

# Customer Complaint Management

## Department of Health Standard

QH-IMP-450-1

## 1. Statement

The Customer Complaint Management Standard forms part of the Department of Health's (the department) Customer Complaint Management Framework (CCMF) and provides the minimum actions required to comply with the Customer Complaint Management Policy for the department.

## 2. Scope

This standard applies to all employees, volunteers, contractors and consultants within the department's divisions managing customer complaints about staff, products and/or services they provide, including whether an action or decision limits human rights.

This standard should be read in conjunction with the Customer Complaint Management Policy (QH-POL-450).

## 3. Requirements

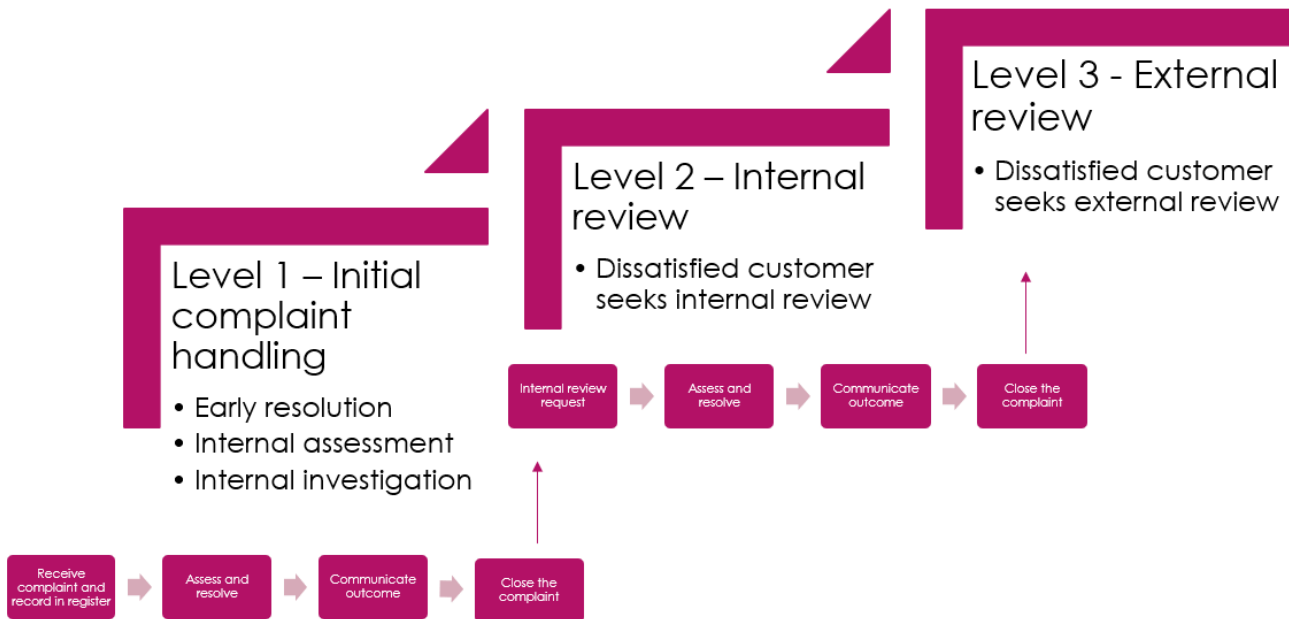
### 3.1. Customer Complaint Management Framework

- 3.1.1. The department's CCMF aligns with a three-level customer complaint management model and focuses on responsiveness to ensure the early resolution of complaints where possible.
- 3.1.2. All divisions and business units of the department must have local processes in place for managing customer complaints (receiving, identifying, assessing, recording, reporting and responding to customer complaints).
- 3.1.3. Local processes must be compliant with this standard and align with the five (5) principles in the Customer Complaint Management Policy as well as embedding human rights considerations.
- 3.1.4. Staff must be aware of local processes and their roles and responsibilities in managing customer complaints.
- 3.1.5. Staff responsible for receiving, identifying, assessing, managing and responding to customer complaints must be appropriately trained and/or skilled.

### 3.2. Three-level model

The three-level customer complaint management model is designed to support the core principle of responsiveness by focusing on early resolution in the first instance.

The model is outlined below:



The business area managing the customer complaint will assess the complaint using the three-level customer complaint management model and complexity classifications to determine the most appropriate way to manage it through to resolution.

### 3.2.1. Level 1 – Initial complaint handling

- **Early resolution** is when the complaint is managed by the officer receiving the complaint, who resolves the complaint immediately at the point-of-receipt/service. Early resolution complaints are categorised as “simple”, and the target resolution timeframe is immediate, at point of service.
- **Internal assessment** is when a complaint is more serious or complex, or when a complaint can’t be resolved by frontline staff. Internal assessment must be completed by a staff member with the knowledge and skills associated with the content of the complaint. Staff conducting an internal assessment must assess information provided by the complainant to identify the issues raised and assess any other relevant information available to them to determine the appropriate resolution. Internal assessment complaints are categorised as “standard”, and the target resolution timeframe is 10 business days.
- **Internal investigation** is considered when a complaint raises significant or complex issues for either the complainant or the organisation. An investigation must only be conducted by an officer with the necessary knowledge and experience to conduct an efficient and effective investigation. Internal assessment complaints are categorised as “complex”, and the target resolution timeframe is 30 business days.
- The response to the complainant about the outcome of the complaint must offer the complainant information about their right to request an internal

review if they are not happy with the complaint outcome, or if an outcome was not able to be reached at the initial complaints handling stage. This information must include advice that the complainant has 20 business days from receiving the complaint outcome to request the internal review.

- Where a response to the complainant about the outcome of the complaint identifies potential information privacy and human rights issues arising during investigation of the customer complaint, complainants must be advised that an external review in relation to these issues may be available prior to completion of the department's internal review process.
- If at the initial handling stage the staff handling the complaint determines that a complaint is frivolous or vexatious, they may choose to not progress assessment of the complaint and determine the outcome as 'no further action.'

### **3.2.2. Level 2 – Internal review**

- An internal review is a merits review that involves a consideration of whether, based on the information available at the time, the decision made was the correct one (including whether the actions and decisions were lawful, reasonable, fair and not improperly discriminatory). It is not a re-investigation of a complaint.
- If an internal review is requested, the officer conducting the internal review must comply with the requirements outlined in the Customer Complaint Internal Review Standard (QH-IMP-450-2).
- Internal reviews are not required for human rights complaints, as the Queensland Human Rights Commission can review the complaint after the first outcome has been made.

### **3.2.3. Level 3 - External review**

- An external review can only be requested by a complainant after the complainant has progressed through the department's complaints process in the first instance and exhausted any other internal right of review, unless the complaint relates to a human rights or privacy complaint where they are not required to go through an internal review process.
- The department must advise the complainant of their right to contact a relevant external review body (such as the Queensland Ombudsman, Queensland Human Rights Commission, Queensland Office of the Victims' Commissioner, or Crime and Corruption Commission) to request consideration of an external review should the complainant not be satisfied with the outcome of the initial handling for human rights complaints, or after the outcome of the internal review for all other complaints.
- Staff within the department who participated in the complaint assessment or internal review processes must assist the external agency, if requested, by providing any requested information pertaining to the complaint assessment or internal review.

### 3.3. Complaint management life cycle

This standard highlights the seven stages the department follows of the complaint management life cycle, as outlined by the Queensland Public Service Customer Complaint Management Framework (27 July 2023), below.

While the progression of these stages will not always be linear, each step ensures that complaints are received and appropriately investigated, complainants are kept up to date with the progress of their complaint and the department continues to learn and improve.

#### 3.3.1. Stage 1: Receipt of a complaint

- Complaints can be made to the department via email, phone, social media channels, in person, via correspondence to the Director-General, another head of an agency or Minister, or via the [online web form](#).
- Staff handling complaints will determine whether any correspondence received via any method listed above is a complaint for reportable purposes. Note: In determining whether correspondence is a complaint for reporting purposes, staff handling the complaint should refer to the Customer Complaint Management Policy Section 3. Scope.
- Staff monitoring social media accounts must monitor social media channels for any comment that may be considered a complaint and request that the complainant lodge their complaint through formal channels, along with a link to and information on these channels.
- Complaints may be made anonymously, however if there is not sufficient information to investigate the complaint or contact with the complainant is required, the complaint may not be resolved.
- If a complaint has been made to the department and other agencies at the same time, the staff handling the complaint must work with the other agencies that have received the complaint to determine how to acknowledge the complaint, resolve the complaint and respond to the complainant.
- If a complainant identifies as a victim of violent crime, the staff handling the complaint must help the victim to understand their rights under the [Charter of Victims' Rights](#).

#### 3.3.2. Stage 2: Assistance for complainants

- If a complainant is unable to make a complaint on their own, the staff handling the complaint should offer reasonable assistance to the complainant. This may include, but is not limited to:
  - access to interpreter services
  - access to the National Relay Service and teletypewriter services
  - a contact number to discuss complaint processes prior to lodgement.
- Staff handling a complaint should consider a person's unique needs when communicating with the complaint, including when providing acknowledgement of the complaint, when obtaining additional information

from the complainant and when providing the complaint outcome to the complainant.

- Vulnerability should be identified and considered by the staff member handling the complaint throughout the entire complaint process, and not only at the time of lodging a complaint, recognising that a complainant may experience temporary changes in circumstances that impact their ability to participate in the complaint process. Allowances must be made to accommodate complainants' temporary and/or permanent vulnerability.

#### 3.3.3. Stage 3: Acknowledgement

- Staff receiving a complaint must provide acknowledgment to the complainant. This should be within three (3) business days of receipt. The staff receiving the complaint is not necessarily the staff member that will handle the complaint.
- The acknowledgment should be sent to the complainant in the same format as it was received. If the complaint was received and responded to over the phone, then only a file note needs to be prepared for record keeping purposes.
- Staff receiving a complaint submitted via the whole of government (WoG) webform must also provide acknowledgment of the complaint to the complainant within three (3) business days of receipt by the department.
- Acknowledgment of receipt of the complaint must include:
  - acknowledgment of the complaint
  - a departmental tracking number or reference number from the WoG form
  - the proposed timeframe for response
  - information about the customer complaint management process, such as a copy of the department's Customer Complaint Management Policy
  - agency contact information.

#### 3.3.4. Stage 4: Assessment of the complaint

- Customer complaints must be assessed in an objective, equitable and unbiased manner.
- In assessing the complaint, the staff member handling the complaint must consider whether human rights have been limited, as per the *Queensland Human Rights Act 2019*.
- Staff handling the complaint must determine whether:
  - the complaint falls within the jurisdiction of the department
  - the complaint is within scope of the Customer Complaint Management Policy.

- whether the complaint falls under an additional complaint framework, such as human rights complaint, victims' rights complaint, privacy complaint, or corrupt conduct allegations.
- If a complaint is assessed as not being within the department's scope and referred to another agency, the complainant must be provided with written advice about the decision (not accepted by the agency or referred to another agency) and the reasons for the decision. Where a complaint has been referred to another agency, the complainant should also be advised of the new agency's contact information.
- Where it is determined that a complaint, or information on a matter involves, or may involve, corrupt conduct, the Crime and Corruption Commission must be notified by the department and the complainant must be notified that this action has been taken.
- Where an assessment indicates that a human rights, victims' rights, information privacy, or corrupt conduct issues may be raised, the appropriate processes related to these issues should be initiated and the complainant should be informed of this decision, outlining the processes that will be followed including amended timeframes.

#### 3.3.5. Stage 5: Response to the complaint

- As noted in 3.2.1, the department has set target response timeframes based on the complexity of the complaint. The department strongly encourages early resolution.
- While target response timeframes may be earlier, a final response should be provided to the complainant within 30 business days after the complaint was received.
- If the 30 business day timeframe is unable to be met, the staff member handling the complaint must notify the complainant of the updated timeframe for the complaint outcome to be reached.
- The response to a complaint, following its assessment, must include:
  - the decision made in response to the issues raised
  - clear, meaningful and accurate reasons why the decision was made, including the relevant policies, legislation and directives used in making the decision
  - actions taken because of the complaint (subject to any privacy considerations), including any remedies or business improvements
  - information about the review options available to the complainant, including relevant contact details
  - contact details for the relevant departmental officer who can be contacted for further information relating to the complaint.

#### 3.3.6. Stage 6: Reporting

- The department must report on customer complaint information, as per section 3.7 of this standard.

### 3.3.7. Stage 7: Learning and continual improvement.

- The Governance, Assurance and Information Management Branch will undertake a yearly review of the department's CCMF, incorporating feedback and learnings from divisions and business areas and customers.
- Divisions and business areas must review local processes at least every year to assess their effectiveness, efficiency and satisfaction of complainants to inform improvements to service delivery, policy and operations.
- Where divisions identify trends of complaints, or numerous complaints about a similar issue or complaints that are a result of the same root cause, business areas should consider identifying and rectifying issues and further monitoring complaints related to these trends.
- Internal reviews can be requested due to issues the complainant has with the complaints handling process. As a result, staff receiving requests for internal reviews relating to complaints should consider the internal review as an opportunity to improve the complaint handling process.

## 3.4. Managing unreasonable conduct by complainants

3.4.1. A staff member receiving or handling complaints may experience unreasonable conduct by a complainant from time to time. Business areas should implement various protections for staff dealing with unreasonable conduct from a complainant to ensure the health, safety and wellbeing of staff within their local procedures. Local procedures could include:

- Record-keeping of instances of unreasonable conduct.
- Approvals required for limiting contact.
- Limiting communication with the complainant.
- Limiting a complainant to a sole contact point.
- Escalating a complainant to a more senior staff member in the business unit.
- Restricting the subject matter of communications considered by the business unit.
- Limiting when and how a complainant can contact an agency.
- Developing a no further communication list where the matter itself is listed.

3.4.2. To mitigate complainants exhibiting unreasonable behaviour, staff handling complaints should manage complainant expectations by:

- Treating all complainants fairly and respectfully.
- Providing complainants with clear advice about what the agency can and cannot do in relation to their complaint.
- Testing and managing complainant expectations throughout the process, including correcting misunderstandings as they arise and redefining unreasonable expectations when they are identified.

- Not labelling the complainants themselves and instead, focusing on the observable conduct.
- 3.4.3. Restricting a complainant's contact with the department must be carefully considered. Business areas considering this must also consider the human rights of the complainant and whether complaint access limitations to the department is appropriate, in particular, whether there is an alternative course of action. Restricting access should be a last resort after other alternatives have been tried.
- 3.4.4. When choosing to limit contact with a complainant, the department must not share this information with other agencies due to privacy considerations unless there is a clear risk to the health and safety of a person or persons.

### 3.5. Privacy

- 3.5.1. Staff receiving and handling complaints must comply with the Information Privacy Principles and National Privacy Principles outlined in schedules 3 and 4, respectively, in the *Information Privacy Act 2009* in its dealings with personal information.
- 3.5.2. Local processes should be assessed to identify whether they require a Privacy Impact Assessment (PIA). The department's PIA Threshold Assessment tool can be used to determine whether a PIA is required.

### 3.6. Record keeping

- 3.6.1. All complaints that fall within the scope of this policy are to be recorded in the business area's customer complaint register and / or system.
- 3.6.2. Records about complaints must be kept by business units from the time of initial receipt. Records about complaints must be detailed and accurate.
- 3.6.3. At a minimum, the information a business unit must record about a complaint includes:
- A unique reference number.
  - Date complaint received.
  - Issues raised by the complainant.
  - Outcome sought by the complainant.
  - Complainant's name, address and contact details (can be recorded as "anonymous" if the complainant chooses to remain anonymous).
  - How complaint was received or referral source.
  - Who is handling the complaint.
  - Whether the complaint is related to human rights. Separately identify direct human rights complaints and those identified while assessing other complaints.
  - Whether a complaint is related to a charter right under the *Victims' Commissioner and Sexual Violence Review Board Act 2024 (Victims' Charter Rights)*, and if so, which charter right it refers to.
  - Dates/methods of follow up contact with complainant.



- Primary reason or cause of the complaint.
  - Outcome (including ‘no further action,’ ‘further action’ or ‘referred to other government entity’) (refer to 7. Definitions) and any remedies provided as a result of the complaint.
  - Improvements or updates to policies and procedures resulting out of complaints related to human rights.
  - Date complaint finalised.
- 3.6.4. Other documents relating to the complaint, such as human rights assessment forms, file notes, emails, and supporting documents, must be recorded during each stage of the complaint process.
- 3.6.5. All complaint files, including those mentioned in section 3.6.3, are to be managed as per the *Public Records Act 2002*, *Public Sector Act 2022* and the *Information Privacy Act 2009*. Records are to be maintained as per the Queensland Government General Retention and Disposal Schedule (GRDS), reference 1074 - routine client complaints.

### 3.7. Reporting

- 3.7.1. Deputy Directors-General and equivalents must provide customer complaint data to the Governance, Assurance and Information Management (GAIM) Branch, twice per year.
- 3.7.2. GAIM will provide to the Executive Leadership Team customer complaint reporting, including a summary of the trends, themes and proportion of complaints resolved within timeframes.
- 3.7.3. The department must, before 30 September following each financial year, report:
- The number of complaints received during the previous financial year.
  - The number resulting in further action.
  - The number resulting in no further action.
- 3.7.4. The data listed in section 3.7.3 above must be published on the department’s website.
- 3.7.5. The department must collect and report in each year’s Annual Report the following information relating to complaints made under the *Queensland Human Rights Act 2019*:
- The number of human rights complaints received.
  - The outcome of human rights complaints received.
- 3.7.6. The department must collect and report in each year’s Annual Report the following information relating to complaints made under the *Victims’ Commissioner and Sexual Violence Review Board Act 2024 (Victims’ Charter Rights)*:
- The total number of Charter complaints and which Charter right applies to each complaint.

- The number of complaints referred to another government entity.
- How each complaint was dealt with.

### 3.8. Human Rights considerations when managing complaints

3.8.1. The *Queensland Human Rights Act 2019* requires the department to:

- Deliver services in a manner compatible with human rights.
- Consider human rights in all circumstances.
- Make decisions that are compatible with human rights.

3.8.2. As part of the complaint management process, the staff handling complaints must assess all complaints received for any human rights applicable to the issue/s raised, whether or not human rights are specifically mentioned.

3.8.3. If the staff handling a complaint determines there are human rights applicable to the issue/s raised in a complaint, they must initiate an investigation of the human rights issue/s.

3.8.4. A complainant must raise a human rights complaint with the department initially before making contact with the Queensland Human Rights Commission.

## 4. Human rights

The department will respect, protect and promote human rights in our decision-making and actions in accordance with the *Queensland Human Rights Act 2019*, in response to a complaint.

This standard does not limit human rights, as outlined in the *Queensland Human Rights Act 2019*. This standard enhances the right to recognition and equity before the law and right to freedom of expression, by ensuring the CCMF is clear and accessible to all, and complaint handling processes are clear, impartial, and confidential.

## 5. Legislation

- *Hospital and Health Boards Act 2011*
- *Queensland Human Rights Act 2019*
- *Information Privacy Act 2009*
- *Public Sector Act 2022*
- *Public Records Act 2002*
- *Right to Information Act 2009*
- *Victims' Commissioner and Sexual Violence Review Board Act 2024 (Victims' Charter Rights)*

## 6. Supporting documents

The department's complaints management standard is supported by:

- Australian Standard Guidelines for complaint management in organisations AS/NZS 10002:2022
- [Customer Complaint Management Policy](#) (QH-POL-450)
- [Customer Complaint Internal Review Standard](#) (QH-IMP-450-2)
- [Queensland Ombudsman Managing unreasonable complainant conduct](#)
- [Department of Health Customer complaints: Identifying human rights complaints fact sheet](#)
- [Office of the Victims' Commissioner – Know your rights](#)
- [Queensland Public Service Customer Complaint Management Framework](#) and [Guideline](#).

## 7. Definitions

List of definitions of terms used in this standard:

Term	Definition
Accessible	Easily available and understood.
Agency	Refers to a public service entity as per section 9 of the <i>Public Sector Act 2022</i> .
Complainant	Person, organisation or their representative (including clients, consumers, service users, customers, etc.) who is apparently directly affected by the service or action of the department, making a complaint.
Complaint	Expression of dissatisfaction made to, or about, the department, related to its products, services, staff or the handling of a complaint, where a response or resolution is explicitly or implicitly expected or legally required. (Source: AS 10002:2022 <i>Guidelines for complaint management in organizations</i> .)
Customer	A consumer of the department's products and/or services. This definition applies to both external customers (e.g., the public) and internal customers (e.g., employees, contractors and consultants).
Customer complaint	(see section 264(4) of the PS Act) means a complaint about the service or action of a public sector entity, or its staff, by a person who is apparently directly affected by the service or action.
External review	A process available to complainants where an oversight agency, such as the Queensland Ombudsman or other complaints handling organisation, investigates the handling of a complaint by an agency or deals with complaints that were previously the subject of a complaint to an agency.
Frivolous complaint	A complaint with no serious purpose or value and does not justify the resources that would be required to action it.

Term	Definition
Further action	The complaint was accepted and resulted in remedial or improvement action.
Human Rights	Human rights means the rights stated in part 2, divisions 2 and 3 of the <i>Queensland Human Rights Act 2019</i> .
Internal review	Is a merits review that involves a consideration of whether, based on the information/facts available at the time, the decision made was the correct one (including whether the actions and decisions were lawful, reasonable, fair and not improperly discriminatory). It is not a re-investigation of the complaint; it is an impartial review of a decision made about a complaint undertaken by an appropriate officer independent from the original decision-maker.
No further action	The complaint was accepted and resolved immediately at the point of service.
Unreasonable conduct	Is any behaviour which, because of its nature or frequency, raises substantial health, safety, resource or equity issues. Examples of unreasonable complainant conduct can include unreasonable persistence; unreasonable demands; unreasonable lack of cooperation; unreasonable arguments; and unreasonable behaviour (AS 10002:2022).
Vexatious complaint	A complaint without reasonable or sound basis in fact, has little chance of succeeding, and is instead designed to harass, annoy, or create a resource burden for the department.
Victims' Rights	Victims' rights means the rights outlined in the <a href="#">Queensland Charter of Victims' Rights</a>
Vulnerability	When a person is at greater risk of experiencing hardship or difficulty to participate due to risk factors such as age, disability or impairment, mental health issues, low income, sudden change in circumstances, rural/remote factors, homelessness, issues accessing digital services, etc.

## 8. Approval and implementation

Policy Custodian	Policy Contact Details	Approval Date	Approver
Executive Director, Governance, Assurance and Information Management	GAIM- corro@health.qld.gov.au	20 December 2024	Deputy Director-General, Corporate Services Division

## Version control

Version	Date	Comments
4.0	20 December 2024	Policy review to support alignment to the Queensland Public Service Complaint Management Framework and

Version	Date	Comments
		Guideline. Affected documents are DoH Customer Complaint Management Policy and Standard.
3.0	10 December 2019	Policy reviewed to incorporate requirements of the Human Rights Act 2019.
2.0	21 February 2019	Policy review incorporating recommendations from the Queensland Ombudsman, further guidance on receiving, recording, assessing, reviewing, responding and evaluating complaints and updated definitions. (QH-GDL-450-2:2017)
1.0	5 July 2017	Endorsed first version.