

EFFECTIVE COMPLAINTS MANAGEMENT

GUIDE TO
DEVELOPING EFFECTIVE
COMPLAINTS MANAGEMENT POLICIES
AND PROCEDURES





DEVELOPING EFFECTIVE COMPLAINTS MANAGEMENT POLICIES AND PROCEDURES

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Introduction

The Queensland Ombudsman is committed to helping public sector agencies manage complaints and follow good administrative practice. Our Complaints Management Project aims to assist agencies to evaluate the strengths and weaknesses of their existing complaints management arrangements and to identify potential areas of improvement.

Public sector agencies need to be open, accountable and responsive to the public's needs. To do this, they need a complaints management system that is underpinned by effective complaints management policies and procedures. These should guide staff when handling complaints and inform customers of the agency's commitment to managing complaints efficiently.

This Guide sets out basic principles for inclusion in agency complaints management policy and procedures documents, illustrated by real life examples. The Guide is one of a range of publications produced by the Queensland Ombudsman to help public sector agencies make good decisions and manage complaints effectively. These publications include:

- An Easy Guide to Good Administrative Decision-making
- Effective Complaints Management Fact Sheets
- Effective Complaints Management Self Audit Checklist
- Handling a Queensland Ombudsman investigation – Information for Agencies.

Visit www.ombudsman.qld.gov.au for further information about our Complaints Management Project.

Policies and procedures

Before starting, it is important to clarify the **difference between policies and procedures** because they are often confused.

A policy sets the direction. Procedures describe the steps involved in achieving the policy's purpose.

The Queensland Policy Handbook (contained in the *Governing Queensland* publications) provides Queensland public sector officers with a guide to policy making relevant to their local environments. In practice, the line between a policy and a procedure can be a fine one.

However, regardless of whether something is regarded as a policy or a procedure, or all aspects are combined in the one document, the main point is that taken as a whole, your complaints management system should -

- be clearly stated and understood;
- reflect all the important principles of complaints management;
- suit your individual agency's needs, structure, modes of service delivery etc;
- be efficient in processing complaints;
- be effective in resolving complaints; and
- provide opportunities for business/systemic improvements.

Don't be too rigid in applying policies or procedures

Policies will generally guide people on how discretionary decision-making powers may be exercised. Well-drafted policies will clarify meaning and facilitate consistency and fairness in decision-making. There must be scope for flexibility to ensure the policy can be applied aptly to particular circumstances.

(Source: An easy guide to good administrative decision-making, Queensland Ombudsman, 2003)

Source materials

This Guide includes examples of policies and procedures used by a number of government agencies and organisations, highlighting ways in which their documents address the policy and procedures criteria outlined below.

The information in this Guide is based on the Ombudsman's Self-Audit Checklist, which in turn is closely based on the Ombudsman Office's Effective Complaints Management Fact Sheets, both available at www.ombudsman.qld.gov.au. The checklist and the fact sheets incorporate the main principles of complaints management, based on more than 30 years experience by the Queensland Ombudsman's Office in receiving, investigating and resolving complaints against State and local government bodies in Queensland.

The fact sheets, and hence this guide, have also been developed in alignment with–

- International and Australian Standard AS ISO 10002 – 2006 *Customer Satisfaction – Guidelines for complaints handling in organisations*, issued by Standards Australia in April 2006, and
- Directive 13/06 *Complaints Management Systems*, issued by the Public Service Commissioner, Queensland, in November 2006.

Ideally, the reference or source materials you will require when preparing your complaints management policies and procedures are –

- This Guide
- The Ombudsman's Complaints Management Fact Sheets
- The Ombudsman's checklist (completed)
- Australian and international Standard AS ISO 10002-2-6 *Customer satisfaction – guidelines for complaints handling in organisations*.
- OPSC Directive 13/06 *Complaints Management Systems* (if your agency is covered by the Public Service Act).

Other reference material relevant to this guide is contained at the conclusion hereto and in Fact Sheet 16 *Reference Material and Further Information*.

A number of complaints management policies and procedures recently developed by Queensland public sector agencies as a result of the Queensland Ombudsman's Complaints Management Project (but prior to the introduction of Directive 13/06) are also available on the Ombudsman's website (address above).

The information contained in the Effective Complaints Management Fact Sheets will assist agencies to implement new or enhanced systems that are client-focused and responsive to feedback, as well as providing opportunities for systemic and business improvement based on analysis of complaints received.

Communicating your policy and procedures

Once you have prepared and implemented your complaints management system, it is important to communicate it. You should therefore develop strategies for internal and external communication to ensure the public and your staff know how complaints are handled by your organisation.

Also, consider:

- placing complaints information prominently on the website and in customer service centers;
- the communications needs of people identified as being disadvantaged; and
- ensuring all documents are written in plain language.

Case study example

Centrelink provides an 1800 Customer Relations Telephone Service as well as services for special needs customers such as a TTY service for hearing impaired, and interpreters for customers from diverse cultural and linguistic backgrounds. Centrelink also provides special training packages to staff to better meet the needs of more than one million customers whose first language is not English. Centrelink also uses text messaging.

For further discussion on how to ensure your system is effectively communicated externally and internally, see Fact Sheet 4 *Communication*.

Alignment with other policies

As it relates closely to client service, complaints management should be an integral part of your agency's operations. Ensure your agency's complaints management policy is consistent with your strategic goals, operational plans, performance standards, code of conduct, and quality assurance and risk management policies.

For example –

- your strategic and/or operational plan could set a goal or indicator of resolving x% of complaints within a certain time;
- your risk management plan could identify unresolved complaints as a significant risk to the agency; and
- your code of conduct could identify respect for complainants.

Developing a complaints management policy

The key features of a complaints management policy include:

1. **Introduction** – see Fact Sheet 1 *Setting the Scene*

The policy could start by mentioning that complaints -

- are about accountability;
- are an important part of customer service;
- are inevitable and must be managed effectively;
- cost money and reflect badly on the agency if not handled properly; and
- can and should lead to business improvement.

The policy should refer to PSC Directive 13/06 Complaints Management Systems, which requires agencies to implement and maintain a system or systems for complaints management that incorporate particular key elements, supported by written policies and/or procedures. See *Appendix 1 - A Holistic View of Complaints Management* for an overall view of how a complaints management system is meant to work.

2. **Commitment** – see Fact Sheet 2 *Commitment*

The policy could state that the management of the agency is committed to ensuring that complaints are dealt with in a responsive, efficient, effective, fair and economical way. The policy should require that a senior officer be responsible for the operation of the system and the achievement of outcomes.

It could also state that the agency -

- acknowledges the right of the public and its staff to complain when dissatisfied with a service, and encourages feedback from customers, clients, staff and the public generally;
- wants staff to be 'complaints friendly' and not defensive or negative about feedback and complaints; and
- recognises that properly handled and analysed, complaints and feedback help the agency to improve its business processes, and therefore, time spent on handling complaints is an investment in better service to the public.

For example, WorkCover Queensland's policy affirms and supports the right of claimants and providers to provide feedback and to have complaints heard and actioned. It recognises that feedback, both positive and negative, is essential in order to provide quality services that meet claimant's needs.

This statement should also refer to the agency's commitment to dealing with complaints confidentially and with due respect, and that complainants are not to be victimised.

For example, Disability Services Queensland's policy explicitly states that complaints will be treated confidentially, and consumers and other complainants will not suffer any reprisal from the Department or officers of the Department for making a complaint.

3. Application/scope of policy

The policy should make clear the circumstances in which the policy applies and to whom it applies.

For example, Disability Services Queensland's policy and procedures clearly state that they apply to all Departmental services (such as, direct care services and corporate services) and all officers of the Department (such as, regional directors, area managers, unit managers, residential care officers, community resource officers, professional and administrative staff).

This section could also describe the types of complaints that the policy and associated procedures are intended to cover. The Maroochy Shire Council's policy defines 'complaints' as follows:

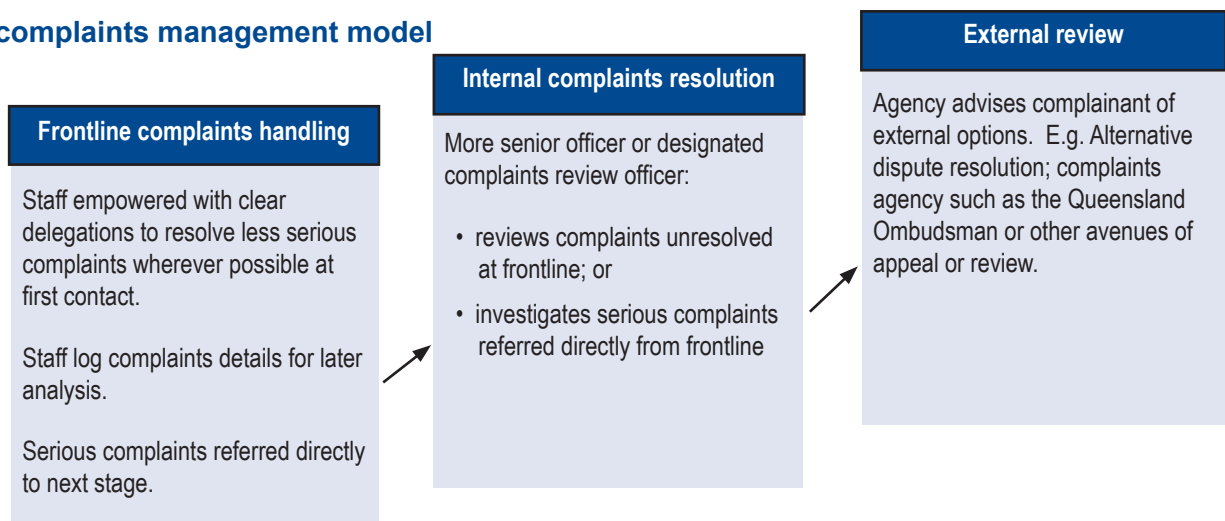
Complaints - A record of a customer's dissatisfaction with delivery of a product or service offered by Council or the unsatisfactory conduct of a Council officer. This is distinct from a request for service. However, a request for service may develop into a complaint where the provision or timeliness of the service is considered unsatisfactory (e.g. damage to a road surface that is not rectified following a request for service).

Depending on the agency, it may be impracticable to record a complaint every time someone casually expresses dissatisfaction with an aspect of a service provided (or not provided) by the agency. A benchmark of seriousness or formality may have to be set and reached before the complaints management system is activated.

4. Complaints Management System – Fact Sheet 4 *Complaints Management Models*

Describe how your system is structured to receive, process, manage, resolve and review complaints. It should be a logical, ordered structure from receipt to finalisation. The structure of your system and the roles and responsibilities of relevant officers should be spelled out clearly, preferably with a flow chart. To avoid 'complainant fatigue' there should be no more than 2 stages of internal review.

A complaints management model



Source: Model adapted from New South Wales Ombudsman's *Effective Complaint Handling* (2000) and the Department of Local Government Planning and Queensland Ombudsman's *Complaints Management – Guidelines for Local Government* (2001)

The policy should state that the intention of the model is that –

- ➔ complaints will be handled in accordance with the model indicated and not otherwise unless special circumstances exist; and
- ➔ reviewers are to -
 - be independent of and no less senior than original decision-makers
 - have the necessary expertise to review particular matters
 - have ready access to relevant agency material and personnel and full cooperation within the agency at all levels.

See *Appendix 2 Investigation and resolution process summary* for further discussion on this model.

5. *Visibility and Access* – see Fact Sheet 5

State that the agency must have appropriate mechanisms and strategies for ensuring the public, customers, clients and staff can readily find out -

- ➔ where to complain;
- ➔ how to complain;
- ➔ what information is required when they complain;
- ➔ what assistance is available to people who wish to complain;
- ➔ how the complaint will be managed (timeframes, progress reports, final advice); and
- ➔ where complainants can access your written complaints management policy and procedures.

Also indicate whether complaints can be made orally.

6. *Responsiveness* – see Fact Sheet 6

State that:

- ➔ all staff are to be made aware of the content of the policy and procedures, at least in general terms;
- ➔ the policies and procedures are to be on the agency's intranet;
- ➔ all complaints should be dealt with in a timely manner as per the timelines laid down in the procedures;
- ➔ some categories of complaint are to be responded to more quickly than others (if that is the case);
- ➔ complaints are to be tracked;
- ➔ timeframes for resolution are to be monitored; and
- ➔ complainants are entitled to reasonable progress reports.

7. *Assessment and Action* – see Fact Sheet 8

State that –

- complaints are to be assessed and if necessary categorised according to nominated criteria;
- where appropriate, complaints and/or complainants are to be referred to external agencies upon receipt;
- complaints are to be dealt with fairly and objectively;
- natural justice is to be observed wherever practicable;
- complaints should be resolved with as little formality and disputation as possible;
- mediation, negotiation and informal resolution are optional alternatives to investigation;
- privacy and confidentiality are to be observed as far as possible;
- review staff have authority to re-make decisions or provide another appropriate remedy mentioned in the policy; and
- anonymous complaints will be treated on their merits like any other.

8. *Feedback* – see Fact Sheets 8, 13 and 14

State that –

- complainants will be advised of outcomes as soon as possible after a decision is made;
- complainants will be given reasons for negative decisions;
- complainants will be advised of any available internal review options and/or any statutory external appeal options (e.g. to courts and tribunals);
- complainants will be advised of other review options (e.g. Ombudsman) upon inquiry and via the website; and
- any internal problem revealed by a complaint will be communicated to the area responsible for possible systemic improvement and a senior officer will have responsibility for following this up.

Case study example

To improve decision-making and the level of customer service insurance company AAMI circulates monthly complaints reports commenting on trends in complaints and provides complaint case studies to their complaint managers throughout Australia.

9. Monitoring Effectiveness – see Fact Sheet 9

State that the system –

- must meet all statutory, policy and reporting requirements;
- must identify complaint trends and outcomes;
- must monitor the time taken to resolve complaints; and
- will be reviewed/audited from time to time by a senior officer.

Case study example

Disability Services Queensland has an independent 'Complaints Management Quality Committee' that monitors the quality and effectiveness of the Department's complaints management system.

State how information on the above will be reported, and whether customer/public feedback will be sought (and if so how – e.g., self-addressed feedback forms, telephone surveys).

10. Resources and Training – see Fact Sheets 10 and 11

State that –

- appropriate technological and other resources will be made available to ensure the maximum effectiveness of the system; and
- relevant staff will be trained in appropriate areas.

11. Remedies – see Fact Sheet 12

State that –

- appropriate remedies are to be offered that are fair to both the complainant and the agency;
- remedies should aim to restore legitimate complainant to the position they would have been in had the complaint not been necessary;
- the remedy sought by the complainant is always to be considered as a first option;
- informal resolution and compromise are to be attempted wherever possible; and
- similar remedies are to be offered to all persons in the same situation.

Procedures

These procedures indicate how the principles contained in the policy will be put into practice.

Complaints Management Models

Indicate -

- whether complaints may be submitted electronically, in writing, verbally or in person’;
- how complaints will be recorded and what data will be recorded;
- what assistance will be provided to complainants. Explain the types of assistance staff should provide complainants throughout the complaints management process. This would include advising complainants of how to make a complaint, helping a complainant document the complaint or providing assistance for people with special needs;
- responsiveness to cultural needs includes offering an interpreter service or encouraging the use of advocates;
- who will review particular matters having regard e.g. to need for independence, expertise, seniority; and
- procedures to be followed by relevant personnel e.g. how matters move from one stage to another, how issues will be raised/communicated internally, data entry and reporting, data analysis.

Clearly identify the resources available and roles and responsibilities of all staff, managers, sections and committees who are responsible for any aspect of the complaints management system.

Visibility and Access

Indicate -

- how and what information on the system, including the complaints management policies and procedures is to be made available (e.g. dedicated complaints line, leaflets, brochures at service centres, website, intranet);
- how you cater for disabled, LOTE etc; and
- the type of information you require from complainants (e.g. a complaints form).

Responsiveness

Indicate -

- how staff will be made aware of the policies and procedures and their general operation;
- how and when complaints will be acknowledged;
- how often or when staff should respond to requests for progress reports, and what complainants should be told;
- how complaints will be monitored/tracked and timeframes monitored, and by whom; and
- what time frames have been set for responses. This can be according to steps in the process – e.g. acknowledgment and finalisation – and/or seriousness. For example, Queensland Health’s policy provides for the following complaint categories:

Negligible	–	no impact or risk to provision of care or to the organisation
Minor	–	resolvable at the point of service
Moderate	–	issues that may require more comprehensive assessment or investigation
Major	–	significant issues or issues causing lasting detriment that require investigation
Extreme	–	issues about serious adverse events, sentinel events, long-term damage or death that requires investigation.

Your response standards could state different 'turnaround' or response times according to urgency, complexity or seriousness, or for complaints dealt with in writing rather than verbally.

Stages that could be tracked include:

- acknowledgment of receipt of complaint'
- complaint assessment;
- investigation of complaint;
- complaint response;
- communicating the decision; and
- complaint closed.

Assessment and Action

Indicate -

- how complaints are to be assessed e.g. urgency, seriousness, unfairness, poor explanation, bad process or a combination of these;
- any procedures for identifying and dealing with vexatious or trivial complaints;
- which types of cases will be referred at the outset to external agencies such as the CMC, Ombudsman, Auditor-General;
- how complaints are to be investigated;
- the basic steps to be taken e.g. natural justice (i.e. ensure both sides of the story are heard);
- how outcomes will be recorded;
- how privacy and confidentiality will be observed; and
- how anonymous complaints will be handled.

ISO 10002:2006 *Customer satisfaction – Guidelines for complaints handling in organisations* states that 'after receipt, each complaint should be initially assessed in terms of criteria such as severity, safety implication, complexity, impact, and the need and possibility of immediate action'.

The level of investigation should be consistent with the seriousness and impact of the complaint. An investigative framework that can be adapted to other forms of resolution such as negotiation, mediation or informal resolution would include -

- identifying the true nature of the complaint and issues for investigation (this would usually involve contacting the complainant);
- understanding relevant legislation and policy;
- identifying the potential sources of information;
- properly recording relevant information obtained during the investigation;
- outlining how complainants will be advised of the progress and outcome of their complaint;
- giving people an opportunity to comment on information adverse to their interests (natural justice);
- assessing information and sources impartially (including avoiding any possible conflict of interest);
- ensuring findings are soundly based;
- providing adequate reasons for decisions; and
- offering remedies where appropriate.

Provide a diagram showing how your system works.

Feedback

Indicate -

- how soon a decision is to be communicated to a complainant after it has been made;
- what that advice should contain or address;
- which types of decisions attract further internal review and/or external statutory (e.g. court or tribunal) review;

- ➔ when advice should be given of available review mechanisms (e.g. internal panel or statutory/court/tribunal – every time; Ombudsman – upon inquiry, on website);
- ➔ who has responsibility for “feeding back” system problems internally, and how that is to be done; and
- ➔ who has responsibility for following up system type problems to ensure rectification, and how that is to be done.

Monitoring Effectiveness

Indicate -

- ➔ what statutory, policy and reporting requirements there are, how these will be met and by whom;
- ➔ how complaints will be classified to allow for meaningful analysis of aggregate complaints data;
- ➔ what complaint trends are to be identified (e.g. by type or area), how that will be done and by whom;
- ➔ how the time taken to resolve complaints will be monitored and by whom;
- ➔ how the system will be monitored/reviewed, how often and by whom (see Ombudsman Fact Sheet (Monitoring Effectiveness for suggested procedures – e.g. surveys of public/complainants and file/case audits);
- ➔ what information on the above will be reported, to whom, by whom and how often; and
- ➔ if public feedback is sought, how this will be done.

Case study example 1

One insurance company sources customer feedback in a variety of ways beyond direct contact. Customers who do not feel comfortable raising an issue ‘in person’ can leave a recorded message (anonymously if they prefer), send an email via the company’s website, or complete a ‘Customer Comment Card’. The company also conducts regular satisfaction surveys with customers who have recently had a claim. This data is analysed and verbatim comments are reported back to operational managers on a regular basis.

Case study example 2

The Australian Taxation Office¹ (ATO) changed business practices based on regular reports about customer complaints. Customers had complained about formal taxation letters, which were lengthy, highly technical and wordy, and which did not always address their individual concerns. As a result of this complaint trend, the wording of 38 letters was made more ‘user friendly’ resulting in a 90 per cent drop in complaints of this type. These changes provided a more personalised service and made the experience of dealing with the ATO easier for the customer.

Resources and Training

Indicate -

- what technological and other resources will be made available;
- how staff will be recruited to the function; and
- what training and other support will staff receive – e.g. conflict management, customer service.

Remedies

Indicate -

- who is to decide the remedy in different cases;
- what remedies are to be offered – see Ombudsman’s Complaints Management Fact Sheet 12;
- complainants will be asked at the outset what remedy they want (if it isn’t obvious); and
- how similar remedies are to be offered to all persons in the same situation.

Further Information

The Queensland Ombudsman has additional resources to help public sector organisations make good decisions and manage complaints effectively.

These are available at www.ombudsman.qld.gov.au. They include:

- **An Easy Guide To Good Administrative Decision-Making** – Our community expects public agencies to operate fairly and openly. Good administrative decision-making lies at the heart of this process. This Guide assists decision-makers to acquire the skills to make the best possible decisions.
- **Good Decisions Training Program** – This half-day program helps public sector officers improve their administrative decision making. It targets non-legally trained public sector decision-makers, such as compliance and policy officers, supervisors and managers at all levels in the administrative, professional and technical streams.
- **Effective Complaints Management Fact Sheets** – These materials outline in depth and detail the principles of best practice internal complaints management, and reflect in particular the extensive complaints handling experience of the Queensland Ombudsman’s Office combined with the requirements of the Public Service Commissioner’s Directive 13/06 *Complaints Management Systems* and the current international and Australian Standard AS ISO 100002-2006 *Customer satisfaction – Guidelines for complaints handling in organisations*.

- **Effective Complaints Management Self Audit Checklist** – Drawn from the essential elements outlined in the Complaints Management Fact Sheets series, this checklist assists agencies to evaluate the strengths and weaknesses of their existing complaints management arrangements and identify potential areas of improvement.
- **Handling a Queensland Ombudsman Investigation – Information for Agencies**
- External review by an agency such as the Queensland Ombudsman is part of a robust system of accountability. The information and principles outlined in this document will assist agencies and individuals to deal with Ombudsman inquiries and investigations and understand better where decisions can “go wrong”.
- **Complaints Management Training** – This program, to be offered in 2007 to coincide with the introduction of PSC Directive 13/06 Complaints Management Systems, will assist officers to understand and apply the principles and procedures involved in effective internal complaints management.

References and contacts

AAMI Customer Charter Annual Report (2003) (www.aami.com.au) Contact: 13 22 44

Australian National Audit Office (2001) *Some Better Practice Principles for Developing Policy Advice* (www.anao.gov.au) Contact: (02) 6203 7300

Centrelink Customers Relations Unit (www.centrelink.com.au) Contact: 1800 050 004

Disability Services Queensland (www.disability.qld.gov.au) Contact: 1800 177 120

Maroochy Shire Council (2005) *Complaint Management Policy* (www.maroochy.qld.gov.au)

New South Wales Ombudsman (2000), *Effective Complaint Handling*, NSW Government Publication (www.nswombudsman.nsw.gov.au) Contact: 1800 451 524

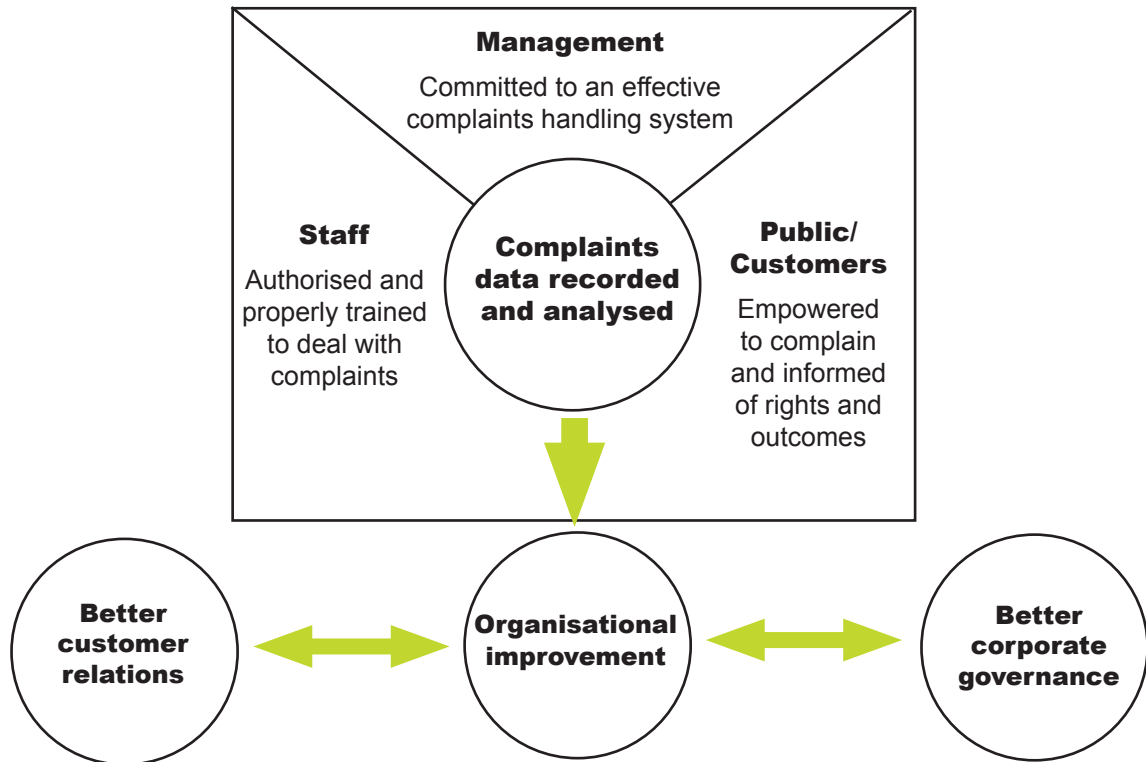
Queensland Health (2002) (www.health.qld.gov.au) Contact: (07) 3234 0111

- *Guidance Document to the Queensland Health Complaints Management Policy*
- *Queensland Health Policy Statement, Policy Identifier: 15184*
- *Queensland Health Instruction to Policy Statement 15184 – Queensland Health Complaints Management Policy*

Queensland Policy Handbook (www.premiers.qld.gov.au/governingqld/policy)

Presentation to the Society of Consumer Affairs Professionals (SOCAP) Sydney Conference titled, ‘*Connecting with the community – a new direction for Australian Tax Office*’, (2003)

Appendix 1: A holistic view of complaints management



Source: Benefits of effective complaints management, Queensland Ombudsman's Office (2003)

Appendix 2: Investigation and resolution process summary

Stage 1: Frontline complaints handling

Complaints are to be lodged with designated complaints officers authorised to resolve minor complaints at first contact wherever possible e.g. counter staff, support staff or other person nominated for the purpose.

However, serious or complex complaints should usually be forwarded directly to the Complaints Manager/Review Officer or other senior officer designated for the purpose.

Frontline complaints officers should have authority to:

- obtain necessary information within agency to assess validity of complaints;
- resolve valid complaints; and
- reject invalid complaints (while informing complainant of entitlement to seek internal review).

Complaint details are logged for analysis.

(Note: complaints involving suspected official misconduct should be referred to the CEO to assess whether referral to the CMC is required.)

Stage 2: Internal Review

More senior officer or Designated Complaints Manager/Review Officer:

- receives and deals with:
 - (a) serious complaints
 - (b) requests for internal review from frontline
- monitors progress of primary complaints not resolved within indicative time frames (with power to take over complaints if appropriate); and
- has authority to:
 - (a) obtain necessary information to assess validity of complaints;
 - (b) resolve valid complaints
 - (c) reject invalid complaints.

Complaint details are logged for analysis.

Stage 3: Independent/External Review

If the complainant is dissatisfied with the internal complaint resolution process the agency should:

- consider using ADR processes (e.g. appointment of independent mediator); or
- refer the complainant to an independent review agency (e.g. Ombudsman); or
- inform the complainant of any other available appeal procedures.

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