator.

Document based assessment of CMS:

High compliance

Recommendations

1. The policy should be accessible on the website through easily identifiable link/s.
2. Adherence to complaints management policy/procedures timeframes should be linked to the agency's PP&R processes where complaint handling is a significant part of an officer's role.

Website based assessment of CMS:
Visibility – Satisfactory compliance
Access – Satisfactory compliance

Recommendations

1. The number of links to access the complaint information and online complaints form should be reduced.
2. The policy should be accessible on the website through easily identifiable link/s.
3. A printable version of the online complaints form should be available.
4. A clear link to a complaints email address such as 'complaints@...' should be provided.

Department of Communities' response

The department provided the following response to our recommendations:

This agency has achieved high level compliance for each of the functions that now form part of the Department of Communities. Your recommendations for improvement are noted, particularly in respect to visibility and access.

Through the revision of policy and procedures, this agency has already begun implementation of the recommendations and will continue to work towards achieving the remainder as part of the continuous improvement process.

Department of Community Safety

(Former) Department of Corrective Services

The policy refers to Directive 13/06 and is designed to provide a transparent, efficient and effective complaints management process across the department.

Information about the complaints management process along with policy is available on the department's website. The policy provides that offenders will be provided with detailed information on complaints management.

The policy makes a commitment to training staff and acknowledges that staff have a role in managing complaints. Staff responsible for managing complaints have received detailed training in the database and attended information sessions. All staff are made aware of the CMS in entry level training program and via the intranet.

The policy outlines a complaints process model with specific roles/responsibilities. The procedures provide further details about complaint assessment, investigation, responses and timeframes.

The policy and procedures undertake that adequate reasons will be provided in writing for decisions about complaints.

The Ethical Standards Branch is responsible for conducting audits on a regular basis to evaluate the performance of the CMS.

Document based assessment of CMS:
High compliance

Recommendations

1. Adherence to complaints management policy/procedures timeframes should be linked to the agency's PP&R processes where complaint handling is a significant part of an officer's role.
2. The policy and/or procedures should contain an appropriate range of options for remedies/redress where a complaint is substantiated.

Website based assessment of CMS:
Visibility – High compliance
Access – High compliance

Recommendations: Nil

(Former) Department of Emergency Services

The policy outlines that it reflects the requirements of Directive 13/06, the guiding principles from the Australian Standard and is supplemented by procedures and guidelines for management responsibility.

The website is currently being upgraded and complaints information is being prepared to go online that will include process and timeframes.

Current staff managing complaints are to be trained in the new policy and procedures. A training plan is being developed.

The policy and procedures provide standard response times. Complainants are to be advised when they can expect to receive a reply if a response can't be provided within 15 working days. Complainants are to be regularly updated on progress of a complaint.

The procedures outline an assessment and investigation process.

The policy and procedures require timely feedback to be given to complainants and provide that written responses on complaints must include the decision, reasons for the decision and rights of internal or external review.

Internal complaints data is captured, assessed and reported to the Organisation Performance Implementation Unit on a quarterly basis. The unit is responsible for annual monitoring of the performance of the CMS. Divisions are responsible for providing information reports on a six-monthly basis.

Document based assessment of CMS:
High compliance

Recommendations

1. The upgraded website should provide easy access to customer friendly information about how to make a complaint and the complaints handling process.
2. The policy and/or procedures should be accessible on the website through easily identifiable link/s.
3. Arrangements for providing reasonable assistance to people with disabilities or disadvantaged people should be implemented.
4. The training plan should be finalised and implemented so staff with any significant role in complaints management are appropriately trained.
5. Adherence to complaints management policy/procedures timeframes should be linked to the agency's PP&R processes where complaint handling is a significant part of an officer's role.

Website based assessment of CMS:
Visibility – Limited compliance
Access – Limited compliance

Recommendations

1. Information about the agency's commitment to complaints handling should be readily available.
2. Information about where and how to make a complaint should be readily available on the 'contact us' webpages (or a link to a dedicated complaints webpage).
3. Information on how complaints will be managed including timeframes and how the complainant will be informed of progress and the outcome should be readily available on the 'contact us' webpages (or a link to a dedicated complaints webpage).
4. Information about assistance available to make complaints (such as TTY or National Relay Service for the vision or hearing impaired), particularly for people with disabilities or language difficulties, should be easily available.
5. An easily identifiable link to the complaints management policy and/or procedures should be available.
6. An interactive online complaints form should be available.
7. A printable complaints form in PDF or other format should be available.
8. A dedicated complaints email link such as 'complaints@...' should be available.

Department of Community Safety's response

The department provided the following response to our recommendations:

The department's Complaints Management Working Group is in the process of expanding the current complaints management process that exists within Queensland Corrective Services to include Queensland Fire and Rescue Service, Queensland Ambulance Service and Emergency Management Queensland.

This activity will include a review of the current policy and procedure and related documents, updating of intranet and internet pages, exploring options to expand the current database and subsequent training to staff identified with a role in complaints management.

This agency accepts your recommendations and intends to incorporate them during the current review and amalgamation.

Department of Education and Training

(Former) Department of Education, Training and the Arts

The policy refers to Directive 13/06 and has links to the relevant procedures.

Complaints information is available on the intranet. There is a complaints form and assistance is provided where needed.

Only informal training is currently available for selected officers. A training plan is being developed. A communications plan to make staff aware of the department's CMS is also being developed.

The procedures provide that reasonable feedback is to be given to complainants on the outcome including the reasons, action taken and rights of external review.

Ethical Standards provides quarterly reporting to the Quality Control Committee. The Director, Ethical Standards is to regularly submit information on systems improvement to the appropriate departmental decision-makers.

Document based assessment of CMS:
High compliance

Recommendations

1. An improved database capable of capturing and reporting on complaints should be implemented.
2. The policy should be accessible on the website through easily identifiable link/s.
3. The training plan should be finalised and implemented so staff with any significant role in complaints management are appropriately trained.
4. The communication plan for complaints management should be finalised and implemented so all staff are aware of the existence and operation of the department's CMS.
5. Adherence to complaints management policy/procedures timeframes should be linked to the agency's PP&R processes where complaint handling is a significant part of an officer's role.

Website based assessment of CMS:
Visibility – Satisfactory compliance
Access – Limited compliance

Recommendations

1. The policy should be accessible on the website through easily identifiable link/s.
2. An interactive online complaints form should be made available.
3. A printable complaints form (for complaints about any part of the department) should be available.
4. A dedicated complaints email link such as 'complaints@...' should be provided.

Department of Education and Training's response

The department provided the following response to our recommendations:

The department accepts your recommendations. Current and future steps for implementation are:

- Measures for improvement to the database and costings are being investigated.
- The Ethical Standards Unit (ESU) website and Education Policy and Procedures Register on the department's one portal network will display links to the CMS policy and procedures.
- Staff training on CMS policy and procedures will be managed in tandem with the regional 'train the trainer' programs to promote the recently revised department code of conduct.
- The communication plan will be implemented by a range of channels including the Ethical Standards Unit website, Principals' fact sheets, and state-wide network and Education Views.
- The link between adherence to CMS timeframes and PP&R processes will be explored.
- An interactive online complaints form will be available on the ESU website once the CMS policy and procedures approval process is finalised.
- A printable generic complaint form is available as an attachment to the policy and procedures.
- A dedicated complaints email link facility is currently available for student protection matters. A similar facility will be implemented for all other complaints.

Department of Employment, Economic Development and Innovation

(Former) Department of Mines and Energy

The policy undertakes to comply with the Directive 13/06 and uses headings that comply with the five principles.

The policy provides a range of options about how to make a complaint. The website is currently being upgraded to provide easy access to information about the CMS.

The existence and operation of the complaints management policy and procedures are promoted through the department's Bulletin Board, the intranet and staff induction training. A training plan is being developed to ensure that staff involved in complaints handling are appropriately trained. The policy and procedures are being reviewed for incorporation into the induction program.

Complaint handling roles and responsibilities of staff and management are clearly outlined in the policy and procedures. Specific roles of Complaints Management Officer and Investigations Officer have been created.

The policy provides that complainants will be advised of the decision on their complaint with an explanation for the outcome as soon as possible after the decision is made. Where a complainant is dissatisfied, advice on appropriate external review avenues is to be provided.

The policy is to be reviewed every 12 months by the Complaints Management Officer in conjunction with the Corporate Performance Team. Complaints data and trends are to be reported to the Executive Management Group on a quarterly basis to identify and implement systemic improvements.

Document based assessment of CMS:
High compliance

Recommendations

1. The upgraded website should provide easy access to customer friendly information about how to make a complaint and the complaints handling process.
2. The training plan should be finalised and implemented so staff with any significant role in complaints management are appropriately trained.
3. The policy and procedures should be incorporated into the induction program so new staff are made aware of the complaints management system.

Website based assessment of CMS:
Visibility – High compliance
Access – Satisfactory compliance

Recommendation

1. An interactive online complaints form should be included.

(Former) Department of Primary Industries and Fisheries

The policy refers to Directive 13/06 and is designed to achieve compliance with that Directive.

Under the policy, each business group is to establish a CMS for management of complaints. Complaints management resources include the website, the intranet, call centre hotlines, brochures and designated Complaints Contact Officers.

Complaints can be made in a number of ways. Complaints forms and brochures are available to assist complainants in providing necessary complaint information. Complaints information is captured by Excel spreadsheet kept in a central location on the IT directory for access by business units and Complaints Contact Officers.

The Senior Executive Team member in each business group is responsible for ensuring staff are aware of the existence and operation of their business group's CMS. A training plan for staff, including good decisions and complaints management training and an online training package, is being developed.

Roles and responsibilities of staff for assessment and handling of complaints are clearly outlined in the policy.

The policy provides that complainants are to be advised of the outcome as soon as possible with reasons for the decision specifically addressing the complainant's issues. Complainants are also to be advised of external review rights. A range of options for redress/remedies where a complaint is substantiated is included in the policy.

Complaints data is reported on a quarterly basis to the Complaints Contact Officers to identify trends and possible systemic improvements. The policy is to be reviewed twice a year.

Document based assessment of CMS:
Satisfactory compliance

Recommendations

1. The policy should be easily accessible on the website.
2. The online training package should be finalised and implemented.
3. The policy and/or procedures should provide for the regular review of the effectiveness of the complaints management system.
4. The policy and/or procedures should reference the related principles for 'customer satisfaction' as found in AS ISO 10002-2006.
5. The policy should provide that anonymous complaints are accepted and outline how they should be managed.
6. Adherence to complaints management policy/procedures timeframes should be linked to the agency's PP&R processes where complaint handling is a significant part of an officer's role.

Website based assessment of CMS:
Visibility – Satisfactory compliance
Access – High compliance

Recommendation

1. The policy should be accessible on the website through easily identifiable link/s on the 'Compliments and complaints' webpage.

(Former) Department of Tourism, Regional Development and Industry

The policy states that the CMS is based on Directive 13/06 and the key elements of AS 4269-1995. There is no specific commitment to the five principles in the Directive.

Guidelines attached to the policy state that the department has not received many complaints over the years except for contract issues which are handled in a separate framework.

The policy and guidelines are available on the department's intranet but not the public website. Arrangements for providing reasonable assistance to disadvantaged people to make complaints are being explored.

The responsibilities of particular roles including complaints officers and the process for handling complaints (including timeframes) are outlined in the guidelines. However, the guidelines provide limited assistance to staff on the processes to be used for receiving, recording, processing, responding to and reporting on complaints.

The Audit and Operational Review Unit (AORU) plays a central role in the department's CMS. The Complaints Management Coordinator and AORU officers are experienced in the conduct of reviews and investigations. However, only limited training (if any) is provided to other officers involved in handling complaints. An 'all staff notice' is to be issued to inform staff of the existence and operation of the CMS.

One of the principles underpinning the policy is providing feedback to the complainant. However, neither the policy nor the guidelines specifically address how and what feedback is to be given, other than the statement that correspondence is signed off at the Director-General level. A range of options for redress/remedies is not provided for in the policy or guidelines.

AORU is to record and monitor the status of each complaint and provide quarterly reports to the Risk Management Committee. The policy and guidelines don't address the issue of monitoring the effectiveness of the CMS.

Document based assessment of CMS:
Satisfactory compliance

Recommendations

1. The policy should clearly state the department's commitment to the five elements of Directive 13/06 – visibility and access, responsiveness, assessment and action, feedback, and monitoring effectiveness.
2. The guidelines should contain clear processes for staff to follow in receiving, recording, processing, responding to and reporting on complaints.
3. The policy and/or guidelines should be available on the website through easily accessible link/s.
4. Arrangements for providing reasonable assistance to people with disabilities or disadvantaged people should be finalised and implemented and included in the policy and/or guidelines.
5. Complaints officers and other staff with significant roles in complaints management should be appropriately trained.
6. An 'all staff notice' should be issued regularly to ensure staff are aware of the existence and operation of the complaints management system.
7. The policy and/or guidelines should provide that reasonable feedback (including the outcome and reasons) is to be given to the complainant as soon as possible after the outcome has been determined.
8. The policy and/or guidelines should provide for the regular review of the effectiveness of the complaints management system.
9. The policy and/or procedures should outline an appropriate range of options for redress in the event a complaint is substantiated.

Website based assessment of CMS:
Visibility – Limited compliance
Access – Satisfactory compliance

Recommendations

1. Information about the department's commitment to complaints handling should be readily available on the complaints webpage.
2. Information about how to make a complaint and how complaints will be managed should be easily available on the complaints webpage.
3. Information about assistance available to make complaints (such as TTY or National Relay Service for the vision or hearing impaired), particularly for people with disabilities or language difficulties, should be easily available.
4. The policy and/or guidelines should be easily accessible.
5. A dedicated complaints email link such as 'complaints@...' should be available.

Department of Employment, Economic Development and Innovation's response

The department provided the following response to our recommendations:

Your evaluation and recommendations are timely as the department will start work shortly on developing a CMS to apply across the department. Your recommendations are accepted and will be incorporated into the new system.

Department of Environment and Resource Management

(Former) Environmental Protection Agency

The policy refers to Directive 13/06 and contains the five principles.

EPA staff, website, intranet, dedicated call centre, complaints forms and brochures are used to aid complaints management. The procedures provide further detail on how to lodge a complaint. The policy and procedures are available on the website. The website has a link providing assistance for people with hearing or speech impediments. A link on the website to assist people with other disabilities is being considered.

The policy provides that training will be available for staff as appropriate. A staff member from each Division was scheduled to attend in house training as Divisional Complaints Coordinators. Other staff involved in complaints management (for example, complaints managers and investigating officers) don't appear to have received training. Staff are made aware of the CMS through induction and code of conduct training.

The roles/responsibilities, including roles for Divisional Complaints Coordinator and Complaints Manager, and the framework of an assessment process are set out in the procedures.

The policy requires a written response on the outcome to be provided to the complainant including issues raised, recommendations, reasons, action to be taken and right of internal review. A complainant must also be advised in writing of the outcome and of the right of external review.

The Customer Service Centre (CSC) and Divisional Complaints Coordinator review deadlines daily. The CSC also generates fortnightly reports with numbers and trends. The CMS is to be reviewed annually.

Document based assessment of CMS:
High compliance

Recommendations

1. Staff with roles in handling complaints, including complaint managers and officers appointed to investigate and resolve complaints, should be appropriately trained.
2. Adherence to complaints management policy/procedures timeframes should be linked to the agency's PP&R processes where complaint handling is a significant part of an officer's role.
3. The policy and/or procedures should contain an appropriate range of options for remedies/redress where a complaint is substantiated.

Website based assessment of CMS:

Visibility – High compliance

Access – High compliance

Recommendations

1. The website should include information on assistance available to people with disabilities other than hearing or speech impediments and people with language difficulties or otherwise disadvantaged.
2. Complaints form 'Complaint about the EPA's services' should be accessible through the 'complaints, compliments, comments' webpage.
3. The online complaints form should be redesigned to incorporate the same complaint details outlined in complaints form 'Complaint about the EPA's services'.

(Former) Department of Natural Resources and Water

The policy refers to Directive 13/06 and provides a common framework across the department for managing complaints.

The policy provides that complaints are to be referred to the Administrative Review Unit for recording in the Ministerial and Executive Correspondence System (MECS). Complaints are then referred to the senior management of relevant business areas for assessment and action.

Complaints information and a complaints form are available on the website. The policy is not available on the website but a copy will be provided on request. The policy does not provide that reasonable assistance is to be available for people wishing to make complaints but a register of staff who speak languages other than English is available. The policy requires complaints to be made in writing if not initially resolved informally.

Each business unit is responsible for training staff who receive complaints in the first instance and allocating resources to ensure complaints are effectively administered. A training plan is being developed. Details of the CMS have been published in the department's newsletter. A communications plan is to be developed.

The roles and responsibilities of staff and the procedures for receiving, recording, assessing, processing and responding to complaints are clearly outlined. The policy provides that anonymous complaints are not accepted due to the difficulties in effectively identifying and resolving the issue.

Complainants are to be advised of the outcome and right of internal or external review. The policy does not expressly require reasons to be given for the outcome. Options for redress where a complaint is substantiated are currently at the discretion of the manager. However, the policy does not outline a range of options for redress to guide the exercise of this discretion.

MECS records are used to analyse complaints received. The policy provides that statistical reports will be generated on a quarterly basis. The reports are to be reviewed by senior managers to ensure appropriate action has been taken and to implement business improvements. The policy is unclear about when the effectiveness of the CMS is to be reviewed.

Document based assessment of CMS:
Satisfactory compliance

Recommendations

1. The policy and/or procedures should be easily accessible on the website.
2. The policy and/or procedures should provide that reasonable assistance will be available to people wishing to complain who are in any way disadvantaged, for example, by disability, education or language. Also, the policy and/or procedures should provide that complaints can be made orally or in writing (Directive 13/06 definition of complaint refers).
3. The training plan should be finalised and implemented to ensure staff with any significant role in complaints management are appropriately trained.
4. The communication plan should be finalised and implemented to ensure all staff are aware of the complaints management system.
5. The policy and/or procedures should provide for the regular review of the effectiveness of the complaints management system.
6. The policy and/or procedures should reference the related principles for 'customer satisfaction' as found in AS ISO 10002-2006.
7. The policy and/or procedures should provide that anonymous complaints are accepted and how they are handled.
8. Adherence to complaints management policy/procedures timeframes should be linked to the agency's PP&R processes where complaint handling is a significant part of an officer's role.
9. The policy and/or procedures should outline an appropriate range of options for redress in the event a complaint is substantiated.

Website based assessment of CMS:
Visibility – Satisfactory compliance
Access – Satisfactory compliance

Recommendations

1. The policy and/or procedures should be accessible through easily identifiable link/s.
2. A printable complaints form in PDF or other format should be available.
3. A dedicated complaints email link such as 'complaints@...' should be available.

Department of Environment and Resource Management's response

The department provided the following response to our recommendations:

The department accepts your recommendations. Some recommendations have already been put in place following informal contact between our respective agencies.

The department is evaluating the systems of each of the merged former departments including the complaints management systems. A working party is being formed to recommend a common complaints management system across the new department. Your recommendations will be addressed by this working party.

Queensland Health

QH has separated the management of complaints into two systems to handle consumer and non-consumer complaints.

Consumer complaints

QH's consumer complaints system is supported by the Consumer Complaints Management Policy, an Implementation Standard and District Health Service Procedures. It applies to complaints by patients, their advocates, carers or family member/s, groups of consumers or consumer organisations, and members of the community about the provision of a health service and health care.

The Health Quality and Complaints Commission (HQCC) is required under the *Health Quality and Complaints Commission Act 2006* to outline reasonable processes to improve the quality of health services. To meet this requirement, the HQCC has developed Standards for health services.

The HQCC's Complaints Management Standard is based on the Australian Commission on Safety and Quality in Health Care's (ACSQHC) 'Better Practice Guidelines on Complaints Management for Health Care Services'. The Standard sets out that all health providers are required to have an effective complaints management system that addresses all complainants' issues in a timely manner and guides future health service provision.

QH is required to report to the HQCC on its progress against this Standard.

Non-consumer complaints

QH's non-consumer complaints system is supported by the Non-consumer Complaints Policy and an Implementation Standard. The policy and standard were developed to comply with Directive 13/06 and incorporate the five principles. It applies to any complaint that is not covered by the Consumer Complaints Management Policy.

To assist staff and others, QH established the Staff Complaints Liaison Office (SCLO). The SCLO is located within the Workplace Investigations Unit (central office). The SCLO provides a central point of contact for staff and others who may be unsure how or where to lodge a complaint and:

- manages complaints where there is no existing process
- acts as a corporate point of contact for central Queensland Government agencies
- assists Health Service Districts and Statewide Services to ensure existing processes comply with the directive and reporting requirements
- collects complaints data via quarterly reports to assist with improving complaints management and systems improvement.

An online and face-to-face complaints management training package is currently being developed. All new and existing staff will be issued with a complaints management information brochure. Staff will have access to Workplace Investigations Unit's WebPages and QH's incident and complaints reporting website.

The standard provides that complaints should be handled in a timely manner.

The standard self-audit checklist provides a framework to follow for the assessment process. This framework focuses on receiving and recording complaints, processing and providing feedback, and reporting and monitoring effectiveness.

The standard provides that timely and reasonable feedback is required at the end of the complaint process. Complainants must be advised of the outcome, given reasonable feedback and information about rights of review or appeal. Appropriate options for redress to ensure the issue or fault is addressed are to be considered.

All units, divisions and departments that manage non-consumer complaints are required to prepare and send quarterly complaints management reports to the SCLO and complete an annual self-audit of their complaints processes.

Document based assessment of CMS:
High compliance

Recommendations

1. Online and/or other appropriate complaints management training should be implemented for staff with a significant role in complaints handling.
2. The policy or implementation standard should outline indicative timeframes for responding to complaints.
3. The policy or implementation standard should outline that reasonable feedback refers to providing complainants with adequate reasons for the complaint outcome.
4. Adherence to complaints management policy/procedures timeframes should be linked to the agency's PP&R processes where complaint handling is a significant part of an officer's role.
5. The policy and/or Implementation Standard should contain an appropriate range of options for remedies/redress where a complaint is substantiated.

Website based assessment of CMS:
Visibility – High compliance
Access – High compliance

Recommendations: Nil

Queensland Health's response

The department provided the following response to our recommendations:

The recommendations contained in your letter have already been implemented or will be implemented in the near future.

- The department is currently developing a comprehensive training package for staff with a significant role in complaints handling which can be delivered both face to face and online. It is expected this package will be completed later this year with training starting in early 2010.
- The Queensland Health Standard – Requirements for Complaints Systems (Non-Consumer Complaints) has been amended to include indicative timeframes for responding to complaints and an appropriate range of options for remedies where a complaint is substantiated.
- The Queensland Health Standard – Self-audit of Complaints Systems (Non-Consumer Complaints) has been amended to require that adequate and well articulated reasons for the outcome of a complaint are to be given to a complainant.
- Complaints handling timeframes are being considered for inclusion in performance management targets for senior managers. Following the delivery of training to complaints handling officers, the department will include the adherence to complaint timeframes as a requirement for Health Service Districts and Statewide services as part of the internal self audit process.

Department of Infrastructure and Planning

Department of Infrastructure and Planning

The policy provides that complaints will be managed according to the five principles outlined in Directive 13/06 and the Australian Standard.

The policy is available on the website and is accompanied by advice on how to lodge a complaint. Arrangements for providing assistance to disadvantaged people are being explored.

Staff can access the policy and procedures on the department's intranet. A communications plan is being developed to make all staff aware of the CMS. A training plan is being implemented to ensure staff managing complaints are appropriately trained.

Staff roles and responsibilities are clearly outlined together with receiving, assessing, investigating and recording processes in the procedures. In complex matters, progress reports detailing the stage of the complaint and likely timeframes are to be provided.

The policy provides that informal resolution and compromise are to be attempted wherever possible. Timely and reasonable feedback including reasons and advice on the right of external review is to be given to the complainant.

System issues/improvements identified are recorded in the relevant Group Complaints Database and referred to the responsible area for the senior officer to action. If a whole of department system is affected, details are provided to the Complaints Manager for referral and follow up.

Executive Management is provided with quarterly complaints management reports. The policy is to be reviewed annually.

Document based assessment of CMS:
High compliance

Recommendations

1. Arrangements for providing reasonable assistance to people with disabilities or disadvantaged people should be finalised and implemented.
2. The communication plan for complaints management should be finalised and implemented to ensure all staff are aware of the complaints management system.
3. The policy and/or procedures should outline an appropriate range of options for redress in the event a complaint is substantiated.

Website based assessment of CMS:
Visibility – High compliance
Access – Satisfactory compliance

Recommendation

1. An interactive online complaints form should be developed.

Local Government – (formerly part of the Department of Local Government, Sport and Recreation)

The policy outlines that the CMS has been developed based on Directive 13/06.

Complaints information is available on the website. A copy of the policy is available on request.

The policy provides that staff are to be trained on the policy and procedures. This training can include awareness training, internal review training, online tools, induction training and CTRAC (database recording system). A training plan is being implemented.

The assessment and investigation process is outlined in the procedures.

Under the policy and procedures, timely responses are to be provided with reasons and remedial action to be taken. Complainants are to be advised of the external review right to the QOO if dissatisfied. The procedures list available remedies. Each Division/Region has an assessment officer who manages the process through to resolution.

A complaints coordinator is responsible for reporting and analysis of complaints, including trends and systemic improvements. The Executive Director is responsible for reviewing Executive Management Team reports and recommendations.

Document based assessment of CMS:
High compliance

Recommendations

1. The policy should be accessible on the website through easily identifiable link/s.
2. A commitment to best practice in complaints management should be included in strategic plans and/or annual reports.
3. Adherence to complaints management policy/procedures timeframes should be linked to the agency's PP&R processes where complaint handling is a significant part of an officer's role.

Website based assessment of CMS:
Visibility – Satisfactory compliance
Access – Satisfactory compliance

Recommendations

1. The number of links to access the complaint information and online complaints form should be reduced.
2. The policy should be accessible on the website through easily identifiable link/s.
3. A printable version of the online complaints form should be available.
4. A clear link to a complaints email address such as 'complaints@...' should be provided.

Department of Infrastructure and Planning's response

The department provided the following response to our recommendations:

The department accepts your recommendations.

The communications plan for complaints management has been finalised and implemented to ensure all staff are aware of the complaints management system.

The department intends to implement the other recommendations by:

- reviewing the policy to improve and make clearer the arrangements for providing reasonable assistance to people with disabilities or disadvantaged people;
- amending the complaints procedures document to include an appropriate range of options for redress where a complaint is substantiated; and
- developing an interactive online complaints form.

The recommendations relating to the policy and website access for the former Department of Local Government, Sport and Recreation (DLGSR) are largely addressed by the Department of Infrastructure and Planning's (DIP) arrangements. Aspects of the DLGSR policy and procedures will be incorporated into DIP's complaints model during the transition process.

Department of Justice and Attorney-General

The policy requires all business units to develop and maintain a CMS that complies with the standards set out in the policy and procedures. The policy is based on Directive 13/06.

The policy and procedures can be accessed on the website. A complaints form is used. Language and other assistance are available to people wishing to make a complaint.

Staff have been made aware of the operation of the CMS via the intranet. An e-learning package on the department's CMS has been developed. All staff are required to undertake and complete this training package.

Timely responses to complaints are required and regular progress reports are to be provided in lengthy complex matters.

Roles and responsibilities of staff are clearly identified with reference to fair and consistent decision-making. The assessment process is outlined in the procedures. The policy provides that anonymous complaints cannot be dealt with under the policy unless the complaint involves an allegation of misconduct, including official misconduct, or a breach of privacy.

The policy and procedures provide that a response must be provided to a complainant. The response should include the outcome, reason/s, changes implemented and options for review. Complainants are referred to the QOO if they remain dissatisfied at the end of the process.

Aggregate complaints data is to be included in the Annual Report. Business units report to the Corporate Governance Branch every six months with complaints data (numbers, trends, etc). The policy is to be reviewed every 12 months.

Document based assessment of CMS:
High compliance

Recommendation

1. The policy and/or procedures should provide that anonymous complaints be accepted and actioned according to their merits.

Website based assessment of CMS:

Visibility – High compliance

Access – Satisfactory compliance

Recommendations

1. An easily recognisable link to complaints information should be available on the homepage, for example, through the 'contact us' tab or a dedicated complaints link.
2. Information to assist vision and hearing impaired users such as TTY or National Relay Service should be available on the homepage.
3. An interactive online complaints form should be available providing users with guidance on the type of information necessary to make a complaint.
4. A printable version of an online complaints form should be available.

(Former) Department of Employment and Industrial Relations

The policy is underpinned by the principle outlined in the Australian Standard and Directive 13/06 and provides a common approach to complaints management across the department.

The website home page includes a link to complaints information and a complaints form.

An ongoing commitment to training is provided in the policy. Good decisions and complaints management training has been delivered to staff in Brisbane and regionally.

Timeframes are outlined in the policy. Updates are to be provided where expected timeframes are not met and require an extension of time.

The roles and responsibilities of staff are clearly outlined. The Executive Director of each Division is to nominate designated officers who will be responsible for managing complaints.

The policy provides that formal complainants will be advised of the outcome, and if substantiated, any remedial action to be taken and avenues for review.

Designated officers are responsible for recording complaints in the complaints register. Divisions are to review the complaints information for data/trends on an annual basis in accordance with the department's Risk Management Policy.

Divisions are to report on complaints activity to the Executive Business Team (EBT) on a quarterly basis. The EBT has responsibility for taking action on systemic issues. The policy and CMS are to be reviewed annually.

Document based assessment of CMS:

High compliance

Recommendations

1. The policy and procedures should be accessible on the website through easily identifiable link/s.
2. The policy and/or procedures should also require that adequate reasons for the complaint outcome are to be given to the complainant.

Website based assessment of CMS:

Visibility – Satisfactory compliance

Access – Limited compliance

Recommendations

1. The policy and procedures should be accessible on the website through easily identifiable link/s.
2. The online complaints form should provide clear guidance on what information the complainant should provide, for example, the decision, service or action complained about, who was involved, what, when and where it happened, why the action is unfair or wrong and the result/outcome being sought.
3. A printable version of the online complaints form should be available.
4. A link to a complaints email address such as 'complaints@...' should be provided.

Department of Justice and Attorney-General's response

The department provided the following response to our recommendations:

Your report made a number of recommendations in relation to the forms being used for lodging complaints, the method of lodgement and the publicising of policy and procedure. The department believes adopting those recommendations will improve the complaints management capability of the department.

The department is developing strategies to merge the complaints management activities of both agencies and your report will be a valuable tool when assessing the effectiveness of both systems.

The department is establishing a dedicated ethical standards unit which will assist to embed complaints management in the new merged agency.

Department of the Premier and Cabinet

The policy and procedures are underpinned by the five principles outlined in Directive 13/06.

The website provides easy access to the policy and information about how to make a complaint. Arrangements for providing reasonable assistance for disadvantaged people are being explored.

Staff are made aware of the CMS. A training plan is being developed so that staff involved in handling complaints are appropriately trained. The policy provides that complaints are to be responded to in a timely manner, regular updates are to be provided and timeframes monitored. Anonymous complaints will be accepted.

The responsibilities of staff in receiving, recording, assessing, investigating and responding to complaints are clearly outlined in the policy and procedures.

The policy and procedures require timely and reasonable feedback to be given to complainants, including the reasons for decisions and the right of external review.

Systematic recording and reporting of complaints data and a regular review of the effectiveness of the CMS are required by the policy and procedures.

Document based assessment of CMS:
High compliance

Recommendations

1. Arrangements for providing reasonable assistance to people with disabilities or disadvantaged people should be finalised and implemented.
2. A training plan should be finalised and implemented to ensure staff with any significant role in complaints management are appropriately trained.
3. The policy and/or procedures should reference the related principles for 'customer satisfaction' as found in AS ISO 10002-2006.

Website based assessment of CMS:
Visibility – High compliance
Access – High compliance

Recommendations: Nil

Arts Queensland

The policy and procedures meet the requirements of Directive 13/06.

The policy is available on the website. Information about how to make a complaint and a complaints form are also available.

Complaints management training has been delivered to staff. Other training provided to staff in line with the Corporate Training Plan includes Code of Conduct, Cultural Awareness, Managing Strong Emotions and Negotiation Skills.

The procedures clearly outline the requirements for receiving, acknowledging, assessing, investigating, deciding, responding to and reporting on complaints.

The policy and procedures provide that complainants are to be advised of the outcome of consideration of their complaint, any remedial action to be taken and avenues for review.

Feedback is provided internally via a Complaints Data Form. Quarterly reports are provided to the Deputy Director-General. The effectiveness of the CMS is to be reviewed every 12 months.

Document based assessment of CMS:
High compliance

Recommendation

1. The policy and/or procedures should also require that adequate reasons for the complaint outcome are to be given to the complainant.

Website based assessment of CMS:

Visibility – High compliance

Access – Satisfactory compliance

Recommendation

1. An interactive online complaints form should be available providing users with guidance on the type of information necessary to make a complaint.

Department of the Premier and Cabinet's response

The department provided the following response to our recommendations:

The department supports the findings of the audit and the proposed recommendations.

Given the recent machinery of government changes which have established Arts Queensland as a division of the Department of the Premier and Cabinet, the 2 sets of complaint management policies and procedures will be reviewed to ensure they are effective in dealing with complaints. The recommendations of your audit will be implemented as part of this review.

Department of Public Works

The policy refers to Directive 13/06 and the Australian Standard and provides a framework for managing complaints across the department.

Various divisions, business units and directorates each use a stand alone complaints database. Each database records details of the complaint, including timeframes and outcomes. Reporting on this information is required quarterly.

The policy and procedures are not available on the website but are available on request. A specific complaints brochure is located electronically on all department websites and in hardcopy at department office locations.

Staff have been informed of the CMS through internal mechanisms, including an article in 'Contact' (departmental staff newsletter), all-staff email, and an article in the QBuild staff newsletter.

A training plan for staff is being implemented. Depending on the volume and nature of complaints received in the first year of operation of the policy, specific complaints handling training may be arranged for selected employees.

Complaints are categorised as level 1 (low level and less serious), level 2 (more serious) or level 3 (significant). The procedures outline the assessment and investigation processes. Complainants are to be advised of the outcome and reasons for decisions. If complainants remain dissatisfied, they are advised of any right of external review such as to the QOO.

The Executive Management Team of each departmental area reviews quarterly the numbers and nature of complaints received, time taken and trends. The policy is to be reviewed regularly.

Document based assessment of CMS:
High compliance

Recommendations

1. The policy should be easily accessible on the website.
2. The policy and/or procedures should reference the related principles for 'customer satisfaction' as found in AS ISO 10002-2006.
3. Adherence to complaints management policy/procedures timeframes should be linked to the agency's PP&R processes where complaint handling is a significant part of an officer's role.

Website based assessment of CMS:
Visibility – Satisfactory compliance
Access – Limited compliance

Recommendations

1. The policy should be accessible through easily identifiable link/s.
2. An interactive online complaints form should be developed giving clear guidance on what information the complainant should provide, for example, the decision, service or action complained about, who was involved, what, when and where it happened, why the action is unfair or wrong and the result/outcome being sought.
3. A printable version of the online complaints form should be available.
4. A link to a complaints email address such as 'complaints@...' should be provided.

Department of Public Works' response

The department provided the following response to our recommendations:

The department is committed to effectively handling complaints in a timely and efficient manner and appreciates your comments and recommendations.

The department accepts the 3 document based audit recommendations.

- The policy and procedures will be posted onto all departmental websites (alongside current complaints information on the 'contact us' webpage)
- The policy and procedures will be amended to include AS ISO guiding principle 'charges' as part of the annual review in September 2009 and
- Complaints management procedure timeframes will be included in officers' Performance and Development Plans where complaints handling is a significant part of an officer's duties and an officer has direct influence over compliance with related timeframes.

The department will take the following action on the website recommendations.

- The policy and procedures will be posted onto all departmental websites
- The department will assess the need for interactive online complaints forms for units with higher volumes of complaints during review of the complaints management policy and procedures in September 2009. Some units of the department e.g. the Shared Service Agency have already developed and are using their own interactive online complaints form.
- Business units that have or will develop an interactive online complaints form will have a printable version of the online form available.
- Complaints email addresses are already included on the department's Complaints Brochure which is available on the main departmental website and 15 business unit websites. The brochure will be enhanced so it is clear to complainants that the listed email addresses are hyperlinks.

Department of Transport and Main Roads

(Former) Department of Transport

The policy provides that the CMS is consistent with Directive 13/06 and the guiding principles in the Australian Standard.

The policy, complaints information and complaints form are available on the website. Reasonable assistance is available to help disadvantaged people make complaints.

Staff training is provided by way of an online complaints management training module. Also, policy information sessions are held by Corporate Office throughout the department and Service Divisions undertake conflict resolution training.

The roles and responsibilities of staff are clearly set out in the policy and procedures. Executive Directors and General Managers are responsible for implementing the CMS within their Divisions.

Complaints are categorised as minor, moderate or major. The procedures require complaints be responded to in a timely manner using plain English and dealing with the issues raised, the decision and reasons, action taken and any right of external review.

Quarterly reports are prepared to identify issues and trends. The Governance and Planning Unit prepares a whole of department report for reporting to Executive Management quarterly. The CMS policy and procedures are reviewed annually.

Document based assessment of CMS:
High compliance

Recommendation

1. Adherence to complaints management policy/procedures timeframes should be linked to the department's PP&R processes where complaint handling is a significant part of an officer's role.

Website based assessment of CMS:
Visibility – High compliance
Access – Satisfactory compliance

Recommendations

1. Information to assist vision and hearing impaired users such as TTY or National Relay Service should be available on the 'Compliments and complaints' webpage.
2. A printable version of an online complaints form should be easily accessible.

(Former) Department of Main Roads

The policy provides that the CMS satisfies the requirements of the Australian Standard and Directive 13/06.

Information about where and how to make a complaint is available on the website.

The policy provides that staff handling complaints will be provided with training through 'established mechanisms' such as intranet, induction training and information sessions. This training (which includes making all staff aware of the CMS) is under development.

The policy and procedures outline an assessment and investigation process. Designated officers are appointed within each group, region or district and are responsible for this process. Timely responses are required.

General Managers, Regional Directors and District Directors have responsibility to ensure the CMS processes are in place. There is a clear reporting process to the Senior Management Group twice a year.

Document based assessment of CMS:
High compliance

Recommendations

1. A training plan should be developed and implemented to ensure staff with any significant role in complaints management are appropriately trained.
2. A communications plan should be developed and implemented to ensure all staff are made aware of the operation of the CMS.
3. Adherence to complaints management policy/procedures timeframes should be linked to the agency's PP&R processes where complaint handling is a significant part of an officer's role.
4. The policy and/or procedures should outline an appropriate range of options for redress in the event a complaint is substantiated.

Website based assessment of CMS:
Visibility – High compliance
Access – Satisfactory compliance

Recommendations

1. Customer friendly information about how complaints are handled should be included on or through a link/s to the 'contact us' webpage.
2. The link to the policy should be located above the online complaints form.
3. A printable version of the online complaints form should be available.
4. A link to a complaints email address such as 'complaints@...' should be provided.

Department of Transport and Main Road's response

The department provided the following response to our recommendations:

The recommendations are accepted and the department has commenced implementation.

The department recognises the importance of an integrated complaints policy, procedures and systems to ensure consistent and effective complaints management.

The recommendations will be addressed respectively by Transport and Main Roads. However, strategies are being developed to implement the recommendations in the context of the integrated department.

Work has commenced on integrating the complaints management policy, procedures and systems.

Once this work is finalised, the department will develop a communication and training plan to inform and educate staff about the integrated complaints management system and their obligations.

A comprehensive communication program for the public will also be developed including development of an integrated complaints website page and online form, as well as a single complaints brochure and poster for the department.

Queensland Treasury

The policy provides that the CMS is in compliance with the requirements of Directive 13/06.

Several options are provided for making complaints. The policy and a complaints form are provided on the website. Assistance for speech and hearing impairments is provided and language services are available.

The policy includes a commitment to make staff aware of the policy and guidelines. A communication plan is being developed to make all staff aware of the CMS. Also, a training plan is being implemented. Staff who handle complaints are to receive complaints management training annually. Complaints officers are also to have Certificate IV in Government Investigations. Training is provided to call centre staff.

Treasury is comprised of a number of portfolios including the Office of Economic and Statistical Research, the Office of Government Owned Corporations, the Office of State Revenue and the Motor Accident Insurance Commission.

The Executive Director (of each portfolio) nominates a designated officer responsible for managing complaints. The guidelines provide a clear framework for an assessment and investigation process. Designated officers are responsible for adequate and appropriate communication with complainants in accordance with specified timeframes and are the point of contact for the complainant during the complaint investigation. Complainants are to be advised of the outcome, remedial action to be taken, and right of external review.

Portfolio offices are to review the complaints register quarterly. The outcome of each review is to be reported to the Portfolio Management Group to consider action on emerging trends/issues. The policy and processes are to be reviewed annually. Each Portfolio Office is required to submit an annual report to the Complaints Coordinator in Portfolio Services for whole of Treasury reporting to the Under Treasurer.

Document based assessment of CMS:
High compliance

Recommendations: Nil

Website based assessment of CMS:
Visibility – High compliance
Access – Satisfactory compliance

Recommendations

1. Information to assist vision and hearing impaired users such as TTY or National Relay Service should be available on the 'Compliments and complaints' webpage.
2. A printable version of an online complaints form should be easily accessible.

Queensland Treasury's response

The department provided the following response to our recommendations:

Your recommendations are being addressed.

Work is currently underway to develop an appropriate message to be inserted in the complaints webpage and the general contact us WebPages. It is intended this message will address the communication needs of vision, hearing impaired and people from no English speaking backgrounds.

A printable version of an online complaints form is accessible on the department's website. This form was added to the webpage since your review started.

Public Service offices

Anti-Discrimination Commission Queensland

The policy refers to Directive 13/06 and the CMS is underpinned by the five Directive principles.

A comprehensive brochure on the complaints management process, email link and printable complaints form are available on the website. Complaints can be made verbally or in writing to any employee. Guidance is provided on the type of information required when lodging a complaint. Language assistance is available.

New staff are informed of the CMS at induction. Existing staff are informed of the CMS by intranet. Training has been held for any staff involved in the handling of complaints.

The Complaints Co-ordinator has authority to decide complaints. The policy and procedures provide that a response must be provided to a complainant. The response should include the outcome, reason/s, changes implemented and options for review. Anonymous complaints cannot be accepted unless about misconduct, official misconduct or breach of privacy.

Reports on complaints are made regularly. The policy and the CMS are reviewed.

Document based assessment of CMS:
High compliance

Recommendations

1. The policy should be accessible on the website through easily identifiable link/s.
2. The policy and/or procedures should provide that anonymous complaints be accepted and actioned according to their merits.

Website based assessment of CMS:
Visibility – Satisfactory compliance
Access – Satisfactory compliance

Recommendations

1. The policy should be accessible through easily identifiable link/s.
2. An interactive online complaints form should be available providing users with guidance on the type of information necessary to make a complaint.

Anti-Discrimination Commission Queensland's response

The commission provided the following response to our recommendations:

We take complaint management seriously and endeavour to take action where deficiencies are identified and we have the resources to respond.

We are currently reviewing our website as part of a scheduled redevelopment project. We will ensure that we provide a more easily identifiable link to our complaints management process as part of the website improvements.

We will also amend our policy and procedures to include an outline of how anonymous complaints will be managed.

The provision of a more interactive complaint form will be considered as part of our website redevelopment project and the configuration of our new case management system.

Commission for Children and Young People and Child Guardian

The CMS Corporate standard (policy) refers to Directive 13/06 and is underpinned by the Directive's five principles.

The policy provides that complaint information will be available at service delivery points. The policy is not available on the website. The website is currently being upgraded to provide further information about the complaints process.

The policy provides that sufficient resources (trained staff, budget and systems) will be available. The CMS has been communicated to all staff and is available on the intranet. A training plan is being developed.

Indicative timeframes are set out in the policy. Complainants are to be given progress reports and advised if further time is required.

The roles/responsibilities of staff are clearly outlined. The policy provides for the assessment and action of complaints based on tier 1 or 2 complaints. Complainants

are to be advised of the outcome as soon as possible and any further right of internal or external review.

There are mechanisms for regular review of CMS and reporting.

Document based assessment of CMS:

Satisfactory compliance

Recommendations

1. The upgraded website should provide easy access to customer friendly information about how to make a complaint and the complaint handling process.
2. The policy should be accessible on the website through easily identifiable link/s.
3. The training plan should be finalised and implemented so staff with any significant role in complaints management are appropriately trained.
4. The policy should also require that adequate reasons for the complaint outcome are to be given to the complainant.
5. The policy should reference the related principles for 'customer satisfaction' as found in AS ISO 10002-2006.
6. The policy should provide that anonymous complaints be accepted and actioned according to their merits.
7. Adherence to complaints management policy/procedures timeframes should be linked to the agency's PP&R processes where complaint handling is a significant part of an officer's role.
8. The policy should contain an appropriate range of options for remedies/redress where a complaint is substantiated.

Website based assessment of CMS:

Visibility – Satisfactory compliance

Access – Limited compliance

Recommendations

1. The policy should be accessible on the website through easily identifiable link/s to the 'complaints' tab under 'about us' or 'complaints about CCYPCG services' webpage.
2. An interactive online complaints form should be developed giving clear guidance on what information the complainant should provide, for example, the decision, service or action complained about, who was involved, what, when and where it happened, why the action is unfair or wrong and the result/outcome being sought.
3. A printable complaints form in PDF or other format should be available.
4. A dedicated complaints email link such as 'complaints@...' should be available.

Commission for Children and Young People and Child Guardian's response

The commission provided the following response to our recommendations:

The Commission has noted the findings of your complaints management process review.

Responses to the assessment of this agency's compliance with directive 13/06 were guided by the Self-Audit Toolkit.

In 2008-09, this agency developed its CMS in line with all the information provided by your office and worked closely with staff of your office to ensure a quality system was developed.

Document based assessment recommendations

- 1 This will be implemented in line with the implementation of visibility and access recommendations 2, 3, and 4.
- 2 The Commission's website has complaints information under 'About Us' and then 'complaints' tabs. The 'Complaints about CCYPCG Services' screen describes how to lodge a complaint in a detailed step-by-step explanation.
- 3 In 2008-09, the Commission's Principal Auditor conducted training for program areas in the process for handling complaints, the Commission's Corporate Standard on Complaints Management System and website information available to complaints. This training will be delivered again in 2009-2010.
- 4 The Commission's Corporate Standard provides that parties to a complaint will receive information clearly explaining how and why a decision was made. This requirement has been reflected in complaints correspondence handled to date.
- 5 In the review of the Commission's Complaints Management Corporate Standard, the customer satisfaction requirements of the Australian Standard will be referenced.
- 6 Anonymous complaints will be accepted by the Commission and passed on to the Commissioner for action in line with this recommendation and your office's guidelines 'Effective Complaints Management' (Part 6 Responsiveness). The Commission's corporate Standard will be updated accordingly.
- 7 The CMS in the performance planning and review process only significantly affects one staff member, the Principal Auditor. That officer's Role Achievement Plan contains a statement requiring adherence to timeframes for receiving and processing complaints.
- 8 The Commission will incorporate in the corporate standard further options available where a complaint is substantiated.

Website based assessment recommendations

- 1 The Commission's website has complaints information under 'About Us' and then 'complaints' tabs. The 'Complaints about CCYPCG Services' screen describes how to lodge a complaint in a detailed step-by-step explanation.
- 2 The Commission will consider this recommendation and implement a workable solution in line with the recommendation.
- 3 The Commission will investigate the addition of a printable complaints form in pdf format to the Commission's website page on lodging a complaint.
- 4 The development of a shared complaints portal with 4 other agencies has been initiated which will address this recommendation.

Electoral Commission of Queensland

The policy refers to Directive 13/06 and addresses the five minimum principles.

The policy provides that appropriate steps will be taken to publicise the complaints process. The policy is available on the website.

New staff are advised of the CMS through induction training. Complaints management staff have received training and ongoing training updates are continuing.

The policy provides several options for lodging a complaint. Anonymous complaints may be accepted at the discretion of the Commissioner and will be considered on their merits.

The role and responsibilities of the Complaints Officer in investigating a complaint are spelt out in the policy. Further review (internal review) can be undertaken by the Commissioner.

Written notice of the outcome of the complaint is given to the complainant after the Commissioner has considered the Complaints Officer's report and recommendations. If sustained, the complainant is advised of any remedy, the timeframe for action and any changes to ECQ's practices. If not sustained, the complainant is advised of the reason/s. If the complainant is dissatisfied, they will be informed of their external review right with the QOO. A range of options for remedies is outlined in the policy and procedures.

Complaints data is reported on a six monthly basis. The Commissioner discusses these reports with the Executive Management Team with a view to systemic improvements. The CMS is to be reviewed every two years.

Document based assessment of CMS:
High compliance

Recommendations

1. The policy and/or procedures should reference the related principles for 'customer satisfaction' as found in AS ISO 10002-2006.
2. Adherence by relevant staff to complaints management policy/procedures timeframes should be linked to the agency's PP&R processes.

Website based assessment of CMS:
Visibility – Satisfactory compliance
Access – Limited compliance

Recommendations

1. An easily recognisable link to complaints information and the policy should be available on the homepage, for example, through the 'contact us' tab or a dedicated complaints link.
2. The search function should be modified to identify links to complaints.
3. An interactive online complaints form should be available.
4. A printable complaints form in PDF or other format should be available.
5. A dedicated complaints email link such as 'complaints@...' should be available.

Electoral Commission of Queensland's response

The commission provided the following response to our recommendations:

The commission has reviewed your recommendations and it is my intention to implement these as a matter of priority.

The commission's policy and procedures will be updated to reference the related principles for customer satisfaction as found in AS ISO 10002-2006 and adherence by relevant staff to complaints management policy/procedures timeframes will be linked to the commission's PP&R processes.

The commission is currently in the process of redesigning its website. It is my intention to provide a specific section on the complaints management process including an online complaints form and a printable PDF form with a link to the homepage. There will also be a specific complaints email link available.

Until this site is up and running the commission will ensure that as a minimum there is a link on the current homepage to the complaints management policy and complaints form.

Office of the Health Practitioner Registration Boards

A CMS including policy and procedures had not been developed and implemented as required by Directive 13/06.

Document based assessment of CMS:

No compliance

Recommendations

1. A complaints management system incorporating five minimum elements (visibility and access, responsiveness, assessment and action, feedback and monitoring effectiveness) must be developed and implemented as required by Directive 13/06.
2. The system should include a complaints management policy, procedures, database and other resources such as trained staff, website, intranet complaints hotline and brochures/posters.
3. Procedures should outline clear processes for staff to follow in receiving, recording, processing, responding to and reporting on complaints.
4. A database or other appropriate system to capture and report on complaints data should be implemented.
5. The website should provide easy access to information about the complaints process for the community, clients and staff.
6. The complaints management policy and/or procedures should be easily accessible on the website.
7. Reasonable assistance should be available to people wishing to complain who are disadvantaged, for example, by disability, education or language ability.
8. Online and/or other appropriate complaints management training should be implemented for staff with a significant role in complaints handling.
9. All staff should be made aware of the existence and operation of the complaints management system at induction and/or through other internal communication mechanisms.
10. The policy and/or procedures should outline indicative timeframes for responding to complaints.
11. The policy and/or procedures should provide clear information about the roles and responsibilities of staff in the complaints handling process.
12. The policy and/or procedures should require the identification and referral of particular complaint types that are subject to specific complaint procedures, for example, official misconduct and public interest disclosures.
13. The policy and/or procedures should require that both timely and reasonable feedback on the outcome of the complaint be provided to a complainant. Reasonable feedback includes providing the complainant with adequate reasons for the outcome and information about available internal and external review mechanisms.
14. The requirements for systematic recording and reporting of complaints, including number and type of complaints received, timeframes for assessment and action, complaint decisions/outcomes and opportunities for systemic improvement, should be clearly outlined in the policy and/or procedures.
15. The policy and/or procedures should provide for the regular review of the effectiveness of the complaints management system.

16. The policy and/or procedures should reference the related principles for 'customer satisfaction' as found in AS ISO 10002-2006.
17. The policy and/or procedures should provide that anonymous complaints are accepted and how they are handled.
18. Adherence by relevant staff to complaints management policy/procedures timeframes should be linked to the agency's PP&R processes.
19. The policy and/or procedures should outline an appropriate range of options for redress in the event a complaint is substantiated.

Website based assessment of CMS:
Visibility – Limited compliance
Access – Limited compliance

Recommendations

1. Information about the agency's commitment to complaints handling, where and how to make a complaint and how complaints will be managed including timeframes and how the complainant will be informed of progress and the outcome should be readily available on a dedicated complaints webpage.
2. Information about assistance available to make complaints (such as TTY or National Relay Service for the vision or hearing impaired), particularly for people with disabilities or language difficulties, should be easily available.
3. A clear link to the complaints management policy and/or procedures should be easily available.
4. An interactive online complaints form should be developed and easily available.
5. A printable complaints form in PDF or other format should be developed and easily available.
6. A dedicated complaints email link such as 'complaints@...' should be easily available.

Office of the Health Practitioner Registration Boards' response

The office provided the following response to our recommendations:

The following actions have been taken to comply with the complaints management program.

The Management of Service Complaints Policy was implemented in February 2009 and is located on the office's website. The policy has been named the Management of Service Complaints Policy to differentiate it from dealing with complaints about health practitioners which is one of the office's primary functions.

Information on how to make a complaint is available on the office's website.

Staff were briefed on the existence, requirements and location of the policy at the office's all of staff meeting in February 2009. All staff can access the OHPRB website and the policy requirements are addressed in the induction program for new staff.

The executive assistant is responsible for receiving complaints and logging them on the service complaints management database.

Health Quality and Complaints Commission

The policy states that it has been developed in alignment with Directive 13/06. The principle of monitoring effectiveness was not included.

The policy provides that information about how to complain will be made available on the website. Also an information sheet on how to complain will be available at HQCC reception and sent on request. Interpreter services or other necessary support to assist in making a complaint will be provided.

Under the policy, directors and supervisors are to make employees aware of and provide access to this policy. All employees must ensure they understand and comply with the policy. Timeframes for level 1 frontline and level 2 reviews for responding and communicating with complainants are outlined.

The roles and responsibilities of staff including processes for staff to follow on receiving, recording, processing and responding to complaints are outlined in the policy. Anonymous complaints are accepted.

The policy outlines the range of outcomes from a level 2 review. If a complainant is dissatisfied with the outcome, they must be advised of their right to an external review by the QOO. The review officer is to report the outcome to the original decision-maker to improve service delivery.

Level 2 complaints data is recorded on the internal CMS database. However, the policy is silent on complaints reporting. The policy does not provide for the regular review of the effectiveness of the CMS.

Document based assessment of CMS:
Satisfactory compliance

Recommendations

1. The policy should clearly state HQCC's commitment to Directive 13/06 and incorporate the Directive element of monitoring effectiveness.
2. The policy and/or procedures should include clear processes for staff to follow in reporting on complaints.
3. The policy and/or guidelines should provide that reasonable feedback (including the decision, reasons and advice of right of external review) is to be given to the complainant as soon as possible after the outcome has been determined.
4. The requirements for systematic recording and reporting of complaints, including number and type of complaints received, timeframes for assessment and action, complaint decisions/outcomes and opportunities for systemic improvement, should be clearly outlined in the policy and/or procedures.
5. The policy should provide for the regular review of the effectiveness of the complaints management system.
6. Adherence by relevant staff to complaints management policy/procedures timeframes should be linked to the agency's PP&R processes.

Website based assessment of CMS:
Visibility – High compliance
Access – Satisfactory compliance

Recommendations

1. An interactive online complaints form should be easily accessible.
2. A printable complaints form in PDF or other format should be available.

Health Quality and Complaints Commission's response

The commission provided the following response to our recommendations:

The HQCC accepts your general recommendations and will complete a review of the relevant policy and procedures by 30 September 2009.

In respect to the recommendations relating to visibility and access, the HQCC is currently in the process of implementing an online complaints form for our core business of managing health complaints. The HQCC will investigate options to extend this to complaints about the HQCC, but this may not be able to be achieved in the short term within existing resources.

Office of the Medical Board of Queensland

The draft Policy and Complaints Management Instructions were developed in accordance with Directive 13/06.

Document based assessment of CMS:
Limited compliance

Recommendations

1. The draft Complaints and Compliments Management Policy and draft Complaints Management Instructions (dated August 2008) should be reviewed. New complaints management systems documents (policy and instructions) incorporating the five minimum elements of visibility and access, responsiveness, assessment and action, feedback and monitoring effectiveness (as required by Directive 13/06) should be developed and implemented. The policy should clearly state MBQ's commitment to and incorporation of these five principles of complaints management.
2. The instructions should outline clear processes for staff to follow in receiving, recording, processing, responding to and reporting on complaints.
3. The upgraded website should provide easy access to information about the complaints management process.
4. The policy and/or instructions should be easily accessible on the website.
5. Arrangements for providing reasonable assistance to people with disabilities or language difficulties, or disadvantaged people, should be finalised and implemented. These arrangements should be outlined in the policy and/or instructions.
6. Online and/or other appropriate complaints management training should be implemented for staff with a significant role in complaints handling.
7. A communication plan for complaints management should be developed and implemented to ensure all staff are aware of the complaints management system.
8. The policy and/or guidelines should provide that reasonable feedback (including the decision, reasons and advice of right of external review) is to be given to the complainant as soon as possible after the outcome has been determined.

9. The requirements for systematic recording and reporting of complaints, including number and type of complaints received, timeframes for assessment and action, complaint decisions/outcomes and opportunities for systemic improvement, should be clearly outlined in the policy.
10. The policy and/or procedures should provide for the regular review of the effectiveness of the complaints management system.
11. The policy and/or procedures should reference the related principles for 'customer satisfaction' as found in AS ISO 10002-2006.
12. The policy and/or procedures should provide that anonymous complaints are accepted and how they are handled.
13. Adherence to complaints management policy/procedures timeframes should be linked to the agency's PP&R processes where complaint handling is a significant part of an officer's role.
14. The policy and/or procedures should outline an appropriate range of options for redress in the event a complaint is substantiated.

Website based assessment of CMS:

Visibility – Limited compliance

Access – Limited compliance

Recommendations

1. Information about the agency's commitment to complaints handling, where and how to make a complaint, how complaints will be managed including timeframes, and how the complainant will be informed of progress and the outcome should be readily available on the 'contact us' webpages or a link to a dedicated complaints webpage.
2. Information about assistance available to make complaints (such as TTY or National Relay Service for the vision or hearing impaired), particularly for people with disabilities or language difficulties, should be easily available.
3. A clear link to the complaints management policy and/or procedures should be available.
4. An interactive online complaints form should be developed and readily available.
5. A printable complaints form in PDF or other format should be readily available.
6. A dedicated complaints email link such as 'complaints@...' should be available.

Office of the Medical Board of Queensland's response

The office provided the following response to our recommendations:

MBQ accepts the recommendations and the following actions have been or are proposed to be taken.

- Information about the agency's commitment to complaints handling, where and how to make a complaint and what will happen to the complaint, together with a printable complaints form have been sent to the agency's webmaster for loading on the website.
- A review of the complaints and compliments management policy and procedures is being undertaken to incorporate all recommendations made.
- A full report on the implementation will be provided by 31 August 2009.

Public Trust Office

The policy and CMS refers to Directive 13/06 and complies with the five minimum principles.

A variety of resources are used to deal with complaints, including staff, website, intranet, dedicated hotline and 'resolving concerns' brochures.

The policy can be accessed on the website. There is 'how to information' online and a complaints form. Complaints can be received by email, letter and telephone (complaints toll free no.), and special needs are available including assistance and translation.

Overview information has been provided to managers to inform staff of the new CMS. Also, staff will be made aware of the amendments to the policy and procedures via internal emails and updates on the intranet. Officers will be given ongoing training. A training plan is being developed.

Complaints are categorised into minor, moderate and major, and timeframes are provided. Complex complaints are referred to the Director. Progress reports are to be provided to complainants.

The assessment process is clearly outlined under 'Assessment & Action', including assigning complaints, assessment and action, and responding. Frontline officers attempt to resolve minor complaints. Moderate or major complaints are referred to managing officers.

The policy and procedures provide that the complainant is to be advised of the outcome with adequate reason/s and any remedial action. If the complainant is dissatisfied, they may request a review by the Public Trustee or will be advised of their external review right to the QOO.

The Complaints Manager is responsible for tracking internal/systemic issues and complainant satisfaction. The Complaints Manager in conjunction with relevant Directors is responsible for rectification.

Document based assessment of CMS:
High compliance

Recommendations

1. The training plan should be finalised and implemented so staff with any significant role in complaints management are appropriately trained.
2. The policy and/or procedures should provide that anonymous complaints be accepted and actioned according to their merits.
3. Adherence to complaints management policy/procedures timeframes should be linked to the agency's PP&R processes where complaint handling is a significant part of an officer's role.
4. The policy and/or procedures should contain an appropriate range of options for remedies/redress where a complaint is substantiated.

Website based assessment of CMS:
Visibility – High compliance
Access – High compliance

Recommendations

1. Information to assist disadvantaged people, including vision and hearing impaired users such as TTY or National Relay Service, should be available on the 'Resolving your complaint' webpage.
2. The 'Client Feedback Form' (or Customer Service Feedback Form) should provide further guidance on what information is necessary such as in the printable PDF document 'Resolving Concerns'.

Public Trust Office's response

The office provided the following response to our recommendations:

Within the Public Trust Office, complaints are seen as opportunities to improve the service we provide to the Queensland community. All recommendations are accepted.

- The training plan will be developed by 31 July 2009. Plans are underway for staff training at induction and supervisory levels both based on existing eLearning systems.
- The recommendations concerning anonymous complaints and range of options for redress/remedy for substantiated complaints will be included in the next annual internal review of the complaints management system.
- The Internal Audit and Evaluation Unit have included a review of complaints management in the standard audit procedure.
- The website is currently under redevelopment. The recommendation concerning information to assist disadvantaged people, vision and hearing impaired users will be included in the website specifications and used to draft new documents for the website content.
- The changes to the website are expected to be completed by September 2009.

Queensland Audit Office

The combined complaints handling policy and procedures (policy) refer to the previous Australian Standard (1995). The policy was issued in April 2004. There is no reference to Directive 13/06.

The policy is not available on the website. However, the policy is listed on the website under the QAO's Statement of Affairs. Limited complaints information is provided under 'Frequently Asked Questions'. A dedicated complaints email link is available. Reasonable assistance to help disadvantaged persons make complaints is not available.

An information session on complaints management was included at a Staff Seminar in November 2007 and information was provided on the intranet in April 2008. Timeliness for responding to complaints may have been complicated by the *Financial Administration and Audit Act 1977* (now repealed by the *Financial Accountability Act 2009*), which placed some restrictions on responses to individuals regarding audit matters. Anticipated timeframes are discussed initially and if the matter remains unresolved after that time then contact is made about the status and anticipated finalisation.

The complaints process consists of referring the complaint to the Program Manager. Staff are appropriately authorised by delegation to undertake an investigation.

The policy provides that parties to a complaint will be advised of the outcome and external review rights to the QOO. The policy also provides that any decision must be able to be justified by a statement of reasons if considered necessary by the reviewer. There is an informal feedback process to address improvements where required.

Under the policy, all groups/sections are required to keep proper records of complaints received and action taken. A report on complaints handling is included in QAO's Annual Report.

Document based assessment of CMS:
Satisfactory compliance

Recommendations

1. The policy should clearly state QAO's commitment to the five minimum elements in Directive 13/06 (visibility and access, responsiveness, assessment and action, feedback, and monitoring effectiveness).
2. Information about how to make a complaint, how complaints will be managed including timeframes and how the complainant will be informed of progress and the outcome should be available on the website.
3. The policy and/or procedures should be accessible on the website through easily identifiable link/s.
4. Arrangements for providing reasonable assistance to people with disabilities or language difficulties should be developed and implemented, and included in the policy and/or procedures.
5. All new staff (including staff employed since the information awareness session on 22 November 2007) should be made aware of the complaints management system at induction and/or through other internal communication mechanisms.
6. The policy should also require that adequate reasons for the complaint outcome be given to the complainant.
7. The policy and/or procedures should provide for the regular review of the effectiveness of the complaints management system.
8. The policy and/or procedures should reference the related principles for 'customer satisfaction' as found in AS ISO 10002-2006.

Website based assessment of CMS:
Visibility – Limited compliance
Access – Satisfactory compliance

Recommendations

1. Information about the QAO's commitment to complaints handling, where and how to make a complaint, how complaints will be managed including timeframes, and how the complainant will be informed of progress and the outcome should be readily available on the 'contact us' webpages (or a link to a dedicated complaints webpage).
2. Information about assistance available to make complaints (such as TTY or National Relay Service for the vision or hearing impaired), particularly for people with disabilities or language difficulties, should be easily available.
3. A clear link to the complaints management policy and/or procedures should be provided.
4. A printable complaints form in PDF or other format should be available.

Queensland Audit Office's response

The office provided the following response to our recommendations. The numbers in the response correspond with the numbers in our recommendations.

Thank you for highlighting these issues. The matters you have identified will contribute to the continual improvement of our business processes. The following outlines the action that will be undertaken to addresses the matters raised in your report.

Document based assessment recommendations

- 1 The 5 minimum elements in Directive 13/06 will be included when the policy is reviewed by 30 September 2009.
- 2 Currently the QAO's website provides information on how to make a complaint under – About the Queensland Audit Office, FAQs. Timeframes and communication will be added. Additional information on the website on how to make a complaint and how it will be managed will be considered as part of the implementation of requirements under the Right to Information Act 2009 by 1 July 2009.
- 3 QAO's Statement of Affairs is accessible on the website and states that all QAO administrative policies and procedures are available for inspection by contacting the FOI Coordinator.
- 4 Currently there is a link to other language assistance on the QAO's website. Assistance will be provided when requested and reference included in our policies and procedures.
- 5 An article on the importance of complaints handling was included on QAO's intranet on 8 April 2009. These awareness articles will be posted every 6 months. QAO's complaints management process will be included in QAO's induction program for all new staff.
- 6 This will be included when the policy is reviewed by 30 September 2009.
- 7 QAO's policy on policy writing includes a section on evaluation and requires unit managers to be responsible for the monitoring and review of policies.
- 8 This will be considered when the policy is reviewed.

Website based assessment recommendations

- 1 The QAO website will be reviewed and updated by 1 July 2009.
- 2 QAO's website has a link to other language assistance. Assistance will be provided if requested.
- 3 QAO's Statement of Affairs is accessible on the website and states that all QAO administrative policies and procedures are available for inspection by contacting the FOI Coordinator. Additional information on the website will be considered as part of the implementation of requirements under the Right to Information Act 2009 by 1 July 2009.
- 4 This will be included in the review of the website by 1 July 2009.

Queensland College of Teachers

The procedures refer to Directive 13/06 and provide a process for managing complaints about the service or actions of employees.

Complaints may be submitted by telephone, facsimile, mail or email. Anonymous complaints are accepted. The procedures provide that complaints are to be assessed to determine the urgency required for action and the level at which it should be managed.

All complaints will be recorded. All complaints will be acknowledged in writing except for minor complaints capable of being resolved immediately. Regular contact is maintained with the complainant throughout the process to inform them of progress.

The roles and responsibilities for staff with a significant role in handling complaints are outlined in the procedures.

Complaints are passed onto the appropriate Assistant Director or Business Manager for assessment and where required will be assigned to an appropriate officer to review the complaint. Complaints regarding an Assistant Director or Business Manager are assessed by the Director. Complaints about the Director are referred to the College Chair.

Complainants are advised of outcomes and if they remain dissatisfied are advised of options for external review.

Information from regular audits of complaints received and timeframes for resolution is used to improve QCT's performance and business practices.

Document based assessment of CMS:

Limited compliance

Recommendations

1. The procedures should outline QCT's commitment to complaints management and specifically refer to the minimum elements of Directive 13/06 – visibility and access, responsiveness, assessment and action, feedback and monitoring effectiveness.
2. The procedures should outline arrangements for providing assistance to disadvantaged people, including people with disabilities or language difficulties, to make a complaint.
3. The procedures should provide that staff with any significant role in complaints handling are appropriately trained. A training plan should be developed and implemented.
4. The procedures should provide that all staff are to be made aware of the existence and operation of the complaints management system at induction and through other internal communication mechanisms.
5. The procedures should outline indicative timeframes for responding to complaints.
6. The procedures should require the identification and referral of particular complaint types that are subject to specific complaint procedures, for example, official misconduct and public interest disclosures.
7. The procedures should require that both timely and reasonable feedback on the outcome of the complaint be provided to a complainant. Reasonable feedback includes providing the complainant with adequate reasons for the outcome and advice on available review mechanisms where the complainant expresses dissatisfaction with the outcome.
8. The procedures should outline the requirements for systematic recording and reporting of complaints, including number and type of complaints received, timeframes for assessment and action, complaint decisions/outcomes and opportunities for systemic improvement.
9. The procedures should outline how regularly the effectiveness of the complaints management system is to be reviewed.
10. The procedures should outline how anonymous complaints are to be handled.

11. The procedures should outline an appropriate range of options for redress in the event a complaint is substantiated.

Website based assessment of CMS:
Visibility – Limited compliance
Access – Limited compliance

Recommendations

1. Information about QCT's commitment to complaints handling, where and how to make a complaint, how complaints will be managed including timeframes, and how the complainant will be informed of progress and the outcome should be readily available on the 'contact us' webpages or a link to a dedicated complaints webpage.
2. Information about assistance available to make complaints (such as TTY or National Relay Service for the vision or hearing impaired), particularly for people with disabilities or language difficulties, should be easily available.
3. The complaints management policy and/or procedures should be available through easily identifiable link/s.
4. An interactive online complaints form should be developed and should be accessible through easily identifiable link/s.
5. A printable complaints form in PDF or other format should be developed and should be easily accessible.
6. A dedicated complaints email link such as 'complaints@...' should be available.

Queensland College of Teacher's response

The college provided the following response to our recommendations:

The QCT has noted your evaluation of its policy and procedures. The QCT also noted that you have made eleven recommendations in relation to its policy and procedures.

The QCT strongly disagrees with recommendation 10. The QCT procedure states it will accept anonymous complaints, despite the challenges associated with them. An anonymous complaint is treated like any other complaint at the QCT.

I note the Commonwealth Ombudsman on p10 of its Better Practice Guide states; "It is generally **good** practice to accept anonymous complaints, even though it can be difficult to conduct a full investigation without knowing the identity of a complainant".

The evaluation by your office suggests the statement about accepting anonymous complaints without further elaboration of how they would be dealt with, is only considered "limited compliance".

Surely, by stating an agency accepts anonymous complaints must be considered at least satisfactory compliance especially in light of the information provided by the Commonwealth Ombudsman. Further information about the handling of anonymous complaints may give it higher level of compliance. The QCT request this recommendation be removed.

The QCT notes the assessment of the web-site assessment of compliance.

The QCT will review its policy and procedures and its web site and address the comments made by the Ombudsman's office. This will include more information about anonymous complaints, however the QCT strongly believes its current statement about this issue, is at a satisfactory compliance level.

The comments made about the handling of anonymous complaints appear to misinterpret the reason why the recommendation was made. The QCT argument is that by merely accepting anonymous complaints they meet a satisfactory level of compliance.

Our rating is based on the aggregate of recommendations. Our recommendation was: 'The procedures should outline how anonymous complaints are to be handled'. The procedure my Office assessed does not outline how such complaints are to be handled. The assessment remains unchanged.

We will continue to address the issue with the QCT.

QLeave

The policy refers to Directive 13/06 and is guided by principles reflecting the five minimum elements of the Directive.

The policy and procedures are not available on the website. There is information on the website about how to make a complaint and the complaints process. No arrangements are currently in place to provide reasonable assistance to people to make complaints. Such arrangements are being developed.

A communications plan is being developed to make staff aware of the existence of the CMS. Also, a training plan is being developed so staff are appropriately trained to handle complaints.

Procedures outline the process for complaints receipt, recording, assessment and response.

All staff can receive complaints. Receiving officers have authority to deal with Category 1 complaints. All complaints are recorded on the Customer Comments and Complaints Database.

Category 2 complaints are referred to Unit Managers. These complaints are entered on the complaints register. Unit Managers are responsible for correspondence, communication and accurate recording of complaints data and quarterly complaints reports.

Complainants are to be advised of outcomes, including reasonable feedback as soon as possible after the decision and of any internal and external review options.

The Management Team is responsible for reviewing complaints activity quarterly and the annual review of the policy and system.

Document based assessment of CMS:
Satisfactory compliance

Recommendations

1. The policy and/or procedures should be easily accessible on the website.
2. Arrangements for providing reasonable assistance to people with disabilities or disadvantaged people should be finalised and implemented, and included in the policy and/or procedures.
3. A training plan should be finalised and implemented to ensure staff with any significant role in complaints management are appropriately trained.
4. A communication plan for complaints management should be finalised and implemented to ensure all staff are aware of the complaints management system.
5. The policy and/or procedures should outline that reasonable feedback refers to providing complainants with adequate reasons for the complaint outcome.
6. The policy and/or procedures should reference the related principles for 'customer satisfaction' as found in AS ISO 10002-2006.

Website based assessment of CMS:

Visibility – Satisfactory compliance

Access – Satisfactory compliance

Recommendations

1. The policy and/or procedures should be accessible on the website through easily identifiable link/s.
2. An interactive online complaints form should be easily accessible.
3. A printable complaints form in PDF or other format should be easily accessible.

QLeave's response

QLeave provided the following response to our recommendations:

Your evaluation provided nine recommendations to help improve the level of compliance to a high rating. All recommendations have been reviewed and accepted by QLeave management.

An improvement plan has been prepared to manage QLeave's response in gaining further compliance with the directive. It is expected that these activities will be fully actioned by 1 October 2009.

Queensland Water Commission

The policy and procedures are consistent with the requirements of Directive 13/06.

The policy is to be available on the website along with a guide to lodging complaints and a complaints form. The website is currently being upgraded for this purpose. Reasonable assistance is to be provided including translation services. The procedures provide that information will be available about where and how to lodge a complaint (through the website, by post and over the telephone).

A training plan is being developed. The Complaints Management Officer (CMO) will take on the communication role. New staff will receive information as part of the induction process.

The roles and responsibilities of staff are set out in the procedures. Managers/Supervisors will deal with Level 1 complaints. If escalated to Category 2 or 3, complaints are to be dealt with by the CMO and Manager Corporate Capability.

The policy provides that complainants are to be advised of decisions as soon as possible together with reasons and advice on the right of internal or external review.

Feedback from complaints is used to improve systems and procedures. The CMO's responsibilities include following up with senior officers to ensure feedback is used to foster improvement. Complaints data is maintained by the CMO and reports are generated and reviewed to monitor effectiveness.

Document based assessment of CMS:
High compliance

Recommendations

1. The upgraded website should provide easy access to customer friendly information about how to make a complaint and the complaints handling process.
2. The upgraded website should provide access to the policy and/or procedures through easily identifiable link/s.
3. The training plan should be finalised and implemented to ensure staff with any significant role in complaints management are appropriately trained.
4. The policy and/or procedures should reference the related principles for 'customer satisfaction' as found in AS ISO 10002-2006.
5. The policy and/or procedures should outline an appropriate range of options for redress in the event a complaint is substantiated.

Website based assessment of CMS:
Visibility – Limited compliance
Access – Limited compliance

Recommendations

1. Webpage/s with customer friendly complaint information including how complaints can be made and how complaints will be handled should be easily accessible.
2. The policy and/or procedures should be easily accessible.
3. An interactive online complaints form should be developed giving clear guidance on what information the complainant should provide, for example, the decision, service or action complained about, who was involved, what, when and where it happened, why the action is unfair or wrong and the result/outcome being sought.
4. A printable complaints form in PDF or other format should be available.
5. A dedicated complaints email link such as 'complaints@...' should be available.

Queensland Water Commission's response

The commission provided the following response to our recommendations:

The commission is currently developing an action plan to implement your recommendations. The commission will work with your office in progressing implementation.

Q-COMP

The policy refers to Directive 13/06 and is structured around the key elements of commitment, accessibility, fairness and responsiveness.

The policy commits to providing easily accessible information regarding complaints management practice on the website. A dedicated complaints link is available on the website. The policy is not accessible on the website. Special assistance is not available for disadvantaged people making complaints.

A communications plan is being developed. Staff receive on the job training and are aware of the process and reporting requirements for complaints received. Timeframes are provided for within the work directions. Timeframes are agreed for a response. There is no reference in the policy to handling anonymous complaints.

Frameworks for assessment are outlined in the work practice directions. There is a list of responsible persons provided on page 1 of the work directions.

The process is focused on responding in a timely, accurate, consistent and friendly manner. Responses to complainants of the outcome address the issues raised and provide advice of the right of review to the QOO.

Quarterly reports are provided by the Scheme Analysis Unit for consideration by the Q-COMP Management Group and the Board. The data in these reports is used to monitor performance and make improvements. Q-COMP reviews and updates the policy and work practices every two years.

Document based assessment of CMS:
Satisfactory compliance

Recommendations

1. The policy should be easily accessible on the website.
2. Reasonable assistance should be available to those wishing to complain who are in any way disadvantaged by intellectual or physical disability, education, language ability or any other impairment.
3. A communication plan for complaints management should be finalised and implemented to ensure all staff are aware of the complaints management system.
4. The policy should require particular complaint types that are subject to specific complaint procedures (for example, official misconduct, public interest disclosures and HR grievances) to be identified and referred.
5. The policy and/or procedures should provide that anonymous complaints are accepted and how they are handled.
6. Adherence to complaints management policy/procedures timeframes should be linked to the agency's PP&R processes where complaint handling is a significant part of an officer's role.
7. The policy and/or procedures should outline an appropriate range of options for redress in the event a complaint is substantiated.

Website based assessment of CMS:
Visibility – Satisfactory compliance
Access – Satisfactory compliance

Recommendations

1. The policy should be easily accessible.
2. A printable complaints form in PDF or other format should be available.

Q-COMP's response

Q-COMP provided the following response to our recommendations:

We have reviewed your recommendations. We will implement all your recommendations during the second quarter of the 2009-2010 year.

Declared Public Service offices

Legal Aid Queensland

The policy and procedures are consistent with and based on the current Australian Standard and reflect the principles of visibility, access, responsiveness, accountability and fairness.

Complaints can be made in a variety of ways. Complaints forms are available at public counters and assistance can also be provided to put a complaint in writing. The policy and procedures are available on the website.

Staff are informed about the CMS via updates on the staff website. Training is provided to staff when appointed to accountable positions. Staff applying for Regional Management positions receive an intensive course of training, which includes complaints management.

The policy focuses on responsiveness by requiring staff to respond to complaints in a timely manner. The procedures outline protocol for responding to complaints, including responsibility and the timeliness, giving reasons for complaint outcomes and advice on options for external review.

The complaints handling process focuses on resolution at the first point of contact but if the complainant is dissatisfied then the complaint is entered on the system and sent to the appropriate Division for management review. More serious complaints are escalated to Divisional Heads.

The procedures outline protocols for responding to complainants. Adequate reasons are to be provided to the complainant. The procedures provide review mechanisms, that is, an external review process where the issue relates to a decision about a grant of aid.

The CMS is overseen by Corporate Services. Complaints and other feedback in the database are analysed quarterly by Corporate Services and summarised for Senior Managers and the Board. Divisional Heads and Program Managers receive feedback to implement changes. The policy and system are reviewed annually.

Document based assessment of CMS:

High compliance

Recommendations

1. Staff not appointed to accountable positions or regional management positions but who have a significant role in complaints handling should also be appropriately trained.
2. All new staff should be made aware of the existence and operation of the complaints management system at induction or other appropriate internal communication mechanisms.
3. The policy and/or procedures should provide that anonymous complaints are accepted and how they are handled.
4. Adherence to complaints management policy/procedures timeframes should be linked to the agency's PP&R processes where complaint handling is a significant part of an officer's role.
5. The policy and/or procedures should outline an appropriate range of options for redress in the event a complaint is substantiated.

Website based assessment of CMS:

Visibility – High compliance

Access – Satisfactory compliance

Recommendations

1. The 'Making a compliment or complaint' webpage should provide an easily identifiable link to the 'Complaints, compliments and suggestions' page.
2. Information on expected timeframes for response to complaints should be included on the 'Complaints policy' webpage.
3. An interactive online complaints form (using the 'Client feedback form' as a template) should be developed and easily accessible.

Legal Aid Queensland's response

LAQ provided the following response to our recommendations:

We are currently conducting our own review of our complaints system to identify further areas for improvement. Our review will be focusing on the application of policies and procedures, the quality of investigations and responses to complaints, how best to meet clients' expectations.

We accept the recommendations of your audit and undertake to implement them by the end of the calendar year. Simple adjustments to policy or website can be implemented immediately, but items such as completing training will take longer.

Residential Tenancies Authority

The CMS was established in 2005 based on the previous Australian Standard (1995). In completing the self-audit questionnaire, the RTA identified a number of opportunities for improvement including:

- reviewing the documented policy and procedures to explicitly cover the elements required by Directive 13/06
- making the complaints process more visible to external clients
- enhancing the database to enable better monitoring of trends
- conducting information sessions and other communication strategies to ensure staff are aware of the policy and the procedures and their responsibilities in dealing with complaints.

The policy does not specifically cover assessment and action, feedback and monitoring effectiveness. The procedures do not specifically cover feedback on complaints or reporting on complaints. Separate databases are kept by each Division.

The policy provides that information about the complaints handling process should be readily available to clients and to this end publications such as the Client Service Charter and Statement of Affairs are to include information to clients about their right to complain.

Information about how to complain and the complaints process is not available on the website. The policy is not available on the website, although a hard copy is available on request. The website is being upgraded. Arrangements to provide assistance are currently being explored.

A communications plan to make staff aware of the CMS is to be developed. A training plan is also to be developed.

The policy provides that the investigation of complaints is part of the manager's responsibility and provides a framework for dealing with verbal complaints, written complaints, complaints from the QOO and complaints from the Minister's office, which are to be responded to in a timely way. Only supervisors or senior officers are to investigate complaints about decisions made or actions previously taken.

The policy does not address the feedback to be given to complainants other than to require responses within the set timeframe/s.

Complaint details are recorded but there is no other reporting on the data collected. There is no commitment to review the policy or the system on a regular basis.

Document based assessment of CMS:
Limited compliance

Recommendations

1. The policy should clearly state the RTA's commitment to and incorporation of the principles of assessment and action, feedback and monitoring effectiveness.
2. The policy and/or procedures should include clear processes for staff to follow in providing feedback and reporting on complaints.
3. Customer friendly information about where and how to make a complaint, and how complaints will be managed (including timeframes and how the complainant will be informed of progress and the outcome) should be easily available on the website.
4. The policy and/or procedures should be easily accessible on the website.
5. Arrangements for providing reasonable assistance to people with disabilities or disadvantaged people should be finalised and implemented, and included in the policy and/or procedures.
6. A training plan should be finalised and implemented to ensure staff with any significant role in complaints management are appropriately trained.
7. A communication plan for complaints management should be finalised and implemented to ensure all staff are aware of the complaints management system.

8. The policy and/or guidelines should provide that reasonable feedback (including the decision, reasons and advice of any statutory right of review) is to be given to the complainant as soon as possible after the outcome has been determined.
9. The requirements for systematic recording and reporting of complaints, including number and type of complaints received, timeframes for assessment and action, complaint decisions/outcomes and opportunities for systemic improvement, should be clearly outlined in the policy and/or procedures.
10. The policy and/or procedures should provide for the regular review of the effectiveness of the complaints management system.
11. The policy and/or procedures should reference the related principles for 'customer satisfaction' as found in AS ISO 10002-2006.
12. The policy and/or procedures should provide that anonymous complaints are accepted and how they are handled.
13. Adherence to complaints management policy/procedures timeframes should be linked to the agency's PP&R processes where complaint handling is a significant part of an officer's role.
14. The policy and/or procedures should outline an appropriate range of options for redress in the event a complaint is substantiated.

Website based assessment of CMS:
Visibility – Limited compliance
Access – Limited compliance

Recommendations

1. Information about the RTA's commitment to complaints handling, where and how to make a complaint, how complaints will be managed including timeframes, and how the complainant will be informed of progress and the outcome should be easily available on a dedicated complaints webpage.
2. Information about assistance available to make complaints (such as TTY or National Relay Service for the vision or hearing impaired), particularly for people with disabilities or language difficulties, should be easily available.
3. A clear link to the complaints management policy and/or procedures should be available.
4. An interactive online complaints form should be developed and easily available.
5. A printable complaints form in PDF or other format should be developed and easily available.
6. A dedicated complaints email link such as 'complaints@...' should be easily available.

Residential Tenancies Authority's response

The authority provided the following response to our recommendations:

Since the Public Service Directive was issued and the RTA's response to your self-audit, a number of actions have already been initiated to improve our complaints handling process. These include the development of a new policy and procedure on handling complaints and the development of new user friendly complaint forms which will soon be available on the RTA website.

The RTA will continue to review your recommendations and seek to ensure the policy, procedures and internet access meets these recommendations as well as complying with the directive's requirements.

Building Services Authority

The policy refers to Directive 13/06 and provides a common framework across the authority for managing complaints.

The policy provides that information on the BSA's complaints handling process should be readily available to clients in publications such as the BSA's Statement of Affairs and on the website. Complaints may be made verbally or in writing including by email.

The policy allows for the timely resolution of complaints at the first point of contact if possible. Timeframes for responding to verbal and written complaints are outlined in the policy. Clients and relevant parties are to be provided with regular updates during the process.

The roles and responsibilities of staff and the procedures for identifying and recording, and review of complaints are outlined in the policy. BSA's staff are responsible for initially dealing with complaints with a view to resolution. Team leaders, managers and executive managers are responsible for dealing with unresolved or serious matters.

Complainants are to be advised of the outcome of their complaint either by telephone or in writing. All written complaints are to receive a written response advising what action has been taken.

A centralised log of complaints is kept and updated monthly. A quarterly review of complaints recorded is coordinated by the Executive Manager, Business Services to identify any policy or procedural issues which require attention.

Document based assessment of CMS:
Satisfactory compliance

Recommendations

1. The policy should outline BSA's commitment to complaints management and specifically refer to the minimum elements of Directive 13/06 – visibility and access, responsiveness, assessment and action, feedback and monitoring effectiveness.
2. The policy should outline arrangements for providing assistance to disadvantaged people, including people with disabilities or language difficulties, to make a complaint.
3. The policy should provide that staff with any significant role in complaints handling are appropriately trained. A training plan should be developed and implemented.
4. The policy should provide that all staff are to be made aware of the existence and operation of the complaints management system at induction and through other internal communication mechanisms.
5. The policy should require that both timely and reasonable feedback on the outcome of the complaint be provided to a complainant. Reasonable feedback includes providing the complainant with adequate reasons for the outcome and advice on available review mechanisms where the complainant expresses dissatisfaction with the outcome.
6. The policy should provide for the regular review of the effectiveness of the complaints management system.

7. The policy should provide that anonymous complaints are accepted and outline how they are to be handled.
8. The policy should outline an appropriate range of options for redress in the event a complaint is substantiated.

Website based assessment of CMS:

- Visibility – Limited compliance
- Access – Limited compliance

Recommendations

1. Information about BSA's commitment to complaints handling, where and how to make a complaint, how complaints will be managed including timeframes, and how the complainant will be informed of progress and the outcome should be readily available on the 'contact us' webpages or a link to a dedicated complaints webpage.
2. Information about assistance available to make complaints (such as TTY or National Relay Service for the vision or hearing impaired), particularly for people with disabilities or language difficulties, should be easily available.
3. The complaints handling policy should be available through easily identifiable link/s.
4. An interactive online complaints form should be developed and should be accessible through easily identifiable link/s.
5. A printable complaints form in PDF or other format should be developed and should be easily accessible.
6. A dedicated complaints email link such as 'complaints@...' should be available.

Building Services Authority's response

The Authority provided the following response to our recommendations:

I concur with your assessment of the areas for improvement in our current complaints management policy. Details of the policy have now been posted onto our web site to increase its visibility to the public.

I have also established, as a high priority, a project through BSA's project management office and business improvement council to undertake a full review of the policy to test it's effectiveness and ensure your recommendations are implemented in a timely manner. I anticipate the policy update and implementation of your recommendations will be complete early in 2010.

Other agency not bound by Directive

WorkCover Queensland

The policy was developed in accordance with the current Australian Standard and the QOO's Guide to Developing Effective Complaints Management Policies and Procedures.

The policy commitment is to resolving customer complaints quickly and fairly and empowering staff to resolve issues. WorkCover recognises the right of customers and providers to have their complaints heard and actioned appropriately and that customer feedback presents an opportunity for improvement.

Information about how, where and what information is required to make a complaint and how it will be managed is available on the website. WorkCover provides assistance to people making complaints, including an interpreting service.

The policy states that staff are to be provided with necessary resources and training to ensure the system works effectively. Staff are made aware of the CMS through the corporate induction program. The policy and procedures are available to staff on the intranet.

A dedicated Complaints Advisor is trained to oversee the internal review process and responses and to ensure the quality of data recorded in the customer relations database and to report to management.

The policy provides for timely and courteous responses to complaints. There is a centralised system for recording, monitoring and responding to complaints within agreed timeframes. The procedures set out response timeframes for different complaint categories.

The policy provides that complaints are to be dealt with fairly and objectively and confidentially. The procedures set out the steps for assessing and actioning complaints.

All staff are authorised to resolve complaints at the outset. If unresolved, complaints are escalated to the Complaints Advisor. The Complaints Advisor ensures an appropriate manager investigates the complaint. Managers are authorised to negotiate remedies for complaints. Where a complaint is justified, WorkCover will consider the suggested remedy and then decide an appropriate remedy for both WorkCover and the complainant. Complainants are referred to external agencies where necessary.

Under the policy, WorkCover is committed to providing timely and open feedback to complainants. Complainants will be advised of the outcome of their complaint as soon as possible after the decision is made and of any external right of review.

The WorkCover Board, executive managers and internal audit are responsible for routine monitoring of the effectiveness of the CMS in terms of meeting statutory, policy and reporting requirements, and customer outcomes. Complaints received, outcomes and trends are monitored through monthly reports to senior managers and quarterly reports to the Board.

Document based assessment of CMS:
High compliance

Recommendations

1. The policy should be accessible on the website through easily identifiable link/s.
2. The policy and/or procedures should require the identification and referral of particular complaint types subject to specific complaint procedures, for example, official misconduct and public interest disclosures.
3. The policy and/or procedures should provide that the systematic recording and reporting of complaints data also include the timeframes for assessment and action.
4. Adherence to complaints management policy/procedures timeframes should be linked to the agency's PP&R processes where complaint handling is a significant part of an officer's role.
5. The policy and/or procedures should contain an appropriate range of options for remedies/redress where a complaint is substantiated.

Website based assessment of CMS:
Visibility – Satisfactory compliance
Access – Satisfactory compliance

Recommendations

1. The policy should be accessible on the website through easily identifiable link/s.
2. A printable version of the online complaints form should be available.

WorkCover Queensland's response

WorkCover Queensland provided the following response to our recommendations:

The following information is provided in response to your recommendations.

Document based assessment recommendations

- 1 The WorkCover website will be redesigned in the near future and as part of that project, your comments will be taken into consideration. In the meantime, a link to the policy is available on the Complaints page. The Complaints page is accessed via the 'Contact us' link on the homepage. No action is considered necessary at this time.
- 2 Complaints are progressed to the complaints advisor who is responsible for coordinating the internal complaints resolution process for the whole of WorkCover. They review and identify the nature of the complaint and then refer the investigation and resolution to the most appropriate manager/s. In resolving the complaint, the manager/s is responsible for ensuring compliance with relevant procedures. The procedures will be reworded for clarification.
- 3 The policy and procedures provide that all written complaints, serious or unresolved telephone complaints and complaints referred by external agencies are recorded in the customer relations database. The database requires relevant fields be completed for response times that ensure compliance with recommended timeframes and action/s for each type of complaint. No action is considered necessary.
- 4 Adherence to the complaints management policy/procedures timeframes forms part of the complaints advisors position description. The complaints advisor is responsible for ensuring timely and satisfactory response to complainants. The complaints advisor's performance on meeting this objective is considered in their annual performance review. No action is considered necessary.

- 5 The policy states that where a complaint is substantiated, appropriate remedies are taken that are fair to both the complainant and WorkCover. Remedies are aimed at restoring the complainant to the position they would have been in had the complaint not been necessary. The policy will be amended to include some options for remedies.

Website based assessment recommendations

- 1 Refer to reply for recommendation under document based assessment.
- 2 WorkCover does not have a printable version of the online complaints form. A printable form will be developed and uploaded to the website.

We are satisfied with the response provided to our recommendations.

Ombudsman's Complaints Management Resources

Phase 1 Resources

Complaints Management Project Phase 1 Report

[<http://www.ombudsman.qld.gov.au/PublicAgencies/EffectiveComplaintsManagement/ComplaintsManagementResources/ComplaintsManagementProjectPhase1Report.aspx>]

Complaints Management Links

[<http://www.ombudsman.qld.gov.au/PublicAgencies/EffectiveComplaintsManagement/ComplaintsManagementResources/ComplaintsManagementLinks.aspx>]

Phase 2 Resources

Developing Effective CM Policies & Procedures

[<http://www.ombudsman.qld.gov.au/PublicAgencies/EffectiveComplaintsManagement/ComplaintsManagementResources/DevelopingEffectiveCMPoliciesProcedures.aspx>]

Effective Complaints Management Fact Sheets

[<http://www.ombudsman.qld.gov.au/PublicAgencies/EffectiveComplaintsManagement/ComplaintsManagementResources/EffectiveComplaintsManagementFactSheets.aspx>]

Effective CM Self-Audit Checklist

[<http://www.ombudsman.qld.gov.au/PublicAgencies/EffectiveComplaintsManagement/ComplaintsManagementResources/EffectiveCMSelfAuditChecklist.aspx>]

Phase 3 Resources

CMP Phase 3 Agency Self-Audit Toolkit

[<http://www.ombudsman.qld.gov.au/PublicAgencies/EffectiveComplaintsManagement/ComplaintsManagementResources/CMPPhase3AgencySelfAuditToolkit.aspx>]

Complaints Management Workshop Material

[<http://www.ombudsman.qld.gov.au/PublicAgencies/EffectiveComplaintsManagement/ComplaintsManagementResources/ComplaintsManagementWorkshopMaterial.aspx>]

Database elements for your CMS

[<http://www.ombudsman.qld.gov.au/PublicAgencies/EffectiveComplaintsManagement/ComplaintsManagementResources/DatabaseelementsforyourCMS.aspx>]



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