

5.1 Feedback, Complaints, and Appeals Policy and Procedure

Policy Statement

Feedback and complaints are essential to improve systems, services, and practices. We value feedback on what we do well and should continue and what we can do better.

Gladstone Women’s Health Centre's feedback and complaints management system is as follows:

- Accessible and available to all clients and their legal representatives
- Procedurally fair and maintains confidentiality

We continue to provide high-quality services while complaints are managed.

If a complaint is related to a critical incident, the response must reflect the incident management process.

Scope

This Policy and Procedure applies to all staff at the Gladstone Women’s Health Centre, the Men’s Support Services, and our Biloela office and all outreach centres. This includes the Board members, CEO, managers, and team leaders; full-time, part-time, casual, temporary, or permanent staff; job candidates; students; contractors; subcontractors; and volunteers.

Definitions

N/A	
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Principles

The principles supporting unbiased feedback and complaints management processes are:

- Consistency - risk management applies to all parts of our organisation
- Continuous improvement - all clients are encouraged to make a complaint themselves or with the support of an independent advocate
- Outcomes - the focus is on achieving positive results for all clients
- Respect - all staff have the right to make a complaint and have it investigated and resolved fairly and respectfully.

Procedure

- All clients have access to the Gladstone Women's Health Centre feedback and complaints process in a format that is accessible to them such as online via our website or in paper form when in visiting our services in person.
- Gladstone Women's Health Centre supports people to make a complaint or provide feedback.
- People can provide their details when they make a complaint, appeal or provide feedback, or they can remain anonymous
- People can make a complaint or provide feedback by:
 - completing a feedback and complaints form;
 - contacting the Team Leader, Clinical Manager, Chief Operating Officer or Chief Executive Officer; or
 - via the Gladstone Women's Health Centre Website.
- We respond to every complaint and feedback to ensure the safety of clients and others or to prevent harm to the clients and others.
- We keep records of complaints and feedback.
- Gladstone Women's Health Centre complaints investigation and resolution process encourages the participation of clients, their legal representatives, and, if required, an independent advocate.
- We conduct all investigations in a manner that protects the rights, confidentiality, fairness and equity of all parties.
- We respond to complaints within two days of receipt.
- In most cases, we resolve complaints to the complainants' satisfaction within 14 days of the complaint being raised.
- Service Culture, Standards, and Client Rights and Responsibilities:
 - Client Charters:
 - Client charters (child and youth adult and victims) are available to all clients.
 - Client charters can be accessed via the centre's website.
 - Client charter sare displayed in waiting areas and in each practitioner's office.
- Informing Clients:
 - All clients are to be informed of their rights and responsibilities as soon as possible after their engagement with Gladstone Women's Health Centre.
 - During the initial appointment, the counsellor will discuss the client charter with the client to ensure they understand its contents.
- Promoting Opportunities for Feedback:
 - Feedback from our clients and the wider community is always encouraged as a mechanism to evaluate the quality of service delivery.

- Feedback can be given either verbally or written to any staff member or member of the Board.
 - A feedback/suggestion QR Code is posted in the main waiting area and throughout the building.
 - Community education and program evaluation forms always have a space for participants to offer any wider service feedback, as well as space for suggestions of what they would like to see the centre offer.
 - Upon completion of services within the case management framework, clients will be asked Outcome Questions as part of file closure.
- Continuous Improvement:
 - The Clinical Manager, Chief Operation Officer and Chief Executive Officer are responsible for monitoring, implementing, and evaluating the efficiency and effectiveness of this policy and its related procedures.
 - The collated feedback from the client satisfaction survey and the client exit questionnaire is to be tabled quarterly at staff and board meetings.
 - All feedback including complaints will be used to inform service delivery planning.

A continuous improvement register is regularly monitored and updated in response to public feedback.

Internal Complaints Resolution Process

- If the complaint relates to staff or is a service issue, it is raised for resolution with the individual concerned
- If the complaint remains unresolved, the CEO escalates the matter to the Board.
- If the complaint related to the CEO, the matter is escalated to the Board Chair.

Escalation

- We keep all complainants informed of any investigation resulting from the complaint, including actions taken to resolve the issue. If the complainant feels that the complaint is not resolved to their satisfaction, they can exercise the right to appeal by escalating their complaint to:
 - Queensland Health Ombudsman
 - Queensland Police Service
 - Office of the Public Guardian
 - Human Rights Commissioner (Qld) **refer to the process in Human Rights Policy and Procedure (if 45 days have elapsed and the person has either not received a response to the complaint or has received a response the person considers to be unsatisfactory/inadequate)*
 - Department of Families, Seniors, Disability Services and Child Safety
 - NDIS Quality and Safeguards Commission

Clients can be reassured that Gladstone Women's Health Centre aims to resolve issues in a timely and appropriate manner including protecting the complainants' confidentiality while ensuring that complaint processes are accessible and simple to follow.

From an organisational standpoint, client complaints are a valuable tool to promote internal accountability measures and are used as quality assurance outcomes.

Accessibility

- The Gladstone Women's Health Centre website provides clients with online access to provide feedback or a complaint.
- All clients will be advised of the QR code and availability of a hard copy of this form upon initial engagement with the Gladstone Women's Health Centre.
- Feedback QR Codes will be displayed prominently in waiting areas.
- Complaints will be accepted either in writing or verbally.
- Complaints will be accepted from advocates on behalf of a client providing there is consent from the client to do so.

Accountability

- The Team Leader, Clinical Manager, Chief Operating Officer and Chief Executive Officer will seek to resolve client complaints informally and as quickly as possible. At this time, clients will be invited to proceed to a formal client complaint process if they feel the issue has not been satisfactorily resolved.
- If the Chief Executive Officer believes a complaint to be of a criminal nature or notifiable, the following action will be taken:
 - The Board and the appropriate department of commission will be contacted immediately.
 - The Chief Executive Officer will report to the funding body within one business day.
- If the formal client complaint is not criminal in nature or notifiable, the following actions will be taken:
 - The Board will be informed at the first opportunity.
 - All client complaints within two working days of receipt will be entered into the complaints register, and relevant information will be provided to the Chief Executive Officer.
 - The client will be contacted by the Chief Executive Officer within five working days of receipt to verbally invite the client to meet with the Chief Executive Officer at a mutually suitable time to discuss options to resolve the complaint.
 - If the client does meet with the Chief Executive Officer, the Chief Executive Officer will discuss options that may be available to address the client's complaint with the client and seek to agree on a resolution with the client.
- Within fourteen working days of the discussions, the Chief Executive Officer will contact the complainant both in writing and verbally to inform them of the resolution being brought forward by the Gladstone Women's Health Centre and the proposed implementation period.
- If the client does not wish to meet with the Chief Executive Officer, the Chief Executive Officer will, within fourteen days of receiving the client's complaint, send written correspondence responding to the complaint and suggesting a resolution and the proposed period for implementation.

- If the resolutions proposed by the Gladstone Women’s Health Centre remain unsatisfactory after thirty days from discussions, the Chief Executive Officer or the client may refer the matter for mediation by the Central Queensland Dispute Resolution Centre.
- Clients may appeal any decision to the Central Queensland Dispute Resolution Centre.
- The Chief Executive Officer will report to the funding body within one business day.

Quality Assurance

- Nothing in this policy or its related procedures prevents a client from seeking outside assistance to resolve their complaint. Clients will have access to contact information for the Central Queensland Dispute Resolution Centre.
- No discriminatory action or reduction of services will take place by the Gladstone Women’s Health Centre.
- Following the resolution of the formal complaint, the complaint process and any related documents will be tabled for review and analysis at the next board meeting.
Review of formal complaints and resolutions will be undertaken at regular intervals, no less than six monthly by the Clinical Manager, Chief Operating Officer and Chief Executive Officer- reports of this review and any recommended actions will be reported and discussed with the Board to evaluate effectiveness in strengthening the quality of service.

Staff training

- Staff are trained in and comply with the feedback and complaints management and resolution processes.
- Refer to the organisation's Staff Induction, Training, Supervision and Support Policy and Procedures.

Information

Title	Feedback, Complaints, and Appeals Policy and Procedure
Document Number	5.1
Version Number	4
Category	Service Delivery and Program Management
HSQF Related Standards	Human Services Quality Standard Indicator 5.1 Human Services Quality Standard Indicator 5.2 Human Services Quality Standard Indicator 5.3 Human Services Quality Standard Indicator 5.4
Approval Date	28/05/2026
Effective Date	28/05/2026
Next Review Date	28/05/2028
Policy Adviser	Chief Executive Officer, Chief Operating Officer
Approved by	Board

Related Policies Document and Supporting Documents

Legislation	<ul style="list-style-type: none"> • Information Privacy Act
Policy and Procedures	<ul style="list-style-type: none"> • Advocacy

	<ul style="list-style-type: none"> • Client Rights and Responsibilities • Human Rights • Privacy and Confidentiality Policy and Procedure • Continuous Improvement Policy and Procedure • Staff Induction, Training, Supervision and Support Policy and Procedure
Forms/Registers	<ul style="list-style-type: none"> • Client Charter • Continuous Improvement Register • Public Guardian Application Form • Complaints Register • Client Complaint Form • Client Complaints Checklist • Public Guardian Application Form • Your Right's Poster • Community Education evaluation forms include feedback, complaints and appeals information

Document History

Version #	Issue Date	Summary of Changes
5	28/05/2026	General update to process including alignment to new roles and organisational processes.
4	16/09/2024	Policy and Procedure template and content updated
3	12/02/2023	<p>New Logo added</p> <p>Renamed from feedback 'title' to Feedback, Complaints and Appeals</p> <p>Added the context of the Policy</p> <p>Merge 5.2 into 5.1 as per QCOSS recommendation</p> <p>Font made consistent</p> <p>Updated Procedure to Procedure Criteria</p> <p>Added 'approved by' and 'date approved'</p> <p>Deleted scope as captured within the document</p> <p>Added the 'Common' mandatory criteria requirements to the Procedure Criteria</p> <p>Added Policy Statement section</p> <p>HSQF Version and Standards updated and amended</p> <p>Related legislation updated and amended</p> <p>Added 'Complaints and Appeals'</p> <p>Add an overall form link for all documents, as documents do not need Board approval, but changes to the link on the policy would need it.</p>
2	20/10/2021	Policy update.
1.1	19/10/2018	Formatting changes to re-brand, format and align with HSQF Standard No's.
1.0	27/02/2017	New policy and procedure.