



Government of **Western Australia**  
Department of **Health**

# Complaints Management Toolkit

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## Introduction

The Complaints Management Toolkit (the Toolkit) aims to assist WA health system staff in undertaking efficient complaints management processes. These processes are outlined in the Complaints Management Policy<sup>1</sup> (2019) and the Complaints Management Guideline<sup>2</sup> (2019).

The complaint management process consists of the following key steps:

1. **Frontline complaint management:** Frontline staff should manage complaints by either resolving the complaint or escalating the complaint to relevant staff.
2. **Acknowledgement:** An acknowledgement must be provided to the complainant within five working days from receipt of the complaint.
3. **Assessment:** Determine risk profile (safety, legal, political, media and/or financial risk), appropriate officer/agency notification and scope of investigation.
4. **Investigation:** Actions to assess and resolve complaints are taken by appropriate officers (investigation, analysis, consideration of recommendations for resolution).
5. **Response:** A response must be provided to the complainant within 30 working days. If the complaint is pending, feedback to the complainant must be provided at 15 days intervals. If the complaint cannot be resolved internally it is to be referred to an external agency.
6. **Recording and reporting:** Complaints are recorded and registered on a central register/database. Complaints data is regularly analysed and reported upon to identify complaint trends and areas for improvement.
7. **Service Improvement:** Quality improvement activities to address systemic and recurring issues are identified, initiated and evaluated.

This toolkit focuses on the management and reporting of complaints. Specifically this includes front line complaint management, complaint investigation and the recording and reporting of complaints. Refer to the Complaints Management<sup>1</sup> policy and the Complaints Management Guideline<sup>2</sup> for further information on the above steps.

## Frontline complaint management

Many complaints are straightforward and can be resolved by frontline staff. Managing complaints when they arise can often avoid the complaint being escalated. Staff should be aware of their role in complaints management and be supported to perform this function. A sample checklist 'Frontline Staff Complaint Management' is provided in the 'Sample forms and checklists' section of this Toolkit. This checklist can be used or adopted by Health Service Providers to provide to staff and/or make visible in staff areas.

## Investigation

The investigation of a complaint relating to health care services will offer the opportunity to determine what occurred to whom and how; and, identify how things might be, or should be, done better in the future.

Not all complaints require an in-depth investigation. The level of investigation required will be determined by the relevant manager and based on an objective review of the information available.

A written record of the information gathered and any decisions made must be maintained.

## Plan investigation

Complaints should be investigated in accordance with the severity assessment made (i.e. Seriousness Assessment Matrix (SAM) score), with those meeting the criteria for a high to extreme risk profile given priority over those with low to medium risk rating. If appropriate, immediate remedial steps should be taken to address a risk to the safety of a consumer(s).

Where a complaint identifies a clinical risk, Health Service Providers should verify whether or not the risk is already logged in the Enterprise Risk Management System (ERMS). When an identified clinical risk is not already logged in the ERMS, this should be undertaken in line with local processes. Refer to the Complaints Management Guideline<sup>2</sup> for further information on risk.

To determine the information that is required for a complaint investigation:

- Review information provided by the complainant
- Determine whether the investigation needs to focus on one particular issue, or all issues
- Ascertain whether consumer consent is required for an investigation
- Identify the information required to establish the facts:
  - Consumer's medical record
  - Procedure / guidelines / protocols
  - Relevant policy
  - Staff rosters
  - The staff involved in each issue and those whom you will need to interview.

## Conducting staff interviews

Staff should be notified (preferably in writing) about the complaint and issues involved and be informed of their rights in terms of having a support person present at the interview. They may want to seek supervision/managerial, professional or legal support depending on the gravity of the issue(s).

Prior to the interviews taking place, interviewers should prepare an outline of factual issue(s) and other key questions about the incident that the staff member may be able to address.

Interviewers should explain the purpose of the interview and that notes will be taken of answers that are provided.

At the end of the interview key points should be reviewed and summarised. Where appropriate, those involved in the interview can be provided with a written summary of the discussion to review and provide their agreement that the written summary accurately reflects the discussion.

Advise the interviewee of the process, what will happen next and invite them to address any questions to you for response. If a statement has been prepared this should be signed by the interviewee. If a statement will be drafted at a later stage, ensure the interviewee understands that they will be provided with a draft, for any amendments and their signature, prior to the statement being finalised.

## Analysis and review

Information should be evaluated, which could include an assessment of the following:

- Can the version of events described by a person be independently verified?
- Are there inconsistencies in information provided by interviewee(s)?
- Did the staff member have direct knowledge of the event/incident? – Did they see or hear it themselves? (Direct knowledge is more credible than indirect)
- Does the staff member have a personal interest in the outcome? (Evidence is more credible if it comes from a person who does not have a personal interest in the outcome of the matter)
- Is there sufficient information to determine whether particular standards have been met?

After considering each piece of evidence in terms of relevance and credibility, consider all relevant evidence together. While one piece of evidence alone may not appear to support the allegation, it may appear stronger when supported by other evidence. At all times the investigator must act without bias. With all the necessary information an assessment of its validity and contributing factors should be identified.

For the purpose of identifying trends over time and assisting with implementing system improvement/changes, quantify contributing factors such as:

Barriers	Inexperience	Inadequate staffing
Resource issues	Fatigue	Rostering
Inadequate type of expertise	Inadequate equipment	Environmental factors
Workload issues	Competing restrictions	Services not culturally appropriate
Policy/procedure/protocol/guidelines not followed	Inadequate consumer/carer engagement	Inadequate training and/or education
Communication issues	Impaired cognition	Consumer disability
Health literacy	Inadequate policy/procedure	Other significant issues

Once contributing factors have been considered and any complaint trends identified, recommendations for service improvement(s) should be made and a response provided to the complainant.

## Recording complaint information

It is important for an effective complaint management process to identify the subject of a complaint, assess the potential risks and subsequently its appropriate investigation scope by gathering and documenting sufficient information. Therefore, comprehensively recording and documenting information is essential.

### Suggested Reporting Fields – Complainant and Consumer

Field	Consumer	Complainant	Comment
Name	✓	✓	
Date of birth	✓	✓	
Gender	✓	✓	
Contact details	✓	✓	Address, phone, email and contact preferences
Relationship to consumer		✓	
Record/patient number	✓		Complaint information is confidential and is not to be filed in the medical record, though the consumer's UMRN may be necessary if the complaint needs to be investigated as a clinical incident
Interpreter required	✓	✓	
Country of birth	✓	✓	
Preferred language	✓	✓	Refers to the main language other than English spoken at home
Aboriginal and/or Torres Strait Islander	✓	✓	
Admission status	✓		Inpatient, involuntary, outpatient, community patient, veteran, visitor, public, private, other, not relevant
Date of complaint	✓	✓	
Date of incident	✓		
Location of incident	✓		
Authorisation to release information	✓		Required and/or provided

## Suggested Reporting Fields – Provider

Field	Provider	Comment
Name of service	✓	
How complaint was lodged	✓	Via telephone, online, in writing, in person
Consumer objective	✓	
Summary of complaint	✓	
Staff involved	✓	Designation
Categorisation of complaint issues	✓	See the Complaints Management Guideline <sup>2</sup> section on complaint categorisation, definitions and examples
Risk Profile/Score	✓	See the Complaints Management Guideline <sup>2</sup> section on the Seriousness Assessment Matrix
Action/s taken	✓	
Outcome / resolution	✓	

## Reporting

The Patient Safety Surveillance Unit (PSSU) oversees the monitoring, reporting and management of complaints information at a state level. Complaints data must be provided to the (PSSU) within the Patient Safety and Clinical Quality division, Department of Health as outlined in the Complaints Management Policy<sup>1</sup>.

Under the *Health and Disability Services (Complaints) Act 1995*<sup>4</sup> and the *Health and Disability Services (Complaints) Regulations 2010*<sup>3</sup> Health Service Providers are legislated to provide information relating to complaints received by the Health Service Provider, and action taken, to the Health and Disability Services Complaints Office on an annual basis. Refer to the Complaints Management Guideline<sup>2</sup> for more information on the Health and Disability Services Complaints Office reporting requirements.

For any enquiries related to reporting of complaints, contact the PSSU at [PSSU@health.wa.gov.au](mailto:PSSU@health.wa.gov.au)

## Sample forms and checklists

The following forms and checklists may be used or adapted to aid in the management of a complaint. It is recommended that feedback forms which are provided to consumers and carers be accessible and appropriate, and where possible, translated into other languages.

### Example form 1: Frontline Staff Complaint Management

Receive complaint
<ul style="list-style-type: none"><li><input type="checkbox"/> Actively listen – often individuals simply wish to voice their concerns and have someone listen</li><li><input type="checkbox"/> Clarify the key concern(s) of the complaint - ask questions to ensure you understand the complaint</li><li><input type="checkbox"/> Determine desired outcome including suggestions on how to improve health care services</li><li><input type="checkbox"/> Identify if there are any immediate issues arising from the complaint and respond to them as appropriate</li></ul>
Manage complaint
<b>Resolve:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> If the complaint can be resolved at the point of contact do so, including offering a remedy appropriate to the complaint and your position</li><li><input type="checkbox"/> Record feedback into the Datix Consumer Feedback Module (CFM) to aid in identifying complaint themes</li></ul>
<b>Escalate:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Complaints should be escalated to a Complaints Handling Officer or senior staff member when the consumer (or their representative) wishes to lodge a complaint and/or the complaint issue(s) is complex or beyond the scope of your position</li><li><input type="checkbox"/> Advise the consumer (or their representative) of the complaints management process and that they will be contacted by a Complaints Handling Officer or senior staff member who will follow-up their complaint. Determine the complainant's contact preference.</li><li><input type="checkbox"/> Record all complaints in the Datix Consumer Feedback Module (CFM) for complaint management, data collection and analysis</li></ul>
Reflect on complaint
<b>Service Improvement:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Consider if this is an isolated incident or is recurring</li><li><input type="checkbox"/> Identify any necessary changes to processes or systems</li><li><input type="checkbox"/> Implement identified changes as appropriate or share quality improvement strategy with a more senior staff member</li></ul>

#### Tips for managing difficult complaint situations

- |  |  |
|--|--|
| ✓ Remain calm, considerate and empathetic  | ✓ Use neutral tone and language                                |
| ✓ Focus on the issue(s) rather than the person   | ✓ Let them know what you can do to help                        |
| ✓ Allow them time to voice their concerns  | ✓ Apologise that their experience was below their expectations |
| ✓ Listen to what they are saying – they may have a valid point and simply want someone to listen | ✓ Ask a colleague or more senior staff member for assistance   |



## Example form 2: Health Service Complaint Form

(Add your logo here)	Feedback form
Complainant details	Consumer details (if different)
Name:	Name:
Relationship to patient/consumer:	
Address:	Address:
Post code:	Post code:
Phone number:	Phone number:
Email:	Email:
Contact preference:	Contact preference:
Date of Birth:	Date of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Do you identify as Aboriginal and/or Torres Strait Islander? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander	Does the consumer identify as Aboriginal and/or Torres Strait Islander? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander
Country of birth:	Country of birth:
Interpreter needed: <input type="checkbox"/> No <input type="checkbox"/> Yes	Interpreter needed: <input type="checkbox"/> No <input type="checkbox"/> Yes
Language spoken at home:	Language spoken at home:
Do you have a disability: <input type="checkbox"/> No <input type="checkbox"/> Yes Please describe:	Does the consumer have a disability: <input type="checkbox"/> No <input type="checkbox"/> Yes Please describe:
Complaint details	
Date of complaint:	Date of incident:
Location of incident:	

**Summary of complaint (What happened? Who was involved?)**


**What would you like to happen as a result of this complaint? What would be a satisfactory outcome?**


**Please let us know how we could improve our service**


**For Health Service Provider use:**

**Admission status:**

- |                                     |                                  |                                      |
|-------------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Inpatient  | <input type="checkbox"/> Public  | <input type="checkbox"/> Voluntary   |
| <input type="checkbox"/> Outpatient | <input type="checkbox"/> Private | <input type="checkbox"/> Involuntary |
| <input type="checkbox"/> Visitor    | <input type="checkbox"/> Other   |                                      |

**How was the complaint made:**

- |  |                                    |  |                                |
|--|------------------------------------|--|--------------------------------|
| <input type="checkbox"/> Letter        | <input type="checkbox"/> Telephone | <input type="checkbox"/> Face to face    | <input type="checkbox"/> Other |
| <input type="checkbox"/> Feedback form | <input type="checkbox"/> Email     | <input type="checkbox"/> Patient Opinion |                                |

**Who took the complaint?**

Name:

Work location:

Signature:

Contact number:

Date:

**Thank you for your feedback**

### Example form 3: Complaint Management Record Form

(Add your logo here)		<b>Complaint Management Record Form</b>	
<b>Initial receipt of complaint</b>			
Date of receipt:		Ref. No.:	UMRN:
<b>How was the complaint received?</b>			
<input type="checkbox"/> Letter	<input type="checkbox"/> Phone	<input type="checkbox"/> Patient Opinion	<input type="checkbox"/> Other
<input type="checkbox"/> Email	<input type="checkbox"/> In Person	<input type="checkbox"/> Feedback Form	
<b>Who took the complaint?</b>			
Name:		Signature:	
Contact number:		Work location:	
<b>Complainant details</b>		<b>Consumer details (if different)</b>	
Name:		Name:	
Relationship to consumer:			
Address:	Post code:	Address:	Post code:
Home phone:		Home phone:	
Mobile:		Mobile:	
Contact preference:		Contact preference:	
DOB:		DOB:	
Gender:		Gender:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Other	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown
Aboriginal and/or Torres Strait Islander:		Aboriginal and/or Torres Strait Islander:	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal
<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander	<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander
<input type="checkbox"/> Not stated		<input type="checkbox"/> Not stated	
Country of birth:		Country of birth:	
Interpreter needed:		Interpreter needed:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Preferred language / language spoken at home:		Preferred language / language spoken at home:	
Disability:		Disability:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type of disability:		Type of disability:	
<b>Complaint details</b>			
Date of complaint:		Date of incident:	
Location of incident:		Was the consumer receiving mental health services?	



**Confirmed (post investigation) risk assessment**

Confirmed risk rating: <input type="checkbox"/> SAM 1 <input type="checkbox"/> SAM 2 <input type="checkbox"/> SAM 3 <input type="checkbox"/> SAM 4	Risk preexisting in ERMS: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	Risk added to ERMS: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
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Comments:

**Consumer objective** | **Outcome/ Resolution for the complaint**

<input type="checkbox"/> Access to service <input type="checkbox"/> Receive an apology <input type="checkbox"/> Change practice/procedure/policy <input type="checkbox"/> Obtain refund/ compensation <input type="checkbox"/> Receive an explanation <input type="checkbox"/> Register concern <input type="checkbox"/> Responsibility acknowledged <input type="checkbox"/> Resolve adverse outcome <input type="checkbox"/> Other	<input type="checkbox"/> Concern registered <input type="checkbox"/> Service provided <input type="checkbox"/> Apology provided <input type="checkbox"/> Change of practice/procedure/policy effected <input type="checkbox"/> Costs refunded/compensation provided <input type="checkbox"/> Explanation provided <input type="checkbox"/> Concern registered <input type="checkbox"/> Responsibility acknowledged <input type="checkbox"/> Complaint withdrawn <input type="checkbox"/> Other
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**Recommendations/ Action taken**

- Quality improvement activity including risk management initiatives and system wide changes
- Policy and/or procedure written or modified
- Training/education of staff provided
- Staff member/contractor counselled and offered performance support
- Staff duties changed
- Formal warning given
- Formal warning documented on personnel record
- Relevant registration board notified
- No further action required
- Other, please describe:

**System improvement - Quality improvement initiated as a result of this complaint**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Activity Log</b>		
<b>Action</b>	<b>Signature</b>	<b>Date</b>
Complaint received		
Complaint registered in central database		
Initial SAM score recorded in central database		
Verified if risk recorded in ERMS		
Consumer consent acquired		
Acknowledgement of complaint		
Investigation commenced		
Confirmed SAM score recorded in central database		
Final response provided to complainant		
Update sent to complainant		
Resolution entered in central database		
Complainant referred to external agency		
Reported to Chief Executive/ Co-Director/ED		
<b>This form must not be filed in the patient's medical record</b>		

## Example form 4: Investigation Checklist

<i>(Add your logo here)</i>	<b>Complaint Management Record Form</b>
<b>Contact the complainant to:</b>	
<ul style="list-style-type: none"><li><input type="checkbox"/> Thank them for their feedback</li><li><input type="checkbox"/> Clarify the key concerns of the complaint</li><li><input type="checkbox"/> Obtain any additional information to fully understand the complaint</li><li><input type="checkbox"/> Determine any immediate issues arising from the complaint and respond to them as appropriate</li><li><input type="checkbox"/> Identify desired outcome including suggestions on how to improve health care services</li><li><input type="checkbox"/> Determine if the complainant has any supporting documentation or witnesses</li><li><input type="checkbox"/> Determine the complainant's preference for a particular mode of communication (including face-to-face, written, telephone, email)</li><li><input type="checkbox"/> Offer assistance if the complainant requires support (e.g. due to language difficulties, hearing or sight impairments, need for a support person, translator or advocate)</li></ul>	
<b>Manage the complaint:</b>	
<b>Acknowledgement:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Register complaint and document significant actions during the investigation. Documents must be filed separately to the medical record</li><li><input type="checkbox"/> Provide information to the complainant about the investigation process and anticipated timeframes within 5 working days</li></ul>	
<b>Assessment:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Has the complaint been previously dealt with, or should it also be dealt with under any other policy (e.g. Clinical Incident Management Policy)?</li><li><input type="checkbox"/> Does the complaint raise issues of possible staff misconduct and thus need to be managed in accordance with relevant local processes and WA health system policies (e.g. Notifying Misconduct Policy)?</li><li><input type="checkbox"/> Is media attention possible? If so, should the matter be referred to a higher level in the organisation?</li><li><input type="checkbox"/> Does the complaint carry clinical risk and need to be logged in the Enterprise Risk Management System (ERMS)?</li><li><input type="checkbox"/> Is legal action possible? Seek legal advice as required</li><li><input type="checkbox"/> Are there any immediate safety issues that need to be addressed?</li><li><input type="checkbox"/> Does the complaint contain details about a clinical incident that may require notification (in accordance with the Clinical Incident Management Policy)?</li><li><input type="checkbox"/> Analyse the complaint to identify issues, pertinent sources of information including policies and guidelines, and the relevant parties</li></ul>	
<b>Investigation:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Develop a strategy and framework to guide the investigation noting the requirement to update the complainant every 15 working days after the initial 30 working days</li><li><input type="checkbox"/> Assign a suitable investigator. Does the investigator have sufficient experience and/or qualifications? Does the investigator have any conflicts of interest?</li><li><input type="checkbox"/> Prepare for and then conduct interviews with involved persons</li></ul>	

- Gather hard copy and electronic information - interviews, reports, medical records, policies and guidelines or other relevant documentation
- Assess the accumulated information. Identify gaps, inconsistencies or ambiguities in the information. Consult clinical/professional advice as required
- Seek corroborative evidence if conflicts arise in information obtained
- If the complaint identifies a significant clinical risk and/or systemic issues, utilise systemic investigative methodologies such as root cause analysis
- Ensure requirements of procedural fairness are met. Was the respondent/interviewee(s) given sufficient details of the complaint? Was the respondent given an opportunity to respond to the complaint? Was the respondent informed of any adverse proposed actions and the grounds for these? Were submissions made by the respondent duly considered?
- Prepare an investigation report noting information obtained and recommendations for any corrective action
- Assign and record the post investigation SAM score

**Response:**

- Generate and explore options for resolution, consistent with the complainant's desired outcomes (if possible) and consistent with organisational objectives/policies where appropriate
- Advise relevant parties of the outcome(s) within 30 days

**Service Improvement:**

- Investigate extent of problem within the service
- Identify quality improvement activities and communicate these within the service as required



## Example form 5: Complaint Evaluation Survey Form

Consumer feedback about the complaints management process is important to identify opportunities for improvement in the complaints management process from a consumer's perspective. It also helps the service gauge the consumer's expectations for complaint resolution and the degree to which these have been met.

When seeking consumer feedback it is important to use a variety of mechanisms to ensure feedback is able to be obtained from a variety of consumer groups. Survey results are one way to receive consumer input to review and improve strategies for enabling consumer engagement, particularly in terms of accessibility, accountability and responsiveness.

Dear Consumer,

Thank you for taking the time to provide feedback to *[insert name of service]*. In order to improve our complaints management processes we would appreciate your feedback about how your complaint was managed.

**Any feedback you provide is strictly anonymous. You are under no obligation to complete this survey.**

Please ✓ or circle your response

### Complaint Survey

**Q1.** My complaint was taken seriously

<b>1</b> Not seriously	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b> Very seriously
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**Q2.** I was treated with respect

<b>1</b> Very disrespectfully	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b> Very respectfully
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**Q3.** I was satisfied with the information given

<b>1</b> Very dissatisfied	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b> Very satisfied
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**Q4.** Were you given the name and phone number of a person to contact for information?

Yes     No

**Q5.** Did you need additional help in making your complaint (e.g. interpreter, support person)

Yes     No

**Q6.** If you answered yes in Q5, were you satisfied with the help given?

Yes     No    Do you have any comments about the help that you were given?

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<b>Q7.</b> My complaint was treated in a confidential manner	<b>Q8.</b> I was kept up to date on the progress of my complaint
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Q9.</b> I did not suffer any negative impact from making a complaint	<b>Q10.</b> I got what I expected by raising my concern
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Q11. How did you know about the complaints process?</b>	
<input type="checkbox"/> I saw posters or brochures in the building <input type="checkbox"/> I read some patient information <input type="checkbox"/> I found the information on the internet <input type="checkbox"/> I was made aware of the complaints process by a staff member <input type="checkbox"/> I asked a staff member how I could raise a complaint <input type="checkbox"/> I saw the customer liaison office/officer <input type="checkbox"/> I was already aware of the complaints process	
<b>Q. Do you have any further comments or suggestions that would help us in improving our complaints management service?</b>	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
<p><b>Thank you for your time and feedback.</b></p> <p>Please return to <i>[insert name of service]</i> in the enclosed prepaid envelope.</p>	

## Sample letters

Communication with consumers about the complaints management process should be open and transparent with informative and timely updates about the status of the process.

### Example letter 1: Acknowledgement of Complaint

In accordance with the Complaints Management<sup>1</sup> policy, complaints must be acknowledged within five working days following the Health Service Provider's receipt of the complaint.

*[Insert name and address]*

Dear *[insert Mr/Mrs/Ms/Dr Surname]*

Thank you for your letter dated *[insert date]* concerning *[insert summary of letter]*. We are writing to acknowledge receipt of your correspondence.

The Chairperson/Director and staff of the appropriate department will investigate the matter/s you have raised and the information provided will be reviewed by the *[insert title of relevant person]*. All documentation related to the investigation of your concerns will be treated in a confidential manner and accessed only by staff directly involved in the investigation.

In accordance with the WA health system's Complaints Management policy, this process should be completed within 30 working days. If there are any delays, you will be contacted and informed of the progress in 15 day intervals.

We are always striving to improve our services at *[insert name of service]*, so thank you for bringing this matter to our attention. Please do not hesitate to contact us on the number listed below if you have any further queries.

Yours sincerely

*[Insert name and contact details]*

## Example letter 2: Advice about Complaint Resolution Delay

In accordance with the Complaints Management<sup>1</sup> policy, complaints must be resolved within 30 working days following the Health Service Provider's receipt of the complaint. If a resolution is pending, Health Service Providers are required to provide the complainant with progress updates at 15 working day intervals, with the first update falling due 30 working days following receipt of the complaint.

*[Insert name and address]*

Dear *[insert Mr/Mrs/Ms/Dr Surname]*

Thank you for your feedback dated *[insert date]* concerning *[insert summary of letter]*. It is important that we get feedback about our service, so I appreciate that you took the time and effort to let me know about your experience.

In accordance with the WA health system's Complaints Management policy, complaints should be resolved within 30 days following their receipt. I am writing to you to inform you that due to *[insert reasoning for delay]* there has been a delay resolving this issue.

To date we have *[insert progress summary]*.

I am hoping to come back to you as soon as possible with a complete response. Please do not hesitate to contact me at any time if you have further questions with regard to the complaint management process.

Thank you again for bringing your concerns to my attention as we rely on feedback such as yours to improve the service we provide.

Yours sincerely

*[Insert name and contact details]*

### Example letter 3: Confirmation about Complaint Resolution

In accordance with the Complaints Management<sup>1</sup> policy, complaints must be resolved within 30 working days following their receipt by the Health Service Provider.

*[Insert name and address]*

Dear *[insert Mr/Mrs/Ms/Dr Surname]*

Thank you for sharing your health care experience with *[insert name of service]*. It is important that we get feedback about our service, so I appreciate that you took the time and effort to let us know about your experience.

In relation to *[insert complaint issue(s)]*, *[insert name of service]* investigated the incident and based on the information you provided and what we discovered throughout the investigation, *[insert conclusions and actions taken]*.

On behalf of *[insert service name]* I would like to express my regret that the health care that was provided to you *[or insert appropriate person]* did not meet your expectations.

Thank you once again for bringing this issue to the attention of *[insert service name]*. If you believe that these issues have not been adequately attended to, please know that you may pursue this matter with the Health and Disability Services Complaints Office (HaDSCO). HaDSCO are an external and independent agency who provide a free impartial resolution service for complaints relating to any health or disability service in WA. HaDSCO can be contacted on 08 6551 7600 or at [mail@hadsco.wa.gov.au](mailto:mail@hadsco.wa.gov.au)

Yours sincerely

*[Insert name and contact details]*

## Example letter 4: Response to Vexatious Complaints

Complainants are deemed to be vexatious when they harass, annoy, cause delay or cause detriment rather than genuinely intend to resolve the complaint. They also include complaints which are instituted or pursued without reasonable grounds.

It is important that decisions to restrict access should occur with the following considerations:

- It should be a measure of **last resort** and should only be utilised if the complainant cannot be satisfied with the outcome of the complaint despite all efforts being made by the service;
- The decision to restrict access should be approved by an appropriate senior staff member;
- All decisions, actions and correspondence should be documented thoroughly; and
- All actions taken to address the complaint should be communicated with the complainant.

Services should be mindful that the complainant may decide to share this letter with external agencies. It is therefore good practice to summarise key issues of the complaint and/or reasoning for the decisions that were made to enable an external stakeholder to get a clear understanding of your decisions.

*[Insert name and address]*

Dear *[insert Mr/Mrs/Ms/Dr Surname]*

I would like to thank you for sharing your concerns with regard to *[insert description of complaint]* and express my regret that the *[insert name of service]* did not meet your expectations on this occasion.

At *[insert name of service]* we appreciate consumer feedback about the services we provide as valuable information about how we can further improve our services.

*[insert one of the following statements]*

1. We believe we have done our utmost to resolve your complaint and have communicated our actions to you. However, in spite of our best efforts to resolve the complaint, it appears that this has not been to your satisfaction.

In relation to your claim that *[insert complaint issue(s)]*, *[insert name of service]* investigated the incident and based on the information we discovered throughout the investigation, *[insert conclusions and actions taken]*. Further attempts to come to a satisfactory outcome have failed because *[insert reasoning]*. The *[insert name of service]* now considers this matter to be closed.

I am writing to you to inform you that I have instructed *[insert name of service]*'s complaints handling officers not to acknowledge further correspondence in relation to this matter unless it contains significant new information which, in their opinion, warrants further investigation.

OR

2. We believe we have done our utmost to resolve your complaint and have communicated our actions to you. However, in spite of our best efforts to resolve the complaint, it appears that this has not been to your satisfaction.

In relation to your claim that *[insert complaint issue(s)]*, *[insert name of service]* investigated the incident and based on the information we discovered throughout the investigation, *[insert conclusions and actions taken]*. Further attempts to come to a satisfactory outcome have failed because *[insert reasoning]*. I fully support the decisions that have been made by your case manager, and *[insert name of service]* now considers this matter to be closed.

I understand that *[insert name of service]*'s complaints handling officers have made repeated attempts to resolve this matter with you, which has included undertaking a full review of your complaint and an investigation.

I am writing to you to inform you that I have instructed complaints handling officers at *[insert name of service]* not to engage in further dealings with you.

We understand that this may not meet your expectations of a satisfactory resolution. If you would like to pursue this matter with an external agency, we suggest that you contact the Health and Disability Services Complaints Office (HaDSCO). HaDSCO is an independent authority providing an impartial resolution service for complaints relating to any health or disability service in WA. The service is free. Please refer to the following contact details for HaDSCO:

The Health and Disability Services Complaints Office (HaDSCO)  
GPO Box B61  
Perth WA 6838

Complaints and enquiries line: (08) 6551 7600  
Fax: (08) 6551 7630  
Country Free Call: 1800 813 583  
TTY: (08) 6551 7640

Email: [mail@hadsco.wa.gov.au](mailto:mail@hadsco.wa.gov.au)  
Webpage: <https://www.hadsco.wa.gov.au>

Yours sincerely

*[Insert name and contact details]*

## Example letter 5: Response to Complainant Where Complaint Included Allegations of Misconduct

*[Insert name and address]*

Dear *[insert Mr/Mrs/Ms/Dr Surname]*

Thank you for sharing your health care experience with *[insert name of service]*. It is important that we receive feedback about our service, so I appreciate that you took the time and effort to let me know about your experience.

In relation to *[insert misconduct related complaint issue(s)]*, *[insert name of service]* has investigated, and based on the information you provided have referred this matter to *[insert appropriate internal unit/ external agency]*. The *[insert appropriate internal unit/ external agency]* will undertake further review as it appears to meet the definition of misconduct in accordance with WA health system policy. *[Insert appropriate internal unit/ external agency]* exists to *[insert function]* and may, or may not, decide to progress this matter by undertaking an investigation into the incident. Please note that the findings of any such investigation and the outcomes will remain strictly confidential and cannot be disclosed to you as the complainant.

On behalf of *[insert service name]* I would like to express my sincere *[regret/apologies]* that the health care that was provided to you *[or insert name of person affected]* did not meet your expectations.

I now consider this matter closed; however, please feel free to contact me if you wish to discuss it further. If you would like to discuss *[insert appropriate unit/agency]*'s investigation process, please contact *[insert name and contact details of relevant person or agency]*.

Yours sincerely

*[Insert name and contact details]*



## Appendix 1: Data definitions

### Complaints

<b>Name:</b>	<b>New complaints</b>
<b>Definition</b>	All complaints that are received by the Health Service Provider or Contracted Health Entity within a set calendar month and recorded in the central management system (Health Service Providers) or other database (Contracted Health Entities).
<b>Guide for use</b>	<ul style="list-style-type: none"><li>• A complaint can be received in writing, online or verbally.</li><li>• The 'date received by organisation' is counted as the date that it is made available to the organisation as per section 3.3 of the Complaints Management Policy.</li><li>• A complaint received on a weekend or public holiday is counted as being received on the next working day.</li></ul>
<b>Limitations</b>	Data capture – Complaints that are managed outside of the complaint management process are not reported.
<b>Inclusions</b>	<ul style="list-style-type: none"><li>• Complaints lodged directly to the Health Service Provider/ Contracted Health Entity.</li><li>• Complaints received via Ministerial correspondence.</li><li>• Complaints received via external agency.</li></ul>
<b>Exclusions</b>	<ul style="list-style-type: none"><li>• Complaints via Ministerial correspondence that have already been lodged directly with the Health Service Provider/Contracted Health Entity, whether resolved by the Health Service Provider/Contracted Health Entity or not.</li><li>• Contacts – Expressions of dissatisfaction where the consumer does not wish to lodge a complaint or the issue is resolved without going through the complaint management process.</li></ul>
<b>Scope</b>	Includes all WA Health Service Providers and Contracted Health Entities to the extent that the Complaints Management Policy forms part of their contract.
<b>Reporting</b>	<p>Health Service Providers and Contracted Health Entities must provide complaints to the PSSU on a monthly basis. Data is due to be available to the PSSU via the agreed reporting mechanism by the end of the third working day of the following month.</p> <p>PSSU reports complaints data to:</p> <ul style="list-style-type: none"><li>• WA Health Service Providers via the PSSU Patient Safety Dashboards.</li><li>• General public via publication of the PSSU's Annual Report.</li></ul> <p>Mental health complaints must be reported separately from all other complaints.</p>

## Complaint issues

<b>Name:</b>	<b>Complaint issues</b>										
<b>Definition</b>	All complaint issues derived from complaints that are received by the Health Service Provider or Contracted Health Entity within a set calendar month and recorded in the central management system (Health Service Providers) or other database (Contracted Health Entities).										
<b>Guide for use</b>	<ul style="list-style-type: none"> <li>• A complaint can be received in writing, online or verbally.</li> <li>• A single complaint may comprise many complaint issues.</li> <li>• Complaint issues are categorised under the following categories:               <table border="0" style="width: 100%; margin-left: 20px;"> <tr> <td style="width: 50%;">1. Access</td> <td style="width: 50%;">6. Rights, respect &amp; dignity</td> </tr> <tr> <td>2. Communication</td> <td>7. Grievances</td> </tr> <tr> <td>3. Decision making</td> <td>8. Corporate services</td> </tr> <tr> <td>4. Quality of clinical care</td> <td>9. Professional conduct</td> </tr> <tr> <td>5. Costs</td> <td>10. Carers charter.</td> </tr> </table> </li> </ul>	1. Access	6. Rights, respect & dignity	2. Communication	7. Grievances	3. Decision making	8. Corporate services	4. Quality of clinical care	9. Professional conduct	5. Costs	10. Carers charter.
1. Access	6. Rights, respect & dignity										
2. Communication	7. Grievances										
3. Decision making	8. Corporate services										
4. Quality of clinical care	9. Professional conduct										
5. Costs	10. Carers charter.										
<b>Limitations</b>	Data capture – Complaint issues that are managed outside of the complaint management process are not reported.										
<b>Inclusions</b>	<ul style="list-style-type: none"> <li>• Complaint issues lodged directly to the Health Service Provider/ Contracted Health Entity.</li> <li>• Complaint issues received via Ministerial correspondence.</li> <li>• Complaint issues received via external agency.</li> </ul>										
<b>Exclusions</b>	<ul style="list-style-type: none"> <li>• Complaint issues derived from complaints received via Ministerial correspondence that have previously been lodged directly with the Health Service Provider/Contracted Health Entity, whether resolved by the Health Service Provider/Contracted Health Entity or not.</li> <li>• Complaint issues derived from contacts.</li> </ul>										
<b>Scope</b>	Includes all WA Health Service Providers and Contracted Health Entities to the extent that the Complaints Management Policy forms part of their contract.										
<b>Reporting</b>	<p>Health Service Providers and Contracted Health Entities must provide complaint issues to the PSSU on a monthly basis. Data is due to be available to the PSSU via the agreed reporting mechanism by the end of the third working day of the following month.</p> <p>Complaint issues are reported to:</p> <ul style="list-style-type: none"> <li>• The WA public health system via the PSSU Patient Safety Dashboards.</li> <li>• General public via publication of the PSSU's Annual Report.</li> </ul> <p>Mental health complaints and associated issues must be reported separately from all other complaints.</p>										

## Complaint resolution rate

<b>Name:</b>	<b>Complaint resolution rate</b>
<b>Definition</b>	The complaints resolution rate provides an indication of the degree to which the Health Service Provider/Contracted Health Entity is resolving complaints within 30 working days from receipt of the complaint.
<b>Numerator</b>	Sum of complaints received within a set calendar month with a resolution timeframe within 30 working days.
<b>Denominator</b>	Sum of complaints received within a set calendar month that are closed or where 30 working days have passed since the receipt of the complaint.
<b>Guide for use</b>	<ul style="list-style-type: none"> <li>• The resolution timeframe is the number of working days between the date of receipt of the complaint and the date of final reply. These dates are to be made available to the PSSU.</li> <li>• Target resolution timeframe is 30 working days in accordance with the Complaints Management Policy.</li> <li>• The date of final reply is the date when the final reply is sent to the person reporting the feedback and the complaint is closed.</li> <li>• The date of receipt of the complaint is counted as day 0.</li> <li>• If the date of receipt or the date of final reply is on a weekend or public holiday, this date is counted as being the next working day.</li> <li>• Complaints received late in the reporting period may still be open but remain within 30 working days of the date of receipt of the complaint; these complaints should be excluded from the denominator.</li> <li>• The complaint resolution rate for the most recent month should be interpreted with caution as a large number of complaints will not have had 30 working days passed since the date of receipt of the complaint.</li> </ul>
<b>Limitations</b>	Data capture – Complaints that are managed outside of the complaint management process are not reported.
<b>Inclusions</b>	All complaints.
<b>Exclusions</b>	Contacts - Expressions of dissatisfaction where the consumer does not wish to lodge a complaint or the issue is resolved without going through the complaint management process. Complaints in Datix CFM with a lodgment status of rejected. Open complaints that are still within 30 working days of the date of receipt of the complaint.
<b>Scope</b>	Includes all WA Health Service Providers and Contracted Health Entities to the extent that the Complaints Management Policy forms part of their contract.
<b>Reporting</b>	Health Service Providers and Contracted Health Entities must provide resolution timeframes to the PSSU on a monthly basis. Data is due to be available to the PSSU via the agreed reporting mechanism by the end of the third working day of the following month. Complaint issues are reported to: <ul style="list-style-type: none"> <li>• WA Health Service Providers via the PSSU Patient Safety Dashboards.</li> </ul>

Mental health complaints must be reported separately from all other complaints.

## References

1. Department of Health. Complaints Management Policy 2019 [internet]. 2019. Western Australian Government. Available from: <https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Clinical-Governance-Safety-and-Quality>
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3. Western Australian Legislation. Health and Disability Services (Complaints) Regulations 2010. [internet]. 2016. Government of Western Australia. [cited 3 December 2018]. Available from: [https://www.legislation.wa.gov.au/legislation/statutes.nsf/main\\_mrtitle\\_11935\\_homepage.html](https://www.legislation.wa.gov.au/legislation/statutes.nsf/main_mrtitle_11935_homepage.html)
4. Western Australian Legislation. Health and Disability Services (Complaints) Act 1995. [internet]. 2018. Government of Western Australia. [cited 3 December 2018]. Available from: [https://www.legislation.wa.gov.au/legislation/statutes.nsf/main\\_mrtitle\\_415\\_homepage.html](https://www.legislation.wa.gov.au/legislation/statutes.nsf/main_mrtitle_415_homepage.html)

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