COMPLAINTS HANDLING AND MANAGEMENT POLICY
Table of Contents

1. Introduction ............................................................................................................................. 7
   1.1. Purpose .................................................................................................................................... 7
   1.2. Scope ....................................................................................................................................... 7
   1.3. Organisational Commitment ................................................................................................. 7
   1.4. Our People - Roles and Responsibilities .................................................................................. 8
   1.5. Levels of Complaint Handling .................................................................................................. 8
       Level 1 ...................................................................................................................................... 8
       Level 2 ...................................................................................................................................... 9
       Level 3 ...................................................................................................................................... 9
   1.6. Learning from Complaints ....................................................................................................... 9
   1.7. Measuring Performance ........................................................................................................ 10
2. Terms and Definitions ........................................................................................................... 10
   Complainant ..................................................................................................................................... 10
   Complaint ......................................................................................................................................... 10
   Complaints Management Framework ............................................................................................. 11
   Compliments .................................................................................................................................... 11
   Concern ............................................................................................................................................ 11
   Critical Incident ................................................................................................................................ 11
   Dispute ............................................................................................................................................. 11
   Feedback .......................................................................................................................................... 11
   Grievance ......................................................................................................................................... 11
   Legislation ........................................................................................................................................ 11
   Policy 11
   Procedure ......................................................................................................................................... 12
   Public Interest Disclosure ................................................................................................................ 12
   Qualitative ........................................................................................................................................ 12
   Quantitative ...................................................................................................................................... 12
   Service Request ............................................................................................................................... 12
   Unreasonable Complaint Conduct and/or Vexatious ................................................................. 12
3. Guiding Principles .................................................................................................................. 12
   3.1 Standards ............................................................................................................................... 13
   3.2 Facilitate Complaints ............................................................................................................... 13
       Client Focus ............................................................................................................................... 13
Support and Development of Staff ........................................................................................ 13
No Detriment to People Making Complaints ........................................................................ 14
Anonymous Complaints ......................................................................................................... 14
Accessibility ........................................................................................................................... 14

3.3 Triage Complaints .................................................................................................................. 14
Early Resolution ..................................................................................................................... 14
Responsiveness and Timeframes .......................................................................................... 15
Managing Expectations ......................................................................................................... 15

Triage for complaints relating to staff conduct ................................................................. 17
Complaints from a Member of the Public Regarding Staff Conduct and Behaviour .......... 17
Reportable Conduct .............................................................................................................. 17
Complaints by Staff about Staff ............................................................................................. 17
Public Interest Disclosure ..................................................................................................... 18
If Fraud or Corruption is Suspected ....................................................................................... 18
Conflict of Interest ................................................................................................................. 18

3.4 Manage the Parties to a Complaint ....................................................................................... 19
Complaints Involving Multiple Agencies ............................................................................... 19
Complaints Involving Multiple Parties ................................................................................... 20
Managing Unreasonable Conduct by People Making Complaints ...................................... 20

4. Complaint Management System ........................................................................................... 21
4.1 Receipt of Complaints ........................................................................................................... 21
4.2 Acknowledgement of Complaints ......................................................................................... 21
4.3 Address and Investigate ........................................................................................................ 22
   Initial Assessment .................................................................................................................. 22
   Addressing Complaints .......................................................................................................... 22
4.4 Providing Reasons for Decisions ............................................................................................ 22
4.5 Closing the Complaint .......................................................................................................... 23
4.6 Record Keeping ...................................................................................................................... 23
4.7 Review ................................................................................................................................... 24
   Level 2 – Internal Review by Business Complaints Unit ........................................................ 24
   Level 3: Referral to Quality, Complaints and Regulation (QCR) ............................................ 24
4.8 Complaints Handling Data Management and Analysis .......................................................... 24
   4.8.1 Analyse and Report Data for Continuous Improvement ...................................................... 24
CSD Complaints Handling Data Framework ........................................................................... 23
ACKNOWLEDGEMENTS / REFERENCES ............................................................................................ 25
APPENDIX 1 - LEGISLATION .............................................................................................................. 26
INTRODUCTION ................................................................................................................................ 37
1.1 Statement of support ............................................................................................................ 37
2. OBJECTIVES ............................................................................................................................ 37
2.1 Policy aims ............................................................................................................................. 37
3. DEFINING UNREASONABLE COMPLAINANT CONDUCT ......................................................... 38
3.1 Unreasonable complainant conduct ..................................................................................... 38
3.2 Unreasonable persistence ..................................................................................................... 38
3.3 Unreasonable demands ......................................................................................................... 39
3.4 Unreasonable lack of cooperation ........................................................................................ 39
3.5 Unreasonable arguments ...................................................................................................... 39
3.6 Unreasonable behaviour ....................................................................................................... 40
4. ROLES AND RESPONSIBILITIES ............................................................................................... 40
4.1 All staff ................................................................................................................................... 40
4.2 The Director Quality, Complaints and Regulation ................................................................. 41
4.3 Senior managers .................................................................................................................... 41
5. RESPONDING TO AND MANAGING UCC ................................................................................ 41
5.1 Changing or restricting a complainant’s access to our services ............................................ 41
5.2 Who – limiting the complainant to a sole contact point ....................................................... 42
5.3 What – restricting the subject matter of communications that we will consider ................... 42
5.4 When – limiting when and how a complainant can contact us ............................................ 43
      Writing only restrictions ........................................................................................................ 43
5.5 Where – limiting face-to-face interviews to secure areas .................................................... 44
      Contact through a representative only ................................................................................. 44
5.6 Completely terminating a complainant’s access to our services .......................................... 44
6. ALTERNATIVE DISPUTE RESOLUTION .................................................................................... 45
6.1 Using alternative dispute resolution strategies to manage conflicts with complainants ..... 45
7. PROCEDURE TO BE FOLLOWED WHEN CHANGING OR restricting a complainant’s ACCESS TO OUR SERVICES ..................................................................................................... 45
7.1 Consulting with relevant staff ............................................................................................... 45
7.2 Criteria to be considered ..................................................................................................... 45
7.3 Providing a warning letter .................................................................................................... 46
7.4 Providing a notification letter ............................................................................................... 47
<table>
<thead>
<tr>
<th>Appendix</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix C</td>
<td>...........................................</td>
<td>57</td>
</tr>
<tr>
<td>Appendix D</td>
<td>Sample warning letter</td>
<td>59</td>
</tr>
<tr>
<td>Appendix E</td>
<td>...........................................</td>
<td>60</td>
</tr>
<tr>
<td>Appendix F</td>
<td>Sample letter notifying a complainant of an upcoming review</td>
<td>62</td>
</tr>
<tr>
<td>Appendix G</td>
<td>Sample checklist for reviewing a decision regarding an access change/restriction</td>
<td>64</td>
</tr>
<tr>
<td>Appendix H</td>
<td>Sample letter advising the complainant of the outcome of a review</td>
<td>66</td>
</tr>
</tbody>
</table>
1. Introduction

The Community Services Directorate (CSD) is committed to providing a high quality complaints management service. We welcome and value all feedback, and strive to provide and improve on the best service we can.

Effective resolution of complaints enables clients, stakeholders and employees to participate in service improvement. Everybody is encouraged and supported to make a complaint in a way that is comfortable for them, their family, carer or advocate in order for services and supports to better meet their needs and expectations. However, wherever possible CSD seeks to resolve complaints quickly and effectively, without recourse to formal processes.

Data gathered during through the complaints resolution process helps to shape and inform ACT Government policy and processes.

Complaints may involve multiple parties and areas of concern and it is not always possible to meet everyone’s expectations. However, the overarching principles outlined in this document apply, and a consistent, fair and transparent approach to providing resolution will be taken at all times.

1.1. Purpose

The CSD Complaints Handling Charter is a statement of purpose, authority and responsibility with regard to the complaints handling function across CSD. The charter also delineates responsibility for oversight of complaint handling.

This policy provides guidance for staff on the key principles and concepts of CSD’s complaint management system to ensure staff are equipped to handle complaints fairly, efficiently and effectively. All supporting documents, including complaints handling procedural instructions and further resources are listed in the appendices.

This Policy has been developed using the Commonwealth Ombudsman Better Practice Guide to Complaint Handling (April 2009), the NSW Ombudsman Complaint Management Framework (June 2015), and the Victorian Ombudsman Complaints: Good Practice Guide for Public Sector Agencies (September 2016).

1.2. Scope

This policy applies to all staff receiving or managing compliments, feedback or complaints from the public, made to or about CSD regarding our services, staff and/or the handling of complaints. Compliments, feedback and complaints may be received in any format i.e. written, electronic, by phone or face to face.

1.3. Organisational Commitment

CSD expects employees at all levels to be committed to the effective and efficient handling of complaints and to respond in accordance with the principles and guidelines outlined in this Policy. CSD is committed to:

- promoting a culture that values complaints and their effective resolution;
- maintaining a customer focus by providing an accessible complaints system as a means to address issues, and enhance the performance of the Directorate;
ensuring staff are appropriately trained, supported and empowered to adequately manage complaints;

providing timely responses and effective communication throughout all stages of the complaint handling process;

addressing each complaint with integrity and in an objective and impartial way;

ensuring there is no detriment to people making complaints; and

collecting, analysing and reporting on complaints data to inform continuous improvement.

1.4. Our People - Roles and Responsibilities

All staff will be supported to know about and work in accordance with this policy. Staff with direct responsibility for handling complaints will be supported and trained in their role, to ensure they develop an in-depth knowledge of operations within their respective Business Units, as well as an understanding of the broader activities across the Directorate. Training might include self-learning through manuals and procedures, internal collaboration groups or internal or external training sessions.

**Director-General** - will promote a culture that values complaints, their effective resolution and continuous improvement.

**Deputy Director-General** – will promote a culture that values complaints, their effective resolution and continuous improvement.

**Executive Directors and Directors** – will support effective complaints management and drive improvements through analysis of complaints data.

**Senior Managers** – will provide regular reports on issues arising from complaints handling and ensure any recommendations and commitments are followed through and implemented.

**Complaint Handling Staff** – will demonstrate exemplary complaint handling practices gained through appropriate ongoing training, support and collaboration.

**All Staff** – will be aware of and able to communicate CSD’s complaint handling procedures, understand their responsibility to be alert to complaints, and assist staff handling complaints to resolve matters promptly.

1.5. Levels of Complaint Handling

The first response to any complaint or expression of dissatisfaction is the most important. It is this response that will set the tone for how the process unfolds and will determine whether a formal response is required through a complaints process. The CSD complaints handling process is designed using a triage methodology which is applied by staff to determine the complexity, urgency and risks associated with a complaint. The triage levels apply as follows:

**Level 1**

Complaints are handled and managed within Business Units by frontline staff at the point of service contact. Level 1 complaints can arise in many forms including during clients visits,
phone calls, in person, be referred from the complaints management unit, by email or in writing. CSD strives to resolve complaints at this level whenever possible.

Depending on the nature of the complaint it might be resolved in person, on the phone or through a follow up email or letter. Wherever possible, resolution of a Level 1 complaint will include information on how to seek a review of the outcomes (for example, through making a Level 2 complaint or contacting an external oversight authority).

Given the breadth of scope for Level 1 complaints, they are not recorded for reporting purposes.

**Level 2**

Complaints are handled by the complaints officer or responsible manager of the Business Unit. This allows responsibility for the complaint management and review function to remain within the Business Unit and enables an escalation point for Level 1 complaints.

A person might make a Level 2 complaint but agrees, in consultation with the complaints management unit or responsible manager of the Business Unit, to refer the matter back to a business unit or team member as a Level 1 complaint. This is to ensure fast and effective resolution and will include the option to pursue the Level 2 complaint if the outcome is not satisfactory.

Level 2 complaints are recorded for reporting purposes.

**Level 3**

Complex complaints and the independent internal review function of the Directorate are handled by the Senior Investigator, Quality, Complaints and Regulation (QCR) as authorised by the Director-General. This is the escalation and investigation point for Level 2 complaints, however in some circumstances a complaint may go straight to Level 3 (for example, on referral from the Director-General or business unit, complex or sensitive matters, or urgent or significant matters).

A person might make a Level 3 complaint but agrees, in consultation with QCR and the responsible Business Unit, to refer the matter back to a business unit as a Level 2 complaint, (with the option to pursue the Level 3 complaint if the outcome is not satisfactory).

QCR does not have the delegation to change or overturn administrative decisions however the Senior Investigator can make recommendations in relation to policies, procedures and relevant legislation.

**1.6. Learning from Complaints**

Effective management of complaints leads to increased customer and staff satisfaction and presents opportunities to improve policies, processes and systems. Complaints are welcomed and embraced as an opportunity, complaints management is not about assigning blame.

Consistent with the ACTPS values and behaviours it is important for staff to understand that when mistakes are made, they should be disclosed so action can be taken to rectify the situation. There should be no withholding of information for fear of punishment. Instead, a positive culture of open communication is encouraged to support staff to view complaints as
a valuable feedback tool which allows us the opportunity to continuously improve and appropriately respond to changing needs and circumstances.

1.7. **Measuring Performance**

Regular reporting, review and analysis of complaints provide vital data for the Directorate to measure and improve the performance of its services. The key lies in having a systematic approach to recording complaints and their outcomes, particularly whole of agency data, in sufficient detail to allow analysis. It is therefore imperative that from the outset appropriate records are kept including:

- details of complaints;
- categories of common issues raised in complaints;
- the steps taken to address complaints;
- complaint outcomes; and
- any undertakings given to the person making a complaint about actions that are to be taken to resolve the problems identified as a result of their complaint.

The QCR branch of CSD plays an integral role in monitoring and reporting the Directorate’s performance in regards to complaint handling. On a quarterly basis, QCR will request both qualitative and quantitative data be provided by all business units within the Directorate. This data will be used to populate the quarterly report which will be provided to the Director-General for inclusion in the Annual Report.

2. **Terms and Definitions**

**Complainant**

A person expressing dissatisfaction about us, our services, staff or the handling of a complaint where a response or resolution is expected or legally required.

A complaint can be made by one person, jointly with somebody else, or can be lodged on another person’s behalf.

**Complaint**

An expression of dissatisfaction made to or about us, our services, staff or the handling of a complaint where a response or resolution is expected or legally required.

A complaint covered by this Policy includes:

- any allegation of impropriety or misconduct by a staff member not covered by the Code of Conduct;
- any clearly articulated grievance about the handling of a matter, our policies, procedures or service; and
- conflicts of interest, whether actual or perceived.

Matters that are **not** covered by this Policy include those related to:

- **workplace harassment** including staff grievances;
- **Code of Conduct**;
• Freedom of Information requests;
• reports of problems or wrongdoing that are intended to bring a problem to our notice but there is no expectation of a response (refer Terms and Definitions);
• service requests (refer Terms and Definitions);
• Reportable Conduct; and
• Review of Decision.

Complaints Management Framework
All policies, procedures, practices, staff, hardware and software used by us in the management of complaints.

Compliments
An expression of praise, commendation or admiration in respect of the services delivered by CSD or the staff employed to deliver those services.

Concern
A less formal expression of worry or anxiety about an issue which expresses a hopeful resolution.

Critical Incident
A traumatic event or threat of such (within scope of CSD Service delivery) which may cause extreme stress, fear or injury. This may include:

• death of a client, family member or visitor;
• serious illness or injury (requiring emergency services).

Dispute
An argument or disagreement between two or more parties where agreement on the facts cannot be reached.

Feedback
Opinions, comments and expressions of interest or concern made to or about us, our services, staff or the handling of a complaint where a response or resolution is NOT expected or legally required.

Grievance
A clear, formal written statement by an individual staff member, about another staff member or a work related problem.

Grievances are not covered by this Policy (refer exclusions listed under Complaint definition).

Legislation
Legislation is defined as laws and rules made by the government and enacted by parliament and can refer to a single law or to a collection of laws (a full list of all legislation underpinning the application of this Framework can be found at Appendix 1.)

Policy
A statement of instruction that sets out how we will fulfil our vision, mission and goals.
Procedure
A statement of instruction that sets out how we will fulfil our commitment to adhere to the Complaints Management Framework, how it will be implemented, and by whom.

Public Interest Disclosure
A report of wrong doing made about a public official in ACT that meets the requirements of the Public Interest Disclosures Act 2012.

Qualitative
A categorical measure of types of data that describes certain characteristics or attributes.

Quantitative
A form of expressing numerical quantities of data such as measures or counts.

Service Request
A service request will vary depending on the core business of each program area however in the context of complaints handling, it is likely to include:

- requests for the provision of services and assistance;
- requests for explanation of policies, procedures and decisions; and
- reports of failure to comply with laws regulated by the organisation.

Unreasonable Complaint Conduct and/or Vexatious
Unreasonable complainant conduct which is unreasonable and/or vexatious can be defined as any behaviour by a current or former complainant which, because of its nature or frequency, raises substantial health, safety, resource or equity issues for the parties to a complaint.

3. Guiding Principles
People primarily make complaints because they want to express their dissatisfaction with something or someone, and are seeking an explanation as to how or why a situation has occurred. In general terms dissatisfaction can relate to a person being unhappy with a decision, the quality of service provided, the behaviour of staff, lack of communication, or because a different outcome was expected.

It is important to recognise that a complainant wants their concerns to be heard and understood and will often be seeking an apology. Regardless of whether or not we are able to realistically meet their expectations, they are likely to be reasonably satisfied if we address their concerns in some way, as soon as possible.

Some examples of the types of complaints made about CSD are:

- delay or lack of timely response;
- rudeness or unprofessional conduct;
- inaccurate information being included in a publication or record;
- conflict of interest or perceived bias;
- failure to follow up on something that was promised (over-promising); and
• poor quality or absence of communication.

3.1 Standards

The CSD Client Service Standards describes how clients can expect to be treated by staff across the Directorate, and sets out what is expected of clients in order to achieve the best possible outcomes. The Client Service Standards also allows us to broadly identify our obligations to, and expectations of staff under the Work Health and Safety Act 2011. (The Standards for the Conduct of Inquiries and Investigations for ACT Agencies details the standards, procedures and guidelines applicable to the conduct of investigations.

3.2 Facilitate Complaints

Client Focus

We are committed to seeking and receiving compliments, feedback and complaints about our services, systems, practices, procedures, products and complaint handling.

Any concerns raised in feedback or complaints will be addressed within a reasonable timeframe (refer 3.3 - Responsiveness and Timeframes).

People making complaints will be:

• provided with information about our complaint handling process;
• provided with multiple ways to make complaints;
• listened to, treated with respect by staff and actively involved in the complaint process where possible and appropriate; and
• provided with reasons for our decision(s) and any options for redress or review.

Support and Development of Staff

All staff managing complaints are empowered to implement the Complaint Handling and Management Platform as relevant to their role and responsibilities.

Staff are encouraged to provide feedback on the effectiveness and efficiency of all aspects of the Platform. Further advice regarding the implementation of the Complaints Handling and Management Platform can be obtained from QCR by phoning 62050474 or emailing QUALITY@act.gov.au.
**No Detriment to People Making Complaints**

We will ensure that people making complaints are not adversely affected because a complaint has been made by them or on their behalf.

**Anonymous Complaints**

We will accept and record anonymous complaints and where enough credible information provided, we will determine whether an investigation of the issues is warranted.

**Accessibility**

We will ensure that information about how and where complaints may be made is well publicised and that our systems to manage complaints are easily understood and accessible to everyone, particularly those who may require assistance.

If a complainant prefers another person or organisation to assist or represent them in the making and/or resolution of their complaint, we will communicate with them through their representative if that is their wish. Anyone may represent a person wishing to make a complaint with their written consent (eg an advocate, family member, legal or community representative, member of Parliament, or a representative from another organisation). A list of ACT Advocacy and Oversight Agencies can be found at Appendix 2.

### 3.3 Triage Complaints

It is important for CSD staff to appropriately triage complaints before deciding how best to resolve complaints. This will involve gathering and evaluating all of the available information before determining the most appropriate way to proceed to resolution. Listed below are key considerations.

**Early Resolution**

Where possible, complaints will be resolved by frontline staff within the relevant area of CSD at the Level 1 (or first contact) stage. This is the point at which the recording of information in relation to the interaction should commence.

In considering the range of intervention options the following questions will be taken into account:

- What is the complainant seeking?
- What is the degree of detriment?
- What options are available?
Responsiveness and Timeframes

Timeliness is an important driver of customer satisfaction across all levels of government in regards to service delivery. There are a number of variables which may affect complaint resolution times such as the complexity of the issue(s) raised, availability of evidence, and the resources allocated for the investigation of complaints. Whilst it is therefore not possible to provide definitive timeframes for the resolution of complaints, we will endeavour ensure:

- all frontline complaints received via phone or in person are dealt with immediately and where possible, resolved on the same day;
- all frontline Level 1 complaints received are acknowledged within 24 hours of receipt and resolved within seven (7) working days;
- a substantive response to all Level 2 complaints is provided by the Business Units complaint teams within 14-28 working days from acknowledgement of receipt;
- all complaints referred to the Senior Investigator, QCR will be investigated within 60 working days of receipt.

A complaint will be assessed and prioritised in accordance with the urgency and/or seriousness of the issues raised. If a matter concerns an immediate risk to safety or security, the relevant Critical Incident Notification process should be initiated and the response escalated accordingly. Further information related to accessing Emergency Support can be found on CSD’s website.

Managing Expectations

Dissatisfaction with complaint handling is often caused by the complainant having unreasonable expectations as to how a complaint will be handled and the likely outcome. Our commitment to managing a complainant’s expectations will ensure that they are provided with all relevant fact sheets and related information including:

- who is handling their complaint and how to contact them;
- how the complaint will be handled;
- what issues are being considered;
- the expected timeframes for our actions;
- the progress of the complaint and reasons for any delay;
- their likely involvement in the process;
- the possible or likely outcome of their complaint; and
- their review rights and what to do next if not satisfied with the outcome.

If we are unable to meet the complainant’s expectations we will endeavour to explain what we can and cannot do and provide alternative avenues.

If we are unable to deal with any part of a complaint we will advise the complainant as soon as possible and provide guidance as to where such issues may be directed (if known and appropriate).
If the specified timeframes for responding to complaints is longer than is reasonably expected, this will be explained in the response acknowledging the complaint.

Below are core considerations that should be applied for best practice.

**Objectivity and Fairness**

We will address each complaint with integrity and in an equitable, objective and unbiased manner. For a Level 2 complaint we will ensure that the person handling a complaint is different from any staff member whose service or conduct is being complained about.

**Procedural Fairness**

The law of natural justice, also referred to as ‘duty to act fairly’, applies to any decision affecting the rights, interests or expectations of an individual in a direct or immediate way. The right to a fair hearing requires that individuals should not be penalised by decisions affecting their rights or legitimate expectations unless they have been given prior notice of the case, a fair opportunity to answer it, and the opportunity to present their own case.

**Responding Flexibly**

CSD staff are empowered to resolve complaints efficiently and effectively. We will adopt flexible approaches to service delivery and problem solving to enhance accessibility for people making complaints and/or their representatives. We will assess each complaint on its merits and people making complaints and/or their representatives will be involved in the process as far as possible.

**Privacy and Confidentiality**

We will protect the identity of people making complaints where this is practical and appropriate. Personal information that identifies individuals will only be disclosed or used by CSD as permitted under the relevant privacy and/or protected information laws, and any other relevant confidentiality obligations.

Written consent to access personal information will be obtained from the complainant prior to the commencement of any complaint investigation process. A model Consent to Access Personal Information template can be found at Appendix 3.
Triage for complaints relating to staff conduct.

The purpose of this section is to ensure that staff complaints are appropriately addressed and managed efficiently and effectively in reaching a resolution for all parties involved.

Complaints from a Member of the Public Regarding Staff Conduct and Behaviour

If the complaint involves allegations related to the misconduct and/or inappropriate behaviour of staff employed by CSD, this constitutes escalation to a preliminary misconduct assessment by a senior member of the business unit and notification is provided to the People Management delegate. In these instances the following will apply:

- the complaint will be acknowledged and referred to an executive officer in the appropriate area of the Directorate for action, where a preliminary assessment will be undertaken.
- primary consideration will be given to ensuring compliance with the current CSD Enterprise Agreement arrangements relating to the management of staff misconduct complaints and the application of relevant disciplinary procedures if required;
- the Directorate will investigate the complaint in accordance with the principles of natural justice and in a manner which promotes the values of the ACT Public Service and in accordance with the Public Sector Management Act 1994;
- any other issues identified in the complaint will be considered separately from the staff complaint and a response to those issues will be provided within specified timeframes;
- the complainant may be contacted by an investigator appointed by the Directorate and asked to provide additional information relating to the complaint; and

Note: Due to privacy and confidentiality considerations it may not be possible to advise the complainant of a specific outcome of a complaint investigation where it relates to a staff member.

Reportable Conduct

The Reportable Conduct Scheme is allegation based. Employers (designated entities) covered by the Scheme must report allegations, offences or convictions relating to child-related misconduct by an employee to the Ombudsman. It does not matter whether or not the employee engaged in the conduct in the course of employment or whether a child consents to the conduct. The Reportable Conduct Scheme does not interfere with reporting obligations to ACT Policing or Child, Youth and Families, or any other relevant professional bodies. If employees suspect criminal conduct has occurred, they should report to ACT Policing in the first instance.

Reportable Conduct Contact Officers have been appointed for the Directorate and if a complaint is considered a potential breach under the Reportable Conduct Scheme, it will be referred to CSDs People Management (HR) and a report will be made to the ACT Ombudsman.

Complaints by Staff about Staff

These types of complaints are considered Grievances (see Terms and Definitions) and are not covered within the Complaints Handling and Management Platform. Staff grievances must
be submitted to the Director, People Management. Grievance procedures are also outlined in the CSD Enterprise Agreement.

**Public Interest Disclosure**

The *Public Interest Disclosure Act 2012* applies in respect of disclosures/complaints which suggest serious or systemic concerns that may bring harm directly or indirectly to the general public, now, or in the future. Where such complaints are considered to be more serious than just a technical breach of policy or procedures, and to involve action or inaction that has a significant or widespread negative impact, they may be accepted as public interest disclosures and dealt with under the provisions of the *Public Interest Disclosure Act 2012* and *Public Interest Disclosure Guidelines 2017* (Notifiable Instrument NI2017-290) rather than this policy.

Public interest disclosures may be about matters relating to corrupt conduct, eg accepting money or other benefits in exchange for helping someone to avoid prosecution, win a contract or gain Government approval; fraud or theft, eg falsifying documents or information or stealing an employer’s property or funds; official misconduct or maladministration, eg gaining personal benefit by not revealing a conflict of interest; harassment, intimidation or discrimination, eg assaulting a person during the course of carrying out their work functions, duties or responsibilities; or practices endangering the health or safety of staff, the community or environment. The Designated Disclosure Officers for CSD are:

- Deputy Director General
- Senior Director, Corporate Services
- Director, People Management
- CSD Executive holding the position as a Senior Executive Responsible for Business Integrity Risk (*SERBIR*)

If a complaint is at a level that may potentially be considered a public interest disclosure, it should be referred to a Designated Disclosure Officer who will determine if it should be accepted as a public interest disclosure or dealt with under alternative provisions.

**If Fraud or Corruption is Suspected**

It is the responsibility of CSD staff to act with honesty and integrity at all times, and to be vigilant in detecting possible incidents of fraud and corruption.

If a staff member becomes aware of possible fraud and corruption they are obliged to report their concerns. In the first instance the matter should be raised immediately with a supervisor or manager, however if the matter directly relates to the supervisor or manager, the issue should escalated to the *SERBIR*. Contact details for CSD SERBIR are:

Ph: 6207 5938  
CSDSERBIR@act.gov.au

**Conflict of Interest**

Staff investigating complaints shall not participate in the investigation of any matter in which they have had direct involvement over the preceding 12 month period. Where previous involvement exists, and the time period since involvement is greater than 12 months, the
extent to which the staff member may be involved shall be determined by the Director of the relevant business unit.

Instances of potential, or perceived, or actual conflicts of interest by staff are to be immediately reported to the Director of the relevant business unit in the first instance.

3.4 Manage the Parties to a Complaint

Complaints Involving Multiple Agencies

Where a complaint involves multiple organisations, we will work with the other organisations(s) where possible to ensure that communication with the person making a complaint and/or their representative is clear and coordinated.

Subject to privacy and confidentiality considerations, communication and information sharing between the parties will also be organised to facilitate a timely response to the complaint. Where a complaint involves multiple areas within CSD, responsibility for communicating with the person making the complaint and/or their representative will also be coordinated.

Where our services are contracted out, we expect contracted service providers to have an accessible and comprehensive complaint management system. We take complaints not only about the actions of our staff but also the actions of service providers.

Quality, Complaints and Regulation is a referral point for complaints about all regulated service providers in the ACT.

Quality, Complaints and Regulation is an escalation point for complaints about Uniting and agencies that are part of ACT Together. This part of the process aligns to Complaint Handling within CSD, however, the first and subsequent levels of review as managed by the CSD Business Unit and Division are in this instance handled within the service provider’s complaint handling process.

In the first instance complainants should raise concerns directly with the service provider. This may include one or more levels of review, depending on the provider’s internal processes.

If the matter is not resolved by the service provider to the complainant’s satisfaction, the complaint can be escalated to the Human Services Registrar (for regulatory compliance concerns) and/or the Senior Investigator, QCR (for other concerns). This distinction is assessed internally and is not expected to be defined by the complainant. Complaints
received by the Senior Investigator, QCR, are then managed in accordance with CHAMP in line with usual procedures. Complaints that indicate a regulatory compliance issue will be managed outside of CHAMP, in accordance with the legislated regulatory oversight responsibilities of the HSR.

**Complaints Involving Multiple Parties**

When similar complaints are made by related parties we will endeavour to arrange to communicate with a single agreed representative of the group. Staff must ensure all privacy and confidentiality provisions are implemented to prevent any inappropriate disclosure about or to another party to the complaint.

**Managing Unreasonable Conduct by People Making Complaints**

We are committed to being accessible and responsive to all people who approach us with feedback or complaints and our success depends on:

- our ability to do our work and perform our functions in the most effective and efficient way possible;
- the health, safety and security of our staff; and
- our ability to allocate our resources fairly across all the complaints we receive.

When people behave unreasonably in their dealings with us, their conduct can significantly affect the progress and efficiency of our work. As a result, we will take proactive and decisive action to manage any conduct that negatively and unreasonably affects us and will support our staff to do the same in accordance with this Framework.

For further information on managing unreasonable conduct by complainants please refer to the section on [CSD Managing Unreasonable Complaint Conduct](#) within this document.
4. **Complaint Management System**

When responding to Level 2 or Level 3 complaints, staff should act in accordance with our complaint handling procedures as well as any other internal documents providing guidance on the management of complaints. Staff should also consider any relevant legislation and/or regulations when responding to complaints and feedback.

The six key stages in our complaint management system are set out below.

1. **Receive**

2. **Acknowledge**

3. **Address and Investigate**

4. **Provide Reasons for Decision**

5. **Closing the Complaint, Record Keeping, and Review**

6. **Analyse and Report Data for Continuous Improvement**

**4.1 Receipt of Complaints**

We will record the complaint and its supporting information from the outset at first contact. We will also assign a complaint reference number to the complaint file.

The initial record of the complaint will document:

- the contact information of the complainant unless they wish to remain anonymous;
- issues raised by the person making a complaint;
- any other relevant information; and
- any additional support the person making a complaint requires.

**4.2 Acknowledgement of Complaints**

We will acknowledge receipt of all complaints promptly in accordance with specified timeframes *(refer 3.3 – Responsiveness and Timeframes)*. Consideration will be given to selecting the most appropriate medium for communicating with the person making a complaint ie return phone call, email, letter, face to face meeting.

If English is not the first language of the complainant we will consider whether use of an appropriately qualified interpreter is in the best interest of the complainant. To access the Telephone and Interpreter Service *(TIS)* call 131 450 and quote the applicable branch code.
Where appropriate, the complainant may be referred to another agency such as ACT Policing, the Environmental Protection Authority (EPA), Domestic Animal Services or Access Canberra, ACT Ombudsman’s Office.

4.3 Address and Investigate

Initial Assessment

After acknowledging receipt of the complaint, CSD staff will confirm whether the issue(s) raised in the complaint is within their area of responsibility. We will also consider the outcome(s) sought by the person making a complaint and, where there is more than one issue raised, determine whether each needs to be separately addressed.

If it is determined the Business Unit cannot assist, the complainant should be referred to the correct area. If the referral is to another CSD Business Unit the call should be transferred, however, if the correct area is an external agency, the phone number should be provided to the complainant to facilitate contact.

When determining how a complaint will be managed, we will first consider the risk to all parties and seek to understand:

- how serious, complicated or urgent the complaint is;
- whether the complaint raises concerns about a person’s health and safety;
- how the person making the complaint is being affected;
- the consequences if resolution of the complaint is delayed;
- whether a resolution requires the involvement of other organisations; and
- what CSD reporting category the complaint falls into (refer Appendix 4 – Complaint Categories)

Addressing Complaints

After assessing the complaint, we will consider how to manage it. To do this we may:

- give the person information or an explanation;
- gather more information from the person or area the complaint is about;
- investigate the claims made in the complaint; or
- refer to another agency.

We will keep the person making the complaint up to date on our progress particularly if there are any potential delays. We will also communicate the outcome of the complaint using the most appropriate medium. The actions we decide to take will be tailored to each case and take into account any statutory requirements, policies and practices.

4.4 Providing Reasons for Decisions

Following consideration of the complaint and any investigation into the issues raised, we will contact the person making the complaint and advise in writing the following:

- the outcome of the complaint and any action taken;
- the reason(s) for our decisions;
• the remedy or resolution(s) we have proposed or put in place;
• any options for review that may be available to the complainant, such as internal review, external review or appeal; and
• the rights to access information in accordance with the Freedom of Information Act 1989 (n.b. the Freedom of Information Act 2016 will replace the 1989 Act on 1 January 2018) if the complaint is at the Level 3 stage.

If throughout the course of the investigation we make any adverse findings about a particular individual, we will consider any applicable privacy obligations under the Privacy Act 1988 (Cwlth)/Information Privacy Act 2014 (ACT) and any applicable exemptions in or made pursuant to the Acts, before sharing our findings with the person making the complaint. However, exclusions may apply in individual circumstances in accordance with the Children and Young People Act 2008 and the Mental Health Act 2015.

4.5 Closing the Complaint

When the investigation of a complaint is completed the complainant should be told the particulars of the investigation, including any findings or decision reached. Even if certain aspects of the complaint are still being investigated, the complainant will usually welcome an interim explanation of what has been finalised. The explanation should be given in writing and where appropriate verbally. Complaints investigators should communicate with the complainant to let them know that a more detailed written explanation will be forwarded.

4.6 Record Keeping

In accordance with the Territory Records Act 2002 we will maintain comprehensive records (electronic or hard copy or both) in regards to:

• how the complaint was managed;
• all communication to and from the complainant;
• verbal or written authority to communicate with third parties on behalf of the complainant;
• any correspondence received and/or sent in relation to the matter;
• information or any other documentation received from the complainant;
• issues raised and any information discussed, both internally and externally;
• decisions made about the issues and the reasons for the decisions and any evidence referenced sections of legislation, policies, procedures and business rules that were considered to be relevant, to determine, a fair and reasonable outcome to the issues in dispute. This is particularly relevant in historical cases.
• what records were used in the analysis of the complaint;
• the outcome(s) of the complaint including any recommendations made; and
• any actions to be followed up.
4.7 Review

We are accountable for our decisions and will submit ourselves to appropriate scrutiny. It is good practice to offer complainants the opportunity to seek review into how their complaint was handled and resolved.

We will provide complainants with alternative avenues for dealing with complaints and the internal and external review options available to them.

Level 2 – Internal Review by Business Complaints Unit

You should automatically refer complaints to Level 2 in the following circumstances:

- where complaints relate to your own conduct and/or the conduct of others;
- where there is a real or perceived conflict of interest; or
- a complaint investigation has just been completed and the complainant is dissatisfied with the outcome.

Level 3: Referral to Quality, Complaints and Regulation (QCR)

Sometimes it may not be possible to resolve a complaint at the Level 1 or Level 2 stage. If the complainant is dissatisfied with how their complaint has been handled in the first two stages, they may escalate their complaint to QCR as CSD's independent review unit.

Upon request of the complainant, QCR may exercise discretion and determine that a complaint has significant implications relating to CSD administrative decisions or other associated processes.

CSD as a government agency is subject to the scrutiny of other territory bodies. Sometimes it is more appropriate to refer a complainant to an agency such as the Human Rights Commission, Public Advocate, ACT Ombudsman’s Office or Privacy Commissioner.

Example: If a complaint remains unresolved after the completion of all the CSD’s procedures or the complainant is dissatisfied with the manner in which the complaint has been handled by CSD, then QCR will advise the appropriate course of action.

The external Oversight Agencies contact details have been highlighted in Appendix 2.

4.8 Complaints Handling Data Management and Analysis

Effective management of complaints leads to increased customer and staff satisfaction and presents opportunities to improve policies, processes and systems. Complaints are welcomed and embraced as an opportunity, complaints management is not about assigning blame. The CSD Complaints Handling Data Framework will support continuous improvement activities.

4.8.1 Analyse and Report Data for Continuous Improvement

CSD complaints handling staff will analyse complaints data and feedback on a quarterly basis. This will be undertaken at Level Two complaints and above to ensure standard performance measures have been developed and implemented to inform quarterly reports to the Director-General. The data provided by the Business Units is compiled by QCR and analysed to identify trends, and develop recommendations about how to improve services.
## CSD Complaints Handling Data Framework

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Relevant concepts</th>
<th>Indicators</th>
<th>Measures</th>
<th>Data source</th>
</tr>
</thead>
</table>
| Complaints are appropriately handled and resolved. | • Response/finalisation  
• Timeframes-timeliness  
• Clarity of information  
• Procedural Fairness  
• Evidence base | • A decision is made.  
• The outcome is communicated.  
• The commitment/actions are implemented.  
• (Business improvements are identified where appropriate) | • Number of complaints about our service and sub-contracted services (in-scope).  
• The number and proportion of complaints completed (with decision) within agreed timeframes.  
• The number and proportion of complaints that lead to appeals and escalations.  
• The proportion of appeals found in favour of complainant (changes to decisions).  
• The proportion of actions as a result of a closed complaint that are finalised (for future development). | • Administrative data |
| Clients are empowered to have a voice and agency | • Opportunities to engage  
• Knowledge/accessibility  
• Respectful treatment | • Information about the government services and the clients’ rights and responsibilities is accessible.  
• Clients are enabled to be a part of the complaints process + resolution  
• Informed and updated about process + timeframe.  
• Their options for resolution.  
• Clients are treated appropriately. | • The proportion of complaints cases that comply with the CHAMP process (from an audit sample)  
• Proportion of all clients who know how to make a complaint or appeal, or know where to find the information about how to do this?  
• Proportion of all clients who believe that complaints can be made without fear of reprisals  
• Proportion of complainants who felt that they were treated appropriately in the complaints process (e.g. complaint was appropriately understood, complaint was informed about the process for their complaint, and complaint was advised of what options they have for tracking or progressing their complaint).  
• Demographics of complainants is representative of the client group | • Administrative data  
• Client survey (all clients)  
• Complainant survey |
<table>
<thead>
<tr>
<th>Outcome</th>
<th>Relevant concepts</th>
<th>Indicators</th>
<th>Measures</th>
<th>Data source</th>
</tr>
</thead>
</table>
| The Directorate uses client feedback to achieve quality improvement | • Service changes resulting from (Education in number of repeat complaints)  
• Escalation | • CSD is undertaking monitoring and analysis for lessons learned.  
• Learning’s are shared and considered across CSD.  
• CSD can demonstrate service/policy changes as a result of learning’s. | • The number of complaints where the recommended action is a change to policies and practices.  
• The proportion of actions concerned with business changes (policy and practice) that are finalised.  
• The number of appeals and escalations where the recommended outcome is a change to policies and practices.  
• The proportion of outcomes concerned with business changes (policy and practice) that are finalised.  
• Number of recommendations QCR make following investigations.  
• Number and proportion of recommendations made by QCR responded to by CSD Business Units. | Administrative data |
| The Directorate is transparent and accountable to its clients | • Communication to community/Individual of practice issues | • Follow through on commitments.  
• The Directorate takes ownership of its responsibility in relation to complaints quality. | • Number of action recommendations (from first level complaints) that relate to transparency and accountability.  
• Number of recommendations from QCR that relate to transparency and accountability.  
• Number of outcome recommendations (from appeals and escalations) that relate to transparency and accountability.  
• Client perceptions of the transparency and accountability of CSD in relation to complaints  
• Complainant perceptions of the transparency and accountability of CSD in relation to complaints | Administrative data  
• Client survey (all clients)  
• Complainant survey |
ACKNOWLEDGEMENTS / REFERENCES

The following publications were referred to in the review and development of this Framework and are recommended reading for officers with responsibility for complaint handling.

- Australian and New Zealand Standard Guidelines for complaint handling in organizations AS/NZS 10002:2014
- Commonwealth Ombudsman - Better Practice Guide to Complaint Handling, April 2009
- Community Services Directorate Client Service Standards
- New South Wales Ombudsman – Complaint Management Framework, June 2015
- Northern Territory Ombudsman – Complaint Handling Fact Sheets No. 2, No. 8, No. 10, No. 12, No. 13
- Standards for the Conduct of Inquiries and Investigations for ACT Agencies, July 2005
- Western Australian Ombudsman - Guidelines on Complaint Handling, November 2010
APPENDIX 1 - LEGISLATION

Legislation underpinning the application of this policy includes, but is not limited to:

- ACT Aboriginal and Torres Strait Islander Elected Body Act 2008
- ACT Civil and Administrative Tribunal Act 2008
- Adoption Act 1993
- Annual Reports (Government Agencies) Act 2004
- Crimes (Sentence Administration) Act 2005
- Freedom of Information Act 2016
- (Health Records (Privacy and Access) Act 1997
- Human Rights Act 2004
- Human Rights Commission Act 2005
- Information Privacy Act 2014
- Official Visitor Act 2012
- Ombudsman Act 1989
- Public Interest Disclosure Act 2012 (ACT)
- Public Sector Management Act 1994

Operational legislation includes, but is not limited to:

- Children and Young People Act 2008
- Disability Services Act 1991
- Housing Assistance Act 2007
- Residential Tenancies Act 1997
- Territory Records Act 2002
- Work Health and Safety Act 2011
- Working with Vulnerable People (Background Checking) Act 2011

ACT legislation is available at ACT Legislation Register

Other relevant references

- Community Housing Providers National Law (ACT) Act 2013
- United Nations Declaration on the Rights of Indigenous Peoples
- United Nations Convention on the Rights of Persons with Disabilities
- United Nations Convention on the Rights of the Child
APPENDIX 2 – ACT ADVOCACY AND OVERSIGHT AGENCIES

There are several Advocacy organisations who can offer advice and support. A complainant should be advised that if they feel a need to seek help at any time during the complaints handling process they can contact one of the following agencies. The external oversight agencies have been flagged for attention by highlighting the name of the organisation in red text.

Aboriginal Legal Service NSW / ACT Ltd
The ALS provides legal services for Indigenous people in the South-East region of ACT, Queanbeyan, Goulburn, Cooma and Yass. Specialising in Criminal law, children’s Care and Protection law and Family law they assist Aboriginal and Torres Strait Islander men, women and children through representation in court, advice and information, and referral to further support services

Phone: 02 6120 8800
Care and Protection Law Practice: 1800 733 233
Address: Level 3, Colonial Mutual Building, 17-21 University Ave, Canberra ACT 2601
Postal Address: PO Box 434, Canberra ACT 2601
Website: Aboriginal Legal Service (NSW/ACT) Limited

ACT Audit Office

- Ensuring the Legislative Assembly and the electorate are provided with accurate and useful information about the management of public sector resources; and
- Providing independent advice and recommendations for improving the management of public resources. The AG can also receive and investigate Public Interest Disclosures along with the Ombudsman and Attorney General.

Postal Address: PO Box 275 Civic Square, ACT, 2608
Physical Address: Level 4, 11 Moore St, Canberra City, ACT 2601
Business Hours: 8:30am-5:00pm Monday to Friday
Phone: 02 6207 0833
Fax: 02 6207 0826
Email: actauditorgeneral@act.gov.au
Web: ACT Audit Office
**ACT Children and Young People Commissioner (CYPC)**

The CYPC is an independent statutory office created under the Human Rights Commission Act 2005. This means that the CYPC is funded by the ACT Government but is independent from the Government.

The CYPC has a number of roles including consulting with children and young people and resolving complaints and concerns about services for children and young people.

**Phone:** 6205 2222  
**SMS:** 0466 169 997  
**Address:** Level 2, 11 Moore Street, Canberra City ACT 2601  
**Postal Address:** ACT Human Rights Commission, GPO Box 158, Canberra ACT 2601  
**Email:** human.rights@act.gov.au or ACTkids@act.gov.au or victimsupport@act.gov.au  
**Website:** ACT Human Rights Commission

**ACT Civil and Administrative Tribunal (ACAT)**

Matters can only be brought before ACAT if an authorising law gives the tribunal the power to make a decision around a particular matter. The Tribunal’s jurisdiction powers and procedures are defined by the ACAT Act 2008, other authorising laws and its Rules and Directions. Links to these documents can be found on the website. The ACAT consolidates 16 jurisdictions and tribunals including:

- Administrative Appeals Tribunal;  
- Discrimination Tribunal;  
- Guardianship and Management of Property Tribunal;  
- Mental Health Tribunal; and  
- Residential Tenancies Tribunal

**Postal Address:** GPO Box 370, Canberra ACT 2601  
**Physical Address:** ACT Administrative Tribunal,  
ACT Health Building, Level 4, 1 Moore Street, Canberra City ACT  
**Business Hours:** 9.00am-4.30pm Monday to Friday  
**Phone:** 6207 1740  
**Fax:** 6205 4855  
**Email:** tribunal@act.gov.au  
**Web:** ACT Civil and Administrative Tribunal

**ACT Disability, Aged and Carer Advocacy Service (ADACAS)**

ADACAS is an independent, not-for-profit advocacy service for people with disabilities, older people and their carers. ADACAS provides free independent advocacy in the ACT.

**Phone:** 6242 5060  
**Address:** Unit 14, Weston Community Hub, Cnr of Gritten St & Hilder St Weston ACT 2611  
**Postal Address:** PO Box 3167, Weston Creek ACT 2611  
**Email:** adacas@adacas.org.au  
**Website:** ACT Disability, Aged and Carer Advocacy Service (ADACAS)
ACT Law Society – Legal Advice Bureau
The Law Society operates a Legal Advice Bureau at lunchtimes by appointment only. Members of the Society operate a roster at the Society’s Civic office to give initial advice to any member of the public free of charge. LAB solicitors are not available for the drafting of documents or for court appearances. After the consultation you may be referred to another solicitor or, if eligible, to Legal Aid. The Legal Advice Bureau operates between 12pm and 2.30pm on weekdays, with Wednesday’s reserved for family law matters.

Phone: 6274 0300
Address: Level 4, 1 Farrell Place, Canberra ACT 2601
Postal Address: GPO Box 1562, Canberra ACT 2601
Email: mail@actlawsociety.asn.au

ACT Mental Health Consumer Network Inc
A consumer-led organisation representing the interests of mental health consumers to service providers, community and government at all levels. The Network is committed to social justice and the inclusion of people with experience of mental illness.

Phone: 6230 5796
Address: Level 2 Room 11, Griffin Centre, 20 Genge Street, Canberra ACT 2601
Postal Address: PO Box 469, Civic Square ACT 2608
Email: actmhcn@actmhcn.org.au
Website: ACT Mental Health Consumer Network Inc

ACT Ombudsman
Investigates complaints from people who believe they have been treated unfairly or unreasonably by an ACT Government directorate or agency. The Ombudsman can also receive and investigate Public Interest Disclosures along with the Auditor General and Attorney General.

Phone: 6276 0111
Complaints Hotline: 1300 362 072
Address: Ground Floor, 1 Farrell Place, Canberra ACT 2601
Postal Address: Commonwealth Ombudsman, GPO Box 442, Canberra ACT 2601
Email: ombudsman@ombudsman.gov.au
Website: ACT Ombudsman

Advocacy for Inclusion
Provides individual, self and systemic advocacy for people with disabilities who live in the ACT and region to enable each individual to overcome discrimination and empower them to control their lives and participate in the community.

Phone: 6257 4005
Postal Address: Suite 2.02 Griffin Centre, 20 Genge Street, Canberra ACT 2601
Email: info@advocacyforinclusion.org
Website: Advocacy for Inclusion

Australian Red Cross – Support Services for Birth Families
Provision of support and advice to assist birth families to self advocate within the Child and Youth Protection system.
Phone: 6234 7600
Address: Level 1, 3 Dann Close, Garran ACT 2605
Postal Address: PO Box 610, Mawson ACT 2607
Website: Australian Red Cross

Canberra Community Law (formerly Welfare Rights & Legal Centre)
A community legal centre dedicated to providing legal services to people on low incomes or facing other disadvantage related to tenancy, public housing, homelessness, social security, social support, and disability discrimination law.

Social Security and Tenancy Advice: 6218 7977 (Mon, Tues, Thurs, Fri 9.30am-1pm)
Housing Law: 6218 7977 (Mon, Tues, Thurs, Fri 9.30am-1pm)
Disability and Discrimination Law: 6218 7918
Street Law (outreach legal service for the homeless): 6218 7995 or 1800 787 529
Night Time Legal Advice: 6218 7999 or drop in (Tue 6pm-8pm)
Administration: 6218 7900
Address: Level 1, 21 Barry Drive, Turner ACT 2612
Postal Address: PO Box 337, Civic Square ACT 2608
Email: info@canberracommunitylaw.org.au
Website: Canberra Community Law

Carers ACT
Through this service advocacy staff can help carers negotiate complex bureaucracy, link into financial or legal service support and access services such as the Human Rights Commission and Ombudsman.

Information and Advice: 1800 242 636
Respite Services: 1800 052 222
Head Office: 6296 9900
Address: 2/80 Beaurepaire Crescent, Holt ACT 2615
Email: carers@carersact.org.au
Website: Carers ACT
Commonwealth Ombudsman
The Ombudsman can investigate complaints about the actions and decisions of Australian Government agencies to see if they are wrong, unjust, unlawful, discriminatory or just plain unfair. An independent, confidential and impartial body with recommendation powers if complaints are found to be justified.

**Phone:** 1300 362 072  
**Indigenous Line:** 1800 060 789  
**Address:** Level 5, Childers Square, 14 Childers Street, Canberra ACT 2601  
**Postal Address:** GPO Box 442, Canberra ACT 2601  
**Website:** Commonwealth Ombudsman

Create Foundation
CREATE Foundation is the national peak consumer body representing the voices of children and young people with an out-of-home care experience (including kinship care, foster care and residential care).

**Phone:** 6232 2409  
**Address:** Cnr Cooyong Street and Scouts Crossing, Civic ACT 2601  
**Postal Address:** PO Box 603, Civic Square ACT 2608  
**Email:** act@create.org.au  
**Website:** Create Foundation

ACT Official Visitor Scheme
The Scheme provides a monitoring and complaints system for entitled persons in a visitable place, who are dependent on the service provider or accommodation manager supporting them. The ACT has Official Visitors for Children and Young People, ACT Health (Mental Health), Corrections, Disability and Housing (Homelessness) who visit places and make enquiries related to persons staying in institutions owned, operated or funded by the ACT Government known as a visitable place.

**Phone:** 1800 150 036 or 6207 9800  
**Address:** Public Trustee and Guardian, Ground Floor, 221 London Circuit, Canberra ACT 2601  
**Postal Address:** PO Box 221, Civic Square ACT 2608  
**Children and Young People Official Visitor:** C/- OCYFS, Strategic Partnerships, GPO Box 158, Canberra ACT 2601  
**Website:** ACT Official Visitor Scheme
Family Inclusion Network (FIN) ACT
FIN ACT Network is a not-for-profit organisation which promotes the needs of parents, children and families involved in the child protection system. FIN ACT does not provide services but can offer you informal advice and/or referral to services which may assist you to understand what is required of you and work towards your goals.

Phone: Not available
Postal Address: PO Box 4093, Kingston ACT 2604
Email: finact@ymail.com
Website: Family Inclusion Network (FIN) ACT

Human Rights Commission (ACT)
Encourages and assists in the resolution of complaints and promoting rights, assisting users and providers of disability services, health services, services for children and young people and services for older people to make improvements in the provision of services. Members of the commission include Children and Young People Commissioner, Disability and Community Services Commissioner, Discrimination Commissioner, Health Services Commissioner and Human Rights Commissioner.

Phone: 6205 2222
SMS: 0466 169 997
Address: Level 2, 11 Moore Street, Canberra ACT 2601
Postal Address: GPO Box 158, Canberra ACT 2601
Email: human.rights@act.gov.au or ACTkids@act.gov.au or victimsupport@act.gov.au
Website: Human Rights Commission (ACT)

Legal Aid ACT
Legal Aid ACT provides legal advice, information, assistance and representation, especially to people who are socially or economically disadvantaged. This service can assist with matters such as criminal law, family law and some civil law issues. Legal Aid also provides a free Helpline.

Phone: 6243 3411
Legal Aid ACT Helpline: 1300 654 314
Address: 2 Allsop Street, Canberra City ACT 2601
Postal Address: GPO Box 512, Canberra ACT 2601
Email: legalaid@legalaidact.org.au
Website: Legal Aid ACT
Onelink (previously) Child, Youth and Family Gateway

OneLink brings together families, support services, and community resources to help promote the safety and wellbeing of children, young people and families. OneLink can also assist workers in other community organisations who are looking for information and support to help manage their client’s more complex issues.

Onelink is delivered in partnership between Woden Community Service and Belconnen Community Service with funding assistance from the ACT Government’s Community Services Directorate.

**Phone:** 1800 647 831  
**Email:** info@onelink.org.au  
**Website:** [Onelink](#)

Public Advocate ACT

Promotes and individually represents the rights and interests of people with who are not able to represent or protect themselves including Children and young people, adults with a mental illness or impaired decision making ability who require protection from abuse, exploitation or neglect.

**Phone:** 6205 2222  
*(Monday to Thursday 9am – 1pm and 2pm – 4.30pm)*  
*(Friday 2pm – 4pm)*  
**Address:** Level 2, 11 Moore Street, Canberra City ACT 2601  
**Postal Address:** GPO Box 158, Canberra ACT 2601  
**Email:** pa@act.gov.au  
**Website:** [Public Advocate ACT](#)

Tenants’ Union

The Tenants’ Union ACT is a not for profit community legal centre offering free services for people renting their homes in the ACT. It provides free tenancy advice, advocacy and referrals as well as information, presentations and training.

**Phone:** 6247 1026  
**Address:** 21 Barry Drive, Turner ACT 2612  
**Postal Address:** PO Box 8, Civic Square ACT 2608  
**Website:** [Tenants Union](#)

Women’s Legal Centre Inc

This service is a community legal centre for women in Canberra and the surrounding area and aims to improve women’s access to justice. The Centre provides free, confidential telephone advice to women on legal issues and can refer clients to appropriate lawyers and other support services. No drop-in service, by appointment only.

**Phone Advice Line:** 6257 4499 *(Monday to Friday 9.30am – 12pm)*  
**Administration:** 6257 4377  
**Email:** admin@womenslegalact.org  
**Website:** [Women’s Legal Centre Inc](#)

Further Community Service Information

CONTACT Canberra provides the Community Information Services program and offers the general public information and referral to community services, organisations and support groups in the
Canberra region. It includes a shopfront where low income earners can book time on public computers and are provided with free phone use to call government agencies and community organisations.

**Phone:** 6248 7988  
**Address:** Room G02, Ground Floor, New Griffin Centre, 20 Genge Street, Canberra ACT 2601  
**Website:** [Volunteering and Contact ACT](#)

### Commonwealth Oversight Agencies

#### Human Rights and Equal Opportunity Commission

HREOC resolves complaints of discrimination or breaches of human rights under federal laws.

- **Postal Address:** GPO Box 5218, Sydney NSW 2001  
- **Physical Address:** Level 3, 175 Pitt Street, Sydney, NSW 2000  
- **Phone:** 02 9284 9600  
- **Fax:** 02 9284 9611  
- **General enquiries:** 1300 369 711  
  Interpretation and translation services are available by contacting 13 14 50  
- **Email:** infoservice@humanrights.gov.au  
- **Website:** [Commonwealth Oversight Agencies](#)

#### Office of the Privacy Commissioner (PC)

The Commissioner provides protection for:

- Personal information about you that is handled by federal and ACT government agencies;  
- Personal information about you held by all large private sector organisations, all private sector health service providers and some small businesses;  
- Credit worthiness information held by credit reporting agencies and credit providers; and  
- Personal tax file numbers used by individuals and organisations.

- **Postal Address:** GPO Box 5218, Sydney, NSW 2001  
- **Phone:** 1300 363 992 (Local call cost)  
- **TTY:** 133 677 then 1300 363 992  
- **Fax:** 02 9284 9666  
- **Email:** enquiries@oaic.gov.au  
- **Web:** [Office of the Privacy Commissioner (PC)](#)
APPENDIX 3 – MODEL TEMPLATE

CONSENT TO ACCESS PERSONAL INFORMATION

I hereby give my consent for [Insert name and position title of staff member] to be provided with access to my personal information which is currently held by the following Agency:

• [Insert Agency Name(s) here]

I understand access to this information is required for the purposes of investigating [insert summary of complaint or reason for review here].

I acknowledge I have the right to refuse, revoke or limit the consent as described above at any time and that this has been fully explained to me.

Name:______________________________________________________________

Signature:___________________________________________________________

Date:______________________________________________________________

The authority given in this consent is valid for a maximum period of 12 months from the date of authorisation.

TPP 5 Privacy Notice: The Community Services Directorate is obliged to handle your information openly, transparently and in accordance with the Territory Privacy Principles set out in the Information Privacy Act 2014.

You can view our privacy policy at www.communityservices.act.gov.au. This is where we explain how we collect, use, share, and store your personal information and how you can access and correct it if necessary.

Once you complete and return this consent form your personal information will be collected and securely handled by the Quality Complaints and Regulation Branch. This information will not be disclosed or used for any other purpose without your express consent unless it is required by law.

If you believe your personal information has not been handled appropriately or that we have breached the Territory Privacy Principles you can contact us to make a complaint via email CSD.Privacy@act.gov.au or by phone on 6207 6547.
APPENDIX 4 – COMPLAINT CATEGORIES

In addition, it is appropriate that data relating to complaints be categorised in a way that can demonstrate compliance with higher level strategic objectives. All complaints should therefore be categorised into one of the following:

a) **Responsiveness** – unreasonable delays in processing a person’s application, responding to an inquiry or providing a decision; failing to adhere to timeframes referred to in policy/business rules.

b) **Objectivity and fairness** – a request by a client was not managed in an objective and unbiased manner; conflicting interests, should not interfere with, or be perceived to interfere.

c) **Access to services and resources** – placement/movement in public housing; supporting children and young people in care of the Director-General; application of community funding and resources.

d) **Privacy and disclosure** – personal information about any individual disclosed, or used that is not in accordance with relevant privacy laws and ethical obligations.

e) **Communication** – no clear explanations for policies/procedures and decisions in communication with clients; or giving incomplete, incorrect, misleading or confusing oral or written advice; refusing to provide a written explanation for a decision.

f) **Failure to apply policy and procedure** – not applying clear processes articulated in established/draft/interim policy and procedures of CSD; poor, inadequate or incomplete application of policy and procedures that adversely impacts or influences a decision; wrong or limited interpretation of policy and procedures.

g) **Unprofessional behaviour/attitude of an officer** – rudeness; discourtesy or unhelpfulness or disrespectful behaviour in dealing with a member of the public; failing to honour a promise or commitment given to a person; imprudent disclosure of confidential information or private information to an unauthorised recipient.

   *Any complaints provided under this category that may constitute a breach of duty/misconduct by an officer are required to be considered in accordance with the current CSD Enterprise Agreement. Examples may include: dishonesty, harassment, conflict of interest, improper use of official information, Directorate property and/or resources.*

h) **Complaints involving third parties** – where a complaint involves multiple external parities other than CSD staff.

It should be noted that these categories will be reviewed and may change from time to time as the Executive determines what information arising from complaints is most important to capture, measure and report within a framework of quality improvement.
APPENDIX 5 – MANAGING UNREASONABLE COMPLAINT CONDUCT
POLICY AND PROCEDURE

INTRODUCTION

1.1 Statement of support
The Community Services Directorate (CSD) is committed to being accessible and responsive to all complainants who approach our directorate for assistance and/or with a complaint. At the same time the success of our directorate depends on:

- our ability to do our work and perform our functions in the most effective and efficient ways possible,
- the health, safety and security of our staff, and
- our ability to allocate our resources fairly across all the complaints we receive.

When complainants behave unreasonably in their dealings with us, their conduct can significantly affect our success. As a result, CSD will take proactive and decisive action to manage any complainant conduct that negatively and unreasonably affects us and will support our staff to do the same in accordance with this policy.

The Community Services Directorate’s Strategic Board of Management authorise and expect all CSD staff to implement the strategies provided in this policy.

2. OBJECTIVES

2.1 Policy aims
This policy has been developed to assist all staff members to better manage unreasonable complainant conduct (‘UCC’). Its aim is to ensure that all staff:

- Feel confident and supported in taking action to manage UCC.
- Act fairly, consistently, honestly and appropriately when responding to UCC.
- Are aware of their roles and responsibilities in relation to the management of UCC and how this policy will be used.
- Understand the types of circumstances for when it may be appropriate to manage UCC using one or more of the following mechanisms:
  - The strategies provided in the Managing Unreasonable Complainant Conduct Practice Manual (2nd edition) (‘practice manual’) including the strategies to change or restrict a complainant’s access to our services.
  - Alternative dispute resolution strategies to deal with conflicts involving complainants and members of our organisation.
  - Legal instruments such as trespass laws/legislation to prevent a complainant from coming onto our premises and orders to protect specific staff members from any actual or apprehended personal violence, intimidation or stalking.
- Have a clear understanding of the criteria that will be considered before we decide to change or restrict a complainant’s access to our services.
• Are aware of the processes that will be followed to record and report UCC incidents as well as the procedures for consulting and notifying complainants about any proposed actions or decisions to change or restrict their access to our services.
• Are familiar with the procedures for reviewing decisions made under this policy, including specific timeframes for review.

3. DEFINING UNREASONABLE COMPLAINANT CONDUCT

3.1 Unreasonable complainant conduct
Most complainants who access CSD services act reasonably and responsibly in their interactions with us, even when they are experiencing high levels of distress, frustration and anger about their complaint. However, in a very small number of cases some complainants behave in ways that are inappropriate and unacceptable – despite our best efforts to help them. They are aggressive and verbally abusive towards our staff. They threaten harm and violence, bombard our staff with unnecessary and excessive phone calls and emails, make inappropriate demands on our time and our resources and refuse to accept our decisions and recommendations in relation to their complaints. When complainants behave in these ways we consider their conduct to be ‘unreasonable’.

Unreasonable complainant conduct (‘UCC’) is any behaviour by a current or former complainant which, because of its nature or frequency raises substantial health, safety, resource or equity issues for our organisation, our staff, other service users and complainants or the complainant himself/herself.

UCC can be divided into five categories of conduct:

• Unreasonable persistence
• Unreasonable demands
• Unreasonable lack of cooperation
• Unreasonable arguments
• Unreasonable behaviours

3.2 Unreasonable persistence
Unreasonable persistence is continued, incessant and unrelenting conduct by a complainant that has a disproportionate and unreasonable impact on our organisation, staff, services, time and/or resources. Some examples of unreasonably persistent behaviour include:

• An unwillingness or inability to accept reasonable and logical explanations including final decisions that have been comprehensively considered and dealt with.
• Persistently demanding a review simply because it is available and without arguing or presenting a case for one.
• Pursuing and exhausting all available review options when it is not warranted and refusing to accept further action cannot or will not be taken on their complaints.
• Reframing a complaint in an effort to get it taken up again.
• Bombarding our staff/organisation with phone calls, visits, letters, emails (including cc’ed correspondence) after repeatedly being asked not to do so.
• Contacting different people within our directorate and/or externally to get a different outcome or more sympathetic response to their complaint – internal and external forum shopping.
3.3 Unreasonable demands

Unreasonable demands are any demands (expressed or implied) that are made by a complainant that have a disproportionate and unreasonable impact on our organisation, staff, services, time and/or resources. Some examples of unreasonable demands include:

- Issuing instructions and making demands about how we have/should handle their complaint, the priority it was/should be given, or the outcome that was/should be achieved.
- Insisting on talking to a senior manager or the Director General/ Deputy Director General or Executive staff personally when it is not appropriate or warranted.
- Emotional blackmail and manipulation with the intention to guilt trip, intimidate, harass, shame, seduce or portray themselves as being victimised – when this is not the case.
- Insisting on outcomes that are not possible or appropriate in the circumstances – e.g. for someone to be sacked or prosecuted, an apology and/or compensation when there is no reasonable basis for expecting this.
- Demanding services that are of a nature or scale that we cannot provide when this has been explained to them repeatedly.

For more examples of unreasonable demands see pages 50 – 54 of the practice manual.

3.4 Unreasonable lack of cooperation

Unreasonable lack of cooperation is an unwillingness and/or inability by a complainant to cooperate with our organisation, staff, or complaints system and processes that result in a disproportionate and unreasonable use of our services, time and/or resources. Some examples of unreasonable lack of cooperation include:

- Sending a constant stream of comprehensive and/or disorganised information without clearly defining any issues of complaint or explaining how they relate to the core issues being complained about.
- Providing little or no detail with a complaint or presenting information in ‘drips and drabs’.
- Refusing to follow or accept our instructions, suggestions, or advice without a clear or justifiable reason for doing so.
- Arguing frequently and/or with extreme intensity that a particular solution is the correct one in the face of valid contrary arguments and explanations.
- Displaying unhelpful behaviour – such as withholding information, acting dishonestly, misquoting others, and so forth.

For more examples of unreasonable lack of cooperation see pages 64 – 65 of the practice manual.

3.5 Unreasonable arguments

Unreasonable arguments include any arguments that are not based in reason or logic, that are incomprehensible, false or inflammatory, trivial or delirious and that disproportionately and unreasonably impact upon our organisation, staff, services, time, and/or resources. Arguments are unreasonable when they:

- Fail to follow a logical sequence
- Are not supported by any evidence and/or are based on conspiracy theories
- Lead a complainant to reject all other valid and contrary arguments

For more examples of unreasonable arguments see pages 39 – 43 of the practice manual.
• Are trivial when compared to the amount of time, resources and attention that the complainant demands
• Are false, inflammatory or defamatory.

For more examples of unreasonable arguments see pages 69 – 71 of the practice manual.

3.6 Unreasonable behaviour

Unreasonable behaviour is conduct that is unreasonable in all circumstances – regardless of how stressed, angry or frustrated that a complainant is – because it unreasonably compromises the health, safety and security of our staff, other service users or the complainant himself/herself. Some examples of unreasonable behaviours include:

• Acts of aggression, verbal abuse, derogatory, racist, or grossly defamatory remarks
• Harassment, intimidation or physical violence.
• Rude, confronting and threatening correspondence.
• Threats of harm to self or third parties, threats with a weapon or threats to damage property including bomb threats.
• Stalking (in person or online).
• Emotional manipulation.

For more examples of unreasonable persistence see pages 77 – 85 of the practice manual.

All staff should note that CSD has a zero tolerance policy towards any harm, abuse or threats directed towards them. Any conduct of this kind will be dealt with under this policy, ACT Public Service Managing Occupational Violence in the workplace 2012 and in accordance with our duty of care and workplace health and safety responsibilities.

4. ROLES AND RESPONSIBILITIES

4.1 All staff

All staff are responsible for familiarising themselves with this policy as well as the Individual Rights and Mutual Responsibilities of the Parties to a Complaint in Appendix A. Staff are also encouraged to explain the contents of this document to all complainants particularly those who engage in UCC or exhibit the early warning signs for UCC. See pages 16 - 18 of the practice manual.

Staff are also encouraged and authorised to use the strategies and scripts provided in Part 5 of the practice manual to manage UCC, in particular:

• Strategies and script ideas for managing unreasonable demands: pages 50 – 63.
• Strategies and script ideas for managing unreasonable lack of cooperation: pages 64 – 68.
• Strategies and script ideas for managing unreasonable arguments: 69 – 76.
• Strategies and script ideas for managing unreasonable behaviours: pages 77 – 88.

However, it must be emphasised that any strategies that effectively change or restrict a complainant’s access to our services must be considered at the [executive level] or higher as provided in this policy.

Staff are also responsible for recording and reporting all UCC incidents they experience or witness (as appropriate) to the senior manager within 24 hours of the incident occurring, using the Sample UCC incident form in Appendix B. A file note of the incident should also be copied into the
appropriate CSD management database (for example Housing ACT Homenet; Child Youth and Protection Services CHYPS.

4.2 The Director Quality, Complaints and Regulation

The Director Quality, Complaints and Regulation, in consultation with relevant staff, has the responsibility and authority to change or restrict a complainant’s access to our services in the circumstances identified in this policy. When doing so they will take into account the criteria in Part 7.2 below (adapted into a checklist in Appendix C) and will aim to impose any service changes/restrictions in the least restrictive ways possible. Their aim, when taking such actions will not be to punish the complainant, but rather to manage the impacts of their conduct.

When applying this policy the CSD affected business unit will work with the Director Quality, Complaints and Regulation to identify a Senior Manager to support communication with a complainant. However, we do recognise that in extreme situations all forms of contact may need to be restricted for some time to ensure the health and safety and security of our staff and/or third parties.

The senior manager is also responsible for recording, monitoring and reviewing all cases where this policy is applied to ensure consistency, transparency and accountability for the application of this policy. They will also manage and keep a file record of all cases where this policy is applied.

4.3 Senior managers

All senior managers are responsible for supporting staff to apply the strategies in this policy, as well as those in the practice manual. Senior managers are also responsible for ensuring compliance with the procedures identified in this policy and ensuring that all staff members are trained to deal with UCC – including on induction.

Following a UCC and/or stressful interaction with a complainant senior managers are responsible for providing affected staff members with the opportunity to debrief and vent their concerns either formally or informally. Senior managers will also ensure that staff are provided with proper support and assistance including medical and/or police assistance and support through programs such as Employee Assistance Program (EAP), if necessary.

Depending on the circumstances senior managers may also be responsible for arranging other forms of support for staff which are detailed in Part 12 of this policy.

5. RESPONDING TO AND MANAGING UCC

5.1 Changing or restricting a complainant’s access to our services

UCC incidents will generally be managed by limiting or adapting the ways that we interact with and/or deliver services to complainants by restricting:

- **Who they have contact with** – e.g. limiting a complainant to a sole contact person/staff member in our organisation.
- **What they can raise with us** – e.g. restricting the subject matter of communications that we will consider and respond to.
- **When they can have contact** – e.g. limiting a complainant’s contact with our organisation to a particular time, day, or length of time, or curbing the frequency of their contact with us.
• **Where they can make contact** – e.g. limiting the locations where we will conduct face-to-face interviews to secured facilities or areas of the office.

• **How they can make contact** – e.g. limiting or modifying the forms of contact that the complainant can have with us. This can include modifying or limiting face-to-face interviews, telephone and written communications, prohibiting access to our premises, contact through a representative only, taking no further action or terminating our services altogether.

When using the restrictions provided in this section we recognise that discretion will need to be used to adapt them to suit a complainant’s personal circumstances, level of competency, literacy skills, etc. In this regard, we also recognise that more than one strategy may need to be used in individual cases to ensure their appropriateness and efficacy.

5.2 **Who – limiting the complainant to a sole contact point**

Where a complainant tries to forum shop internally within CSD, change their issues of complaint repeatedly, reframe their complaint, or raise an excessive number of complaints it may be appropriate to restrict their access to a single staff member (a sole contact point) who will exclusively manage their complaint(s) and interactions with our office. This may ensure they are dealt with consistently and may minimise the chances for misunderstandings, contradictions and manipulation.

To avoid staff ‘burn out’ the sole contact officer’s supervisor will provide them with regular support and guidance – as needed. Also, the nominated senior manager will review the arrangement every month to ensure that the officer is managing/coping with the arrangement.

Complainants who are restricted to a sole contact person will however be given the contact details of one additional staff member who they can contact if their primary contact is unavailable – eg they go on leave or are otherwise unavailable for an extended period of time.

5.3 **What – restricting the subject matter of communications that we will consider**

Where complainants repeatedly send written communications, letters, emails, or online forms that raise trivial or insignificant issues, contain inappropriate or abusive content or relate to a complaint/issue that has already been comprehensively considered and/or reviewed (at least once) by our office, we may restrict the issues/subject matter the complainant can raise with us/we will respond to. For example, we may:

• Refuse to respond to correspondence that raises an issue that has already been dealt with comprehensively, that raises a trivial issue, or is not supported by clear(any evidence. The complainant will be advised that future correspondence of this kind will be read and filed without acknowledgement unless we decide that we need to pursue it further in which case, we may do so on our ‘own motion’.

• Restrict the complainant to one complaint/issue per month. Any attempts to circumvent this restriction, for example by raising multiple complaints/issues in the one complaint letter may result in modifications or further restrictions being placed on their access.

• Return correspondence to the complainant and require them to remove any inappropriate content before we will agree to consider its contents. A copy of the inappropriate correspondence will also be made and kept for our records to identify repeat/further UCC incidents.
5.4 When – limiting when and how a complainant can contact us

If a complainant’s telephone, written or face-to-face contact with our organisation places an unreasonable demand on our time or resources because it is overly lengthy (eg disorganised and voluminous correspondence) or affects the health, safety and security of our staff because it involves behaviour that is persistently rude, threatening, abusive or aggressive, we may limit when and/or how the complainant can interact with us. This may include:

- Limiting their telephone calls or face-to-face interviews to a particular time of the day or days of the week.
- Limiting the length or duration of telephone calls, written correspondence or face-to-face interviews. For example:
  - Telephone calls may be limited to [10] minutes at a time and will be politely terminated at the end of that time period.
  - Lengthy written communications may be restricted to a maximum of [15] typed or written pages, single sided, font size 12 or it will be sent back to the complainant to be organised and summarised – This option is only appropriate in cases where the complainant is capable of summarising the information and refuses to do so.
  - Limiting face-to-face interviews to a maximum of [45] minutes.
- Limiting the frequency of their telephone calls, written correspondence or face-to-face interviews. Depending on the nature of the service(s) provided we may limit:
  - Telephone calls to [1] every two weeks/month.
  - Written communications to [1] every two weeks/month.
  - Face-to-face interviews to [1] every two weeks/month.

For irrelevant, overly lengthy, disorganised or frequent written correspondence we may also:

- Require the complainant to clearly identify how the information or supporting materials they have sent to us relate to the central issues that we have identified in their complaint.
- Restrict the frequency with which complainants can send emails or other written communications to our office.
- Restrict a complainant to sending emails to a particular email account (eg the relevant CSD’s branch email account) or block their email access altogether and require that any further correspondence be sent through Australia Post only.

Writing only restrictions

When a complainant is restricted to ‘writing only’ they may be restricted to written communications through:

- Australia Post only
- Email only to a specific staff email or our general office email account
- Fax only to a specific fax number
- Some other relevant form of written contact, where applicable.

If a complainant’s contact is restricted to ‘writing only’, the nominated senior manager will clearly identify the specific means that the complainant can use to contact our office (e.g. Australia Post only). Also, if it is not suitable for a complainant to enter our premises to hand deliver their written communication, this must be communicated to them as well.

Any communications that are received by our office in a manner that contravenes a ‘write only’ restriction will either be returned to the complainant or read and filed without acknowledgement.
5.5 Where – limiting face-to-face interviews to secure areas

If a complainant is violent or overtly aggressive, unreasonably disruptive, threatening or demanding or makes frequent unannounced visits to our premises, we may consider restricting our face-to-face contact with them.

These restrictions may include:

- Restricting access to particular secured premises or areas of the office – such as the reception area or secured room/facility.
- Restricting their ability to attend our premises to specified times of the day and/or days of the week only – for example, when additional security is available or to times/days that are less busy.
- Allowing them to attend our office on an ‘appointment only’ basis and only with specified staff. Note – during these meetings staff should always seek support and assistance of a colleague for added safety and security.
- Banning the complainant from attending our premises altogether and allowing some other form of contact – eg ‘writing only’ or ‘telephone only’ contact.

Contact through a representative only

In cases where we cannot completely restrict our contact with a complainant and their conduct is particularly difficult to manage, we may also restrict their contact to contact through a support person or representative only. The support person may be nominated by the complainant but must be approved by the nominated senior manager.

When assessing a representative/support persons suitability, the nominated senior manager should consider factors like: the nominated representative/support person’s competency and literacy skills, demeanour/behaviour and relationship with the complainant. If the nominated senior manager determines that the representative/support person may exacerbate the situation with the complainant, the complainant will be asked to nominate another person or we may assist them in this regard.

5.6 Completely terminating a complainant’s access to our services

In rare cases, and as a last resort when all other strategies have been considered and/or attempted, the Director, Quality Complaints and Regulation may decide that it is necessary for our organisation to completely restrict a complainant’s contact/access to our services.

A decision to have no further contact with a complainant will only be made if it appears that the complainant is unlikely to modify their conduct and/or their conduct poses a significant risk for our staff or other parties because it involves one or more of the following types of conduct:

- Acts of aggression, verbal and/or physical abuse, threats of harm, harassment, intimidation, stalking, assault.
- Damage to property while on our premises.
- Threats with a weapon or common office items that can be used to harm another person or themselves.
- Physically preventing a staff member from moving around freely either within their office or during an off-site visit – e.g. entrapping them in their home.
- Conduct that is otherwise unlawful.
In these cases the complainant will be sent a letter notifying them that their access has been restricted as outlined in Part 7.4 below.

A complainant’s access to our services and our premises may also be restricted (directly or indirectly) using the legal mechanisms such as trespass laws/legislation or legal orders to protect members of our staff from personal violence, intimidation or stalking by a complainant. For more information, about the types of circumstances where legal mechanisms may be used to deal with UCC, please contact: CSD HR People Management on 6207 1210.

6. ALTERNATIVE DISPUTE RESOLUTION

6.1 Using alternative dispute resolution strategies to manage conflicts with complainants

If the nominated senior manager and the Director, Quality, Complaints and Regulation determine that we cannot terminate our services to a complainant in a particular case or that we/our staff bear some responsibility for causing or exacerbating their conduct, they may consider using alternative Dispute Resolution strategies (‘ADR’) such as mediation and conciliation to resolve the conflict with the complainant and attempt to rebuild our relationship with them. If ADR is considered to be an appropriate option in a particular case, the ADR will be conducted by an independent third party to ensure transparency and impartiality.

However, we recognise that in UCC situations, ADR may not be an appropriate or effective strategy particularly if the complainant is uncooperative or resistant to compromise. Therefore, each case will be assessed on its own facts to determine the appropriateness of this approach.

7. PROCEDURE TO BE FOLLOWED WHEN CHANGING OR RESTRICTING A COMPLAINANT’S ACCESS TO OUR SERVICES

7.1 Consulting with relevant staff

When the nominated senior manager receives a UCC incident form from a staff member they will contact the staff member to discuss the incident. They will discuss:

- The circumstances that gave rise to the UCC/incident.
- The impact of the complainant’s conduct on our organisation, relevant staff, our time, resources, etc.
- The complainant’s responsiveness to the staff member’s warnings/requests to stop the behaviour.
- The actions the staff member has taken to manage the complainant’s conduct, if any.
- The suggestions made by relevant staff on ways that the situation could be managed.

7.2 Criteria to be considered

Following a consultation with relevant staff the nominated senior manager will search all client files and information systems (Homenet, CHYPS etc) for information about the complainant’s prior conduct and history with CSD. They will also will consider the following criteria:

- Whether the conduct in question involved overt anger, aggression, violence or assault (which is unacceptable in all circumstances).
• Whether the complainant’s case has merit.
• The likelihood that the complainant will modify their unreasonable conduct if they are given a formal warning about their conduct.
• Whether changing or restricting access to our services will be effective in managing the complainant’s behaviour.
• Whether changing or restricting access to our services will affect the complainant’s ability to meet their obligations, such as reporting obligations.
• Whether changing or restricting access to our services will have an undue impact on the complainant’s welfare, livelihood or dependents etc.
• Whether the complainant’s personal circumstances have contributed to the behaviour. For example, the complainant is a vulnerable person who is under significant stress as a result of one or more of the following:
  - homelessness
  - physical disability
  - illiteracy or other language or communication barrier
  - mental or other illness
  - personal crises
  - substance or alcohol abuse
• Whether the complainant’s response/conduct in the circumstances was moderately disproportionate, grossly disproportionate or not at all disproportionate.
• Whether there are any statutory provisions that would limit the types of limitations that can be put on the complainant’s contact/access to our services.

Once the nominated senior manager has considered these factors they will refer the matter to the Director, Quality, Complaints and Regulation for a decision on the appropriate course of action. They may suggest formal or informal options for dealing with the complainant’s conduct which may include one or more of the strategies provided in the practice manual and this policy.

See Appendix C – Sample checklist for Director, Quality, Complaints and Regulation to consider when deciding to modify or restrict a complainant’s access.

7.3 Providing a warning letter

Unless a complainant’s conduct poses a substantial risk to the health and safety of staff or other third parties, the nominated senior manager will provide them with a written warning about their conduct in the first instance.

The warning letter will:

• Specify the date, time and location of the UCC incident.
• Explain why the complainant’s conduct/UCC incident is problematic.
• List the types of access changes and/or restrictions that may be imposed if the behaviour continues. (Note: not every possible restriction should be listed only those that are most relevant).
• Provide clear and full reasons for the warning being given
• Include an attachment of the organisation’s ground rules and/or briefly state the standard of behaviour that is expected of the complainant. See Appendix A.
• Provide the name and contact details of the staff member who they can contact about the letter.
• Be signed by the nominated Senior Manager
• See Appendix D – Sample warning letter.

7.4 Providing a notification letter
If a complainant’s conduct continues after they have been given a written warning or in extreme cases of overt aggression, violence, assault or other unlawful/unacceptable conduct the nominated senior manager has the discretion to send a notification letter immediately restricting the complainant’s access to our services (without prior written warning).

This notification letter will:

• Specify the date, time and location of the UCC incident(s).
• Explain why the complainant’s conduct/UCC incident(s) is problematic.
• Identify the change and/or restriction that will be imposed and what it means for the complainant.
• Provide clear and full reasons for this restriction.
• Specify the duration of the change or restriction imposed, which will not exceed 12 months.
• Indicate a time period for review.
• Provide the name and contact details of the senior officer who they can contact about the letter and/or request a review of the decision.
• Be signed by the Director Quality, Complaints and Regulation.
• See Appendix E – Sample letter notifying complainants of a decision to change or restrict their access to our services.

7.5 Notifying relevant staff about access changes/restrictions
The nominated senior manager will notify relevant staff about any decisions to change or restrict a complainant’s access to our services, in particular reception and security staff in cases where a complainant is prohibited from entering our premises.

The nominated senior manager will also update relevant information systems and/or other centralised register/list] with a record outlining the nature of the restrictions imposed and their duration.

7.6 Continued monitoring/oversight responsibilities
Once a complainant has been issued with a warning letter or notification letter the nominated senior manager will review the complainant’s record/restriction every month, on request by a staff member, or following any further incidents of UCC that involve the particular complainant to ensure that they are complying with the restrictions/the arrangement is working.

If the nominated senior manager determines that the restrictions have been ineffective in managing the complainant’s conduct or are otherwise inappropriate they may decide to either modify the restrictions, impose further restrictions or terminate the complainant’s access to our services altogether.
8. APPEALING A DECISION TO CHANGE OR RESTRICT ACCESS TO OUR SERVICES

8.1 Right of appeal
Complainants are entitled to one appeal of a decision to change/restrict their access to our services. This review will be undertaken by a senior staff member who was not involved in the original decision to change or restrict the complainant’s access. This staff member will consider the complainant’s arguments along with all relevant records regarding the complainant’s past conduct. They will advise the complainant of the outcome of their appeal by letter which must be signed off by the Director, Quality, Complaints and Regulation. The staff member will then refer any materials/records relating to the appeal to the nominated senior manager to be kept in the appropriate file.

If a complainant continues to be dissatisfied after the appeal process, they may seek an external review from an oversight agency such as the Ombudsman. The Ombudsman may accept the review (in accordance with its administrative jurisdiction) to ensure that we have acted fairly, reasonably and consistently and have observed the principles of good administrative practice including, procedural fairness.

9. NON-COMPLIANCE WITH A CHANGE OR RESTRICTION ON ACCESS TO OUR SERVICES

9.1 Recording and reporting incidents of non-compliance
All staff members are responsible for recording and reporting incidents of non-compliance by complainants. This should be recorded in a file note and in the relevant CSD branch Information System and a copy forwarded to the nominated senior manager who will decide whether any action needs to be taken to modify or further restrict the complainant’s access to our services.

10. PERIODIC REVIEWS OF ALL CASES WHERE THIS POLICY IS APPLIED

10.1 Period for review
All UCC cases where this policy is applied will be reviewed every 3 months or 6 months (depending on the nature of the service provided) and not more than 12 months after the service change or restriction was initially imposed or continued/upheld. The Director Quality, Complaints and Regulation will need to be provided with a copy of each review.

10.2 Notifying the complainant of an upcoming review
The nominated senior manager will invite all complainants to participate in the review process unless they determine that this invitation will provoke a negative response from the complainant (i.e. further UCC). The invitation will be given and the review will be conducted in accordance with the complainant’s access restrictions (e.g. if contact has been restricted to writing only then the invitation to participate will be done in writing).

See Appendix F – Sample letter notifying a complainant of an upcoming review.
10.3 Criteria to be considered during a review
When conducting a review the nominated senior manager will consider:

- Whether the complainant has had any contact with the organisation during the restriction period.
- The complainant’s conduct during the restriction period.
- Any information/arguments put forward by the complainant for review.
- Any other information that may be relevant in the circumstances.

The nominated senior manager may also consult any staff members who have had contact with the complainant during the restriction period.

Note – Sometimes a complainant may not have a reason to contact our office during their restriction period. As a result, a review decision that is based primarily on the fact that the complainant has not contacted our organisation during their restriction period (apparent compliance with our restriction) may not be an accurate representation of their level of compliance/reformed behaviour. This should be taken into consideration, in relevant situations.

See Appendix G – Sample checklist for reviewing an access change/restriction.

10.4 Notifying a complainant of the outcome of a review
The nominated senior manager will notify the complainant of the outcome of their review using the appropriate/relevant method of communication as well as a written letter explaining the outcome, as applicable. The review letter will:

- Briefly explain the review process.
- Identify the factors that have been taken into account during the review.
- Explain the decision/outcome of the review and the reasons for it.

If the outcome of the review is to maintain or modify the restriction the review letter will also:

- Indicate the nature of the new or continued restriction.
- State the duration of the new restriction period.
- Provide the name and contact details of the nominated senior manager who the complainant can contact to discuss the letter.
- Be signed by the Director, Quality, Complaints and Regulation.

See Appendix H – Sample letter advising the complainant of the outcome of a review.

10.5 Recording the outcome of a review and notifying relevant staff
Like all other decisions made under this policy, the nominated senior manager is responsible for keeping a record of the outcome of the review, updating [insert case management system or other centralised register/list] and notifying all relevant staff of the outcome of the review including if the restriction has been withdrawn.

See Parts 4.2 and 7.5 above.
11 MANAGING STAFF STRESS

11.1 Staff reactions to stressful situations
Dealing with complainants who are demanding, abusive, aggressive or violent can be extremely stressful and at times distressing or even frightening for all our staff – both experienced and inexperienced. It is perfectly normal to get upset or experience stress when dealing with difficult situations.

CSD have a responsibility to support staff members who experience stress as a result of situations arising at work and we will do our best to provide staff with debriefing and counselling opportunities, when needed. However, to do this we also need help of all CSD staff to identify stressful incidents and situations. As a result, all staff have a responsibility to notify relevant supervisors/senior managers of UCC incidents and any stressful incidents that they believe require management involvement.

11.2 Debriefing
Debriefing means talking things through following a difficult or stressful incident. It is an important way of ‘off-loading’ or dealing with stress. Many staff members naturally do this with colleagues after a difficult telephone call, but debriefing can also be done with a supervisor or senior manager or as a team following a significant incident. We encourage all staff to engage in an appropriate level of debriefing, when necessary.

Staff may also access an external professional service on a needs basis. All staff can access the Employee Assistance Program – a free, confidential counselling service. These EAP providers are:

- Assure
- Converge International
- Davidson-Trahaire Corpsych
- PeopleSense

To access these providers to gain more information please utilise link www.cmtedd.act.gov.au/employment-framework/resources-and-links/employee-assistance-program2

12 OTHER REMEDIES

12.1 Threats outside the office or outside working hours
Where threats are directed at a particular staff member and it appears those threats may be carried out outside normal working hours or outside the office, the staff member will receive the support of the Senior Manager. Requests for such assistance should be made to the nominated senior manager.

12.2 Telephone threats on home numbers
If a staff member or their family have been harassed by telephone at their home and they believe it is connected with their employment they may apply to have CSD meet the cost of having their telephone number changed and/or made silent. The staff member should also contact their telephone carrier, as they may provide an interception/monitoring service.
12.3 **Other security measures**

If other security measures are necessary, CSD will give consideration to providing all reasonable support to ensure the safety and welfare of the staff member.

13. **TRAINING AND AWARENESS**

CSD is committed to ensuring that all staff are aware of and know how to use this policy. All staff who deal with complainants in the course of their work will also receive appropriate training and information on using this policy and on managing UCC on a regular basis in particular, on induction.

14. **OMBUDSMAN MAY REQUEST COPIES OF OUR RECORDS**

CSD will keep records of all cases where this policy is applied, including a record of the total number of cases where it is used every year. This data may be requested by the Ombudsman to conduct an overall audit and review in accordance with its administrative functions and/or to inform its work on UCC.

15. **POLICY REVIEW**

All staff are responsible for forwarding any suggestions they have in relation to this policy to their senior manager, who along with the CSD Complaints Handling Committee will review it every 12 months.

16. **SUPPORTING DOCUMENTS AND POLICIES**

16.1 **Statement of compliance**

This policy is compliant with and supported by the following documents:

- *Work, Health and Safety Act 2011*
- *ACT Public Sector Policy Framework for Work Health and Injury Management*
- *Managing Occupational Violence Policy*
- *Community Services Directorate Occupational Violence Management Plan 2012*
- *ACT Public Sector Responding to Workplace Accidents/Incidents Policy*
- *CSD Complaint Handling Policy and Procedures*
- *Managing unreasonable complainant conduct practice manual (2nd edition)*
Appendix A
Individual Rights and Mutual Responsibilities of the Parties to a Complaint

In order for CSD as an organisation to ensure that all complaints are dealt with fairly, efficiently and effectively and that work health and safety standards and duty of care obligations are adhered to, the following rights and responsibilities must be observed and respected by all of the parties to the complaint process.

Individual rights

Complainants have the right:

- to make a complaint and to express their opinions in ways that are reasonable, lawful and appropriate,
- to a reasonable explanation of the organisation’s complaints procedure, including details of the confidentiality, secrecy and/or privacy rights or obligations that may apply
- to a fair and impartial assessment and, where appropriate, investigation of their complaint based on the merits of the case
- to a fair hearing
- to a timely response
- to be informed in at least general terms about the actions taken and outcome of their complaint
- to be given reasons that explain decisions affecting them
- to at least one right of review of the decision on the complaint
- to be treated with courtesy and respect
- to communicate valid concerns and views without fear of reprisal or other unreasonable response.

Staff have the right:

- to determine whether, and if so how, a complaint will be dealt with
- to finalise matters on the basis of outcomes they consider to be satisfactory in the circumstances
- to expect honesty, cooperation and reasonable assistance from complainants
- to expect honesty, cooperation and reasonable assistance from organisations and people within jurisdiction who are the subject of a complaint
- to be treated with courtesy and respect
- to a safe and healthy working environment
- to modify, curtail or decline service (if appropriate) in response to unacceptable behaviour by a complainant.

Subjects of a complaint have the right:

- to a fair and impartial assessment and, where appropriate, investigation of the allegations made against them
- to be treated with courtesy and respect by staff of the [name of organisation]
- to be informed (at an appropriate time) about the substance of the allegations made against them that are being investigated
- to be informed about the substance of any proposed adverse comment or decision
- to be given a reasonable opportunity to put their case during the course of any investigation and before any final decision is made.
to be told the outcome of any investigation into allegations about their conduct, including the reasons for any decision or recommendation that may be detrimental to them

to be protected from harassment by disgruntled complainants acting unreasonably.

Mutual responsibilities

Complainants are responsible for:

• treating staff of CSD with courtesy and respect
• clearly identifying to the best of their ability the issues of complaint, or asking for help from the staff of CSD to assist them in doing so
• providing to the best of their ability all the relevant information available to them at the time of making the complaint
• being honest in all communications with CSD
• informing CSD staff of any other action they have taken in relation to their complaint
• cooperating with the staff who are assigned to assess/ investigate/resolve/determine or otherwise deal with their complaint.

If complainants do not meet their responsibilities CSD may consider placing limitations or conditions on their ability to communicate with staff or access certain services.

CSD has a zero tolerance policy in relation to any harm, abuse or threats directed towards its staff. Any conduct of this kind may result in a refusal to take any further action on a complaint or to have further dealings with the complainant. Any such conduct of a criminal nature will be reported to police and in certain cases legal action may also be considered.

Staff are responsible for:

• providing reasonable assistance to complainants who need help to make a complaint and, where appropriate, during the complaint process
• dealing with all complaints, complainants and people or organisations the subject of complaint professionally, fairly and impartially
• giving complainants or their advocates a reasonable opportunity to explain their complaint, subject to the circumstances of the case and the conduct of the complainant
• giving people or organisations the subject of complaint a reasonable opportunity to put their case during the course of any investigation and before any final decision is made
• informing people or organisations the subject of investigation, at an appropriate time, about the substance of the allegations made against them and the substance of any proposed adverse comment or decision that they may need to answer or address
• keeping complainants informed of the actions taken and the outcome of their complaints
• giving complainants reasons that are clear and appropriate to their circumstances and adequately explaining the basis of any decisions that affect them
• treating complainants and any people the subject of complaint with courtesy and respect at all times and in all circumstances
• taking all reasonable and practical steps to ensure that complainants are not subjected to any detrimental action in reprisal for making their complaint
• giving adequate warning of the consequences of unacceptable behaviour.
If CSD staff fail to comply with these responsibilities, complainants may complain to Quality, Complaints and Regulation on 02 6207 5474

**Subjects of a complaint are responsible for:**

- cooperating with the staff of CSD who are assigned to handle the complaint, particularly where they are exercising a lawful power in relation to a person or body within their jurisdiction
- providing all relevant information in their possession to CSD or its authorised staff when required to do so by a properly authorised direction or notice
- being honest in all communications with CSD staff
- treating the staff CSD with courtesy and respect at all times and in all circumstances
- refraining from taking any detrimental action against the complainant in reprisal for them making the complaint.

If subjects of a complaint fail to comply with these responsibilities, action may be taken under relevant laws and/or codes of conduct.

**The Community Services Directorate is responsible for:**

- having an appropriate and effective complaint handling system in place for receiving, assessing, handling, recording and reviewing complaints
- decisions about how all complaints will be dealt with
- ensuring that all complaints are dealt with professionally, fairly and impartially
- ensuring that staff treat all parties to a complaint with courtesy and respect
- ensuring that the assessment and any inquiry into the investigation of a complaint is based on sound reasoning and logically probative information and evidence
- finalising complaints on the basis of outcomes that the organisation, or its responsible staff, consider to be satisfactory in the circumstances
- implementing reasonable and appropriate policies/procedures/practices to ensure that complainants are not subjected to any detrimental action in reprisal for making a complaint, including maintaining separate complaint files and other operational files relating to the issues raised by individuals who make complaints
- giving adequate consideration to any confidentiality, secrecy and/or privacy obligations or responsibilities that may arise in the handling of complaints and the conduct of investigations.

If the Community Services Directorate fails to comply with these responsibilities, complainants may complain to the ACT Ombudsman’s Office - 1300 362 072 or Website http://www.ombudsman.act.gov.au/contact-us/contact-us.
Appendix B

Sample UCC incident form

This form should only be completed if you encounter unreasonable complainant conduct and consider that steps may need to be taken to change or restrict a complainant’s access to services provided by our organisation.

You must complete this form and send it electronically or by hand to the nominated senior manager within 24 hours of a UCC incident. They will decide on the necessary and appropriate course of action for responding to and managing the complainant’s conduct.

Date: _________________________________ CSD staff members
name:______________________________

Name of complainant: ________________ Complainant’s case file
number:____________________________

Details of the complainant’s conduct/incident including whether emergency services were contacted:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Why do you consider this conduct to be unreasonable?

For example – has it occurred before/repeatedly, caused significant disruptions to our organisation, has or could raise significant health and safety issues for our staff or other persons.

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

What action, if any, have you taken to deal with/manage the complainant’s conduct?

For example – warning the complainant ‘verbally’ about their conduct, other/previous attempts to manage the behaviour etc.

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
What do you think should be done to effectively manage the complainant’s conduct?

Note – the final decision on the appropriate course of action will be made by the Director, Quality, Complaints and Regulation.

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Is there any other information that might be relevant to this case? If necessary, attach any supporting documentation.

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
Appendix C
Sample checklist for the Director, Quality, Complaints and Regulation to consider when deciding to modify or restrict a complainant’s access

☐ I have received a signed and completed incident form from the CSD staff member (s) involved (attach copy).

☐ I have spoken with CSD staff member (s) relevant to obtain further information, as needed.

☐ I have reviewed the complainant’s record and all the relevant information in it.

☐ I have referred to and considered Part 7.2 Criteria to be considered which includes an assessment of the following:

☐ The merits of the complainants case

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☐ The complainant’s circumstances

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☐ Jurisdictional issues

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☐ Proportionality

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☐ Organisational or case officer responsibility

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☐ Responsiveness, including previous conduct

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☐ CSD staff member’s personal boundaries

☐ Conduct that is unreasonable in all circumstances (assault, threats of harm etc.)

☐ Along with the CSD staff member (s) concerned and any other nominated senior officers, I have considered all reasonable options for managing the complainant’s conduct, including those that do not involve restricting their access to our services.

☐ The complainant has been warned about their conduct in writing, and the letter has been signed by an appropriate CSD Senior Manager.

☐ The complainant has been advised in writing of our decision to restrict their access to CSD Services, and the letter has been signed by the Director, Quality, Complaints and Regulation.

☐ I have made a record of my assessment and decision about the complainant’s conduct and all relevant staff members have been notified of my decision.

☐ An electronic alert has been created in the appropriate CSD Information System that notifies any staff dealing with this complainant of the nature of the conduct that caused us to be concerned, the nature of the restriction that has been placed on their access, its duration, how they are to deal with the complainant (including who they should direct any communications from the complainant to).

Date: _______________________  Signature: _______________________________
Appendix D
Sample warning letter
[To be signed by the nominated senior manager]

Our reference: [reference]
Contact: [case officer]
Telephone: [number]

[Date]

[Name of complainant]
[Address of complainant]

Dear [name of complainant]

Your contact with (Enter CSD Branch)

You recently had [state the form of contact – e.g. telephone, written or face-to-face] with staff at my office on [date]. [During/In that telephone call/appointment/letter,] I understand that you [explain the nature of the conduct that has caused the organisation to be concerned].

We consider this type of behaviour to be inappropriate and it must stop. If you continue to behave in this way or in any other way that my staff consider to be unreasonable, we will impose restrictions on your contact with our office. This may involve restricting your contact to [apply the relevant option(s)]:

- ‘Writing only’ – this means that we will only accept communications from you in writing, delivered by Australia Post [if online or other written communications are preferred then explain].
- ‘Telephone contact only’ – this means that you will only be able to contact us by telephone on a specified time and day of the week.
- ‘Face-to-face contact only’ – this means that your contact will be limited to scheduled face-to-face meetings with a specified member of our staff.

Or any other restriction that we consider to be appropriate in the circumstances.

I have attached a copy of a document called [Individual rights and mutual responsibilities of the parties to a complaint] for your reference. We expect everyone who complains to this office to act in the ways described in this document.

If you have any questions about this letter, contact [provide name and phone number of the nominated senior manager].

Yours sincerely,
[Nominated senior manager]
Appendix E
Sample letter notifying a complainant of a decision to change or restrict their access to our services

[To be signed by the Director, Quality, Complaints and Regulation]

Our reference: [reference]
Contact: [case officer]
Telephone: [number]

[Date]

[Name of complainant]
[Address of complainant]

Dear [name of complainant]

Decision to restrict your contact with (Enter CSD Branch)

It has come to my attention that you [describe the nature of the unreasonable conduct and its impact – e.g. if the complainant has been sending emails to several members of my staff on a daily basis...]

I understand that my staff have previously told you that we consider this conduct to be unreasonable and unwarranted.

I also wrote to you on [date] and asked you to stop this behaviour. In that letter I advised you that if your behaviour continued, we would restrict your contact with my organisation. At the time I also attached a copy of our [Individual rights and mutual responsibilities of the parties to a complaint] which outlines your responsibilities as a complainant.

Because your behaviour has continued, I now consider it necessary to impose certain restrictions on your future contact with my organisation. I therefore give you notice that from [date], and with the exception(s) detailed below, my organisation will only accept communication from you [identify permissible form of contact, if any].

What this means

This means that you are only to contact our organisation using [describe the restriction in further details]. Any communications that do not comply with this restriction will be [describe what will happen – e.g. phone calls will be terminated immediately or emails/written communications will be read and filed without acknowledgment, emails will be blocked or deleted, no interviews will be granted, etc].

[Note: the complainant should be clearly informed how they can contact the organisation and how the organisation will contact them].

Your existing complaint (if applicable)

This organisation currently has one file open in your name. This relates to [state the subject of complaint and describe complaint]. This file is being handled by [name of officer and position title].

While you are able to contact [name of officer] [state nature of contact – e.g. by email] about this specific matter, all other contact with my organisation, including any future complaints, must be [state restriction – e.g. in writing through Australia Post] [provide contact details – e.g. address of organisation where post can be sent].
Review of this decision

My decision to restrict your contact with this organisation is effective immediately and will last for [3 months/6 months/12 months]. At that time we will review your restriction and decide if it should be maintained, amended or withdrawn.

I take these steps with the greatest reluctance, but [state reason for restriction – e.g. the equity and safety of other complainants and my staff], leaves me no alternative.

If you have any questions about this letter, you can contact [provide name and phone number of the nominated senior manager].

Yours sincerely,

[Director Quality, Complaints and Regulation]
Appendix F
Sample letter notifying a complainant of an upcoming review

[Director, Quality, Complaints and Regulation]

Our reference: [reference]
Contact: [case officer]
Telephone: [number]

[Date]

[Name of complainant]
[Address of complainant]

Dear [name of complainant]

Upcoming review of the decision to restrict your contact with (Enter CSD Branch)

It has now been [3 months/6 months/12 months] since restrictions were [imposed/upheld] on your contact with our office. As advised in our letter dated [date], we are now reviewing our decision to ascertain whether the restrictions should be maintained, amended or withdrawn.

We consider it important to give you an opportunity to participate in the review process, so we are therefore inviting you to [apply the relevant option(s)]:

- make submissions in writing through Australia Post [include contact person’s name and address]
- schedule a face-to-face interview with [include name of staff member and provide instructions on how they should go about scheduling the appointment – e.g. calling though the reception line on xxx-xxx-xxxx]
- schedule a telephone interview with [include name of staff member and provide instructions on how they should go about scheduling the appointment – e.g. calling though the reception line on xxx-xxx-xxxx]

In your letter, you should include information that would be relevant to our review. This includes information about [.....]/During the interview which will not last more than 30 minutes, we will discuss whether:

- you have complied with the current contact restrictions
- the current contact restrictions should be removed
- the current contact restrictions should be amended to better suit your personal circumstances
- the current contact restrictions should be maintained
- any other information that is relevant to our decision.

We must receive your letter by [time and date]/you should confirm your interview with [name of case officer] by [time and date]. If we do not receive it/hear from you by this date, we will assume that you do not wish to participate in this review and will undertake the review based on the information that we have available to us.

Once the review is completed, we will contact you again by letter notifying you of our decision.

If you have any questions about this letter, you can contact [provide name and phone number of the nominated senior manager].
Yours sincerely,

[Director, Quality, Complaints and Regulation]
Appendix G
Sample checklist for reviewing a decision regarding an access change/restriction

☐ The complainant has been sent a letter notifying them of the review.

☐ The complainant will/will not participate in the review.
☐ the complainant has/has not scheduled a face-to-face interview
☐ the complainant has/has not made written submissions
☐ the complainant has/has not scheduled a telephone interview

☐ I have reviewed all the information in the [relevant CSD Information system] from the last 12 months [or relevant period of the restriction] about the complainant’s:
☐ contact with the office (explain form of contact)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

☐ conduct during that contact (explain if conduct reasonable or unreasonable)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

☐ I have spoken with the case officers who have had contact with the complainant during the last 12 months about the complainant’s conduct during that period.

☐ I have considered the arguments/statements made by the complainant, including the impact of the restrictions on them (explain complainant’s position, including if their circumstances have changed etc.) Note: if the complainant is arguing that their circumstances have changed, they should be required to submit evidence to support this claim.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

☐ I have considered whether there are other more reasonable/suitable options for managing the complainant’s conduct, including those that do not involve restricting their access to our services (list all that apply).

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
☐ I consider that the restriction should be (explain):
☐ maintained – e.g. because the conduct has continued or is likely to continue, is disproportionate etc.
☐ removed – e.g. because the complainant has complied with the restrictions etc.
☐ amended – e.g. because the complainant’s circumstances have changed and the current restriction is no longer appropriate.

____________________________________________________
____________________________________________________
____________________________________________________

☐ I have discussed my decision with [other nominated senior officers]

☐ The complainant has been advised in writing of my decision to maintain/remove/amend the restriction and this letter has been signed by the Director, Quality, Complaints and Regulation.

☐ The [relevant CSD Information System] has been updated to reflect my decision.

Date: ___________________________  Signature: ________________________
Appendix H
Sample letter advising the complainant of the outcome of a review
[Director, Quality, Complaints and Regulation]

Our reference: [reference]
Contact: [case officer]
Telephone: [number]

[Date]

[Name of complainant]
[Address of complainant]

Dear [name of complainant]

Review of your contact with (Enter CSD Branch)

I am writing about a review that was undertaken by my organisation on [date] concerning your contact with this office. I understand that you [participated/did not participate] in that review.

Process of review
During the review you were given an opportunity to [explain in general terms how the review what undertaken].

Considerations
After your [interview/reading your submissions], we considered the concerns and suggestions raised in your [interview/letter, etc.], particularly your concerns about [include information that would be relevant – e.g. the complainant said there circumstances had changed]. We also reviewed our records of your conduct and contact with our office over the last 12 months. Our records showed that [provide summary of relevant information – e.g. Our records show that you have continued to send emails to our office, sometimes up to four times a day, throughout the period of your restriction].

[apply if relevant]: These communications were in direct violation of your restriction which limited your contact with our office to [state nature restriction] [explain what the purpose of the restriction was, if appropriate, and the impact of their conduct].

[apply if relevant]: Our records show that you have complied with the restrictions that were imposed on your contact with our organisation.

Decision
[apply if relevant]: Due to [explain reasoning for the decision – e.g. the number of emails that you have sent to our organisation in the last 12 months and ....] I consider it necessary to maintain the restrictions on your contact with our office for a further 12 months, effective immediately.

[apply if relevant]: Due to [explain reasoning for the decision I consider it necessary to amend the restrictions on your access to better suit your personal circumstances [explain, including providing clear instructions on how the complainant is to contact us and how we will contact them]. The new restrictions will be effective immediately and will last for 12 months. If your circumstances change again during this period, you may [explain how the complainant can notify of the change].

[apply if relevant]: Due to [explain reasoning for the decision] I consider it appropriate to remove the restrictions that have been placed on your access with our organisation, effective immediately. You may contact our organisation using any of our normal servicing options.
If you have any questions about this letter, you can contact [provide name and phone number of the nominated senior manager].

Yours sincerely

[Director Quality, Complaints and Regulation]