

## FEEDBACK MANAGEMENT POLICY

### 1. Purpose and Scope

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SydWest and its Entities is committed to ensuring that any person or organization using services or affected by its operations has the right to lodge a complaint and to have their concerns addressed in ways that ensure access and equity, fairness, accountability, transparency and continuous improvement.

This Policy applies to:

- All clients and participants are receiving disability, aged care, and community engagement services
- Families, carers, advocates, and representatives
- Staff, volunteers, students, contractors, and Board members
- External stakeholders and partner organizations

The organization will provide a complaints and appeals management procedure that:

- Is simple, accessible, culturally appropriate, and easy to use
- Is effectively communicated and promoted to all clients and stakeholders
- Ensures complaints and appeals are assessed fairly and responded to promptly
- Is procedurally fair and follows principles of natural justice
- Complies with all relevant legislative, regulatory, and funding requirements
- Values compliments and feedback as opportunities for learning and service improvement

### 2. Policy Statement

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SydWest and its Entities will:

- Consider all feedback, complaints, appeals, and compliments received
- Treat all complainants with respect, recognising the importance of their concerns
- Maintain confidentiality of all parties involved, limiting information to those directly involved in resolution
- Ensure advocacy and support are available to clients who require assistance to provide feedback or make a complaint
- Resolve complaints, where possible, to the satisfaction of the complainant
- Deal with all complaints in a timely, transparent, and consistent manner
- Keep all relevant parties informed of progress and outcomes
- Ensure no person is penalised or disadvantaged for making a complaint or providing feedback
- Use feedback data (positive and negative) to inform organisational reviews, risk management, and service improvement activities

### 3. Procedure

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#### 3.1 Definitions:

- Complaint: An expression of dissatisfaction made to or about the Organization, its services, staff, or decisions, where a response or resolution is explicitly or implicitly expected.
- Appeal: A request to formally review a decision made by the Organization.
- Compliment: Positive feedback recognizing good service, practice, or outcomes.
- Feedback: Comments, suggestions, or opinions provided about services, whether positive or negative.

#### 3.2 Information for Clients and Stakeholders

Information about how to provide feedback or make a complaint will be made available through:

- Client information packs and service agreements
- Induction for staff, volunteers, and Board members
- The Organisation's website and noticeboards
- Culturally appropriate formats and languages where required

#### 3.3 Making a Complaint or Providing Feedback

Feedback, complaints, compliments, or appeals may be made verbally or in writing to:

- The staff member involved
- The relevant Supervisor or Service Manager
- The Chief Executive Officer (CEO)
- The Quality, Risk & Compliance Division
- The Board or Board Chair

Written correspondence may be sent to:

SydWest and its Entities Multicultural Services  
Level 2, 125 Main Street, Blacktown NSW 2148  
PO Box 869, Blacktown NSW 2148

The reception is responsible for receiving written complaints and directing them to the appropriate person or committee.

#### 3.4 QMS Reporting and Management of Feedback

All feedback, complaints, appeals, and compliments are required to be reported, recorded, and managed through the Organisation's Quality Management System (QMS) portal.

- All complaints and compliments are entered into the QMS portal upon receipt
- A Complaints Register and Compliments Register are maintained within the QMS

- Corrective and improvement actions arising from feedback or complaints are assigned to the relevant responsible person via the QMS
- Action owners are accountable for implementing, updating, and closing actions within agreed timeframes, with an oversight form QRC division

Reports generated from the QMS are:

- Regularly reviewed by Service Managers, the Continuous Quality Improvement Committee, and the Leadership Team
- Analysed for trends, systemic issues, and recurring risks
- Used as part of the Organisation’s Corrective and Preventive Action (CAPA) process
- Presented to relevant internal and external stakeholders, including the Board, to support governance oversight, continuous improvement, and compliance obligations

#### 4. Classification of Complaints

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All complaints are classified as Internal or External and prioritised based on risk, impact, and regulatory requirements. Responsibility for management and resolution is assigned through the QMS portal.

##### 4.1 Internal Complaints:

| Complaint Type     | Priority Level | Examples   | Responsible Role           | Target Resolution         |
|--------------------|----------------|--|----------------------------|---------------------------|
| Internal Complaint | Critical       | Serious misconduct, WHS risk, bullying, breach of policy | CEO / Complaints Committee | Within 5–10 working days  |
| Internal Complaint | High           | Repeated service failures, staff performance concerns    | Service Manager / COO      | Within 10–15 working days |
| Internal Complaint | Medium         | Service dissatisfaction, process issues                  | Service Manager            | Within 3 weeks            |
| Internal Feedback  | Low            | Suggestions, minor issues, compliments                   | Service Manager            | As agreed                 |

- Internal complaints involving staff or volunteers will be managed in accordance with Human Resources policies, including Industrial Grievance and Disciplinary procedures
- External complaints against staff or volunteers will be managed by the Complaints Committee, ensuring the person concerned is informed and given an opportunity to respond
- Complaints against CEO , Board members will be referred to the Chair or Deputy Chair, and escalated to the Board if required

#### 4.2 External Complaints:

| Complaint Type     | Priority Level | Examples   | Responsible Role                   | Target Resolution                            |
|--------------------|----------------|--|------------------------------------|--|
| External Complaint | Critical       | Reportable incidents, safeguarding concerns, regulator notifications | CEO / Complaints Committee / Board | As required by regulator (usually 5–10 days) |
| External Complaint | High           | Formal complaints to funders or oversight bodies                     | CEO / COO                          | Within 10–15 working days                    |
| External Complaint | Medium         | Complaints escalated by clients or advocates                         | Service Manager                    | Within 3 weeks                               |

If dissatisfied by Internal Complaints handling Complainants may contact external bodies at any stage. The detailed information about external bodies reporting is available in respective Service Manuals. Relevant bodies include:

| Service Type                  | External Body   |
|-------------------------------|---|
| Disability Services (NDIS)    | NDIS Quality and Safeguards Commission                            |
| Aged Care Services            | Aged Care Quality and Safety Commission                           |
| Human Rights / Discrimination | Australian Human Rights Commission; NSW Anti-Discrimination Board |
| Privacy                       | Office of the Australian Information Commissioner (OAIC)          |
| Work Health & Safety          | SafeWork NSW  |
| Community Services / Funding  | Relevant funding or contract management agency                    |

## 5. Complaints Handling & Resolution Process

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### 5.1 Complaints Handling and Resolution Process

#### Acknowledgement and Registration

- Registering the complaint in the Complaints Register via the QMS portal
- Acknowledging receipt within five (5) working days
- Providing information about the process, expected timeframes, and support options

#### Investigation

- Assessing and investigating the complaint within three (3) weeks of receipt
- Gathering relevant information and providing all parties an opportunity to respond

#### Resolution and Outcome

- Making a decision or referring the matter to the appropriate authority
- Informing the complainant of the outcome, including:
  - Upheld (and actions to be taken)
  - Resolved (and how)
  - Not upheld (with reasons)
- Advising of further review or escalation options

#### Internal Review

- If dissatisfied, the complainant may request a further review by the Next level in command up to CEO

#### Referral to External Body

- If unresolved, the complainant may escalate the matter to an appropriate external body (see Section 4.2 )

## 5.2 Management of Records

The Organisation will maintain accurate, secure, and confidential records of all feedback, complaints, appeals, and compliments.

- A Complaints Register will record:
  - Complainant details (where provided)
  - Nature of complaint
  - Date received
  - Actions taken
  - Outcome and date of resolution
  - Any further action required
- A Compliments and Positive Feedback Register will record:
  - Source of compliment (where provided)
  - Service or staff recognised
  - Date received
  - Key themes and learnings

#### Management of Records

- Registers will be maintained by the Quality Risk & Compliance Division
- All records will be stored securely and accessed only by authorised personnel
- De-identified data will be used for reporting, trend analysis, and continuous improvement
- Complaints data will be reviewed at least annually by the Management and Board

## 6 Roles and Responsibilities

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The following are guidelines for roles and responsibilities to manages feedbacks:

| <b>Role</b>                        | <b>Responsibilities</b>  |
|------------------------------------|--|
| Board                              | Oversight of complaints governance; manage complaints relating to the CEO or Board members; ensure compliance and accountability |
| Board Chair / Deputy Chair         | Manage complaints involving Board members; escalate unresolved matters to the Board  |
| Chief Executive Officer (CEO)      | Member of Complaints Committee; oversee operational resolution of Service-Related complaints                                     |
| Chief Services Officer (CSO)       | Investigate and manage complex or external complaints; ensure procedural fairness and documentation                              |
| Quality Risk & Compliance division | Receive written complaints; allocate complaints for management; review unresolved complaints; report trends to the Board         |
| Supervisors                        | Maintain complaints, appeals, and compliments registers; ensure record keeping and reporting                                     |
| Staff                              | Treat feedback respectfully; report complaints promptly; cooperate with investigations   |