

# COMPLIMENTS, COMPLAINTS AND FEEDBACK POLICY

## 1. POLICY STATEMENT

- 1.1. Children by Choice (CbyC) upholds clients' rights to provide feedback or raise complaints about any aspect of its services. CbyC are committed to managing all feedback fairly, consistently, proactively, objectively, respectfully, and in a timely client-focused manner that respects confidentiality and complies with the Human Rights Act 2019 (Qld).
- 1.2. CbyC adopt a positive, blame-free approach to complaints, recognising feedback as opportunities to improve services, align with our vision and mission, address areas needing improvement, and acknowledge staff performance.
- 1.3. No client will face penalties or disadvantages for lodging complaints, though vexatious or frivolous complaints may be managed under the Unreasonable complainant conduct provisions.

## 2. PURPOSE

- 2.1. To assist staff, clients and their representative/s with the timely and effective management of compliments, complaints and feedback.
- 2.2. To ensure all complaints are managed consistently and within agreed timeframes.
- 2.3. To ensure clients have access to independent advocacy and support when making complaints.
- 2.4. To provide a robust and transparent appeals process for complaint resolution.
- 2.5. This document should be used in conjunction with the Child and Youth Incident Response Procedure when:
  - a) a complaint reveals immediate safety risks
  - b) mandatory reporting obligations are triggered
  - c) criminal conduct is disclosed
  - d) a child makes a disclosure of abuse during complaint.
- 2.6. This document fulfils requirements under Child Safe Standard 6 of the Child Safe Organisations Act 2024 (Qld) and Human Services Quality Framework Standard 5.

## 3. SCOPE

- 3.1. This policy and procedure applies to all staff, including employees, volunteers and members of the Management Committee.
- 3.2. This Policy does not apply to:
  - a) complaints that may be considered misconduct. Such complaints must be managed in accordance with the Performance Review and Management Policy
  - b) employee complaints that are dealt with under the Grievance and Dispute Resolution Policy
  - c) complaints about access and amendments to client records or breaches of privacy (such complaints will be managed in accordance with the Privacy Policy)
  - d) matters currently being dealt with or have previously been dealt with (either by court/tribunal/external complaints agency or internal review) and an outcome has been determined
  - e) allegations of suspected harm or risk of harm to a child. Such allegations will be actioned in accordance with the Child Safety Practice Policy.

## 4. PROCEDURE

### 4.1. Communication and Awareness

- 4.1.1. Clients and/or their representative/s are informed about the process for lodging a compliment, complaint or feedback via:
- a) this policy and key resources, such as information about client rights and responsibilities, being widely promoted and clearly displayed and accessible in reception/waiting areas
  - b) the complaints page of the CbyC website
  - c) a hard copy of this policy and key resources which will be made available upon request
  - d) verbal explanation during all service engagement stages
  - e) information provided in accessible formats and community languages where possible.

### 4.2. Lodging a Compliment, Complaint or Feedback

- 4.2.1. Compliments, complaints or feedback may be lodged directly by clients, their representative/s, organisations, or with the client’s consent on their behalf by any interested person such as a relative, carer, another organisation or advocate through a number of channels including:
- a) in person verbally at the point of service (e.g., to the CEO or by approaching staff for assistance)
  - b) by telephone on 07 3357 9933
  - c) in writing by:

By mail (e.g., cards, letters)	Via CbyC endorsed social media sites	By email	Via the website
The CEO Children by Choice PO Box 1357, Milton QLD 4064	<a href="#">Facebook</a> <a href="#">LinkedIn</a> Instagram	<a href="mailto:info@childrenbychoice.org.au">info@childrenbychoice.org.au</a>	Using the <a href="#">Feedback form</a> on the website.

4.2.2. For complaints, complainants are encouraged to lodge their complaint in writing and to provide details regarding the nature of the complaint (e.g., when and where, name, how they were affected).

- 4.2.3. CbyC also encourages and makes the following avenues available to obtain feedback:
- a) By participating in the feedback survey, which consent for is gathered by CT and then distributed by Intake Worker via SMS or email by encouraging clients and support persons to reflect on the helpful or least helpful aspects of the service they have received, via phone and face-to-face.
  - b) Training Evaluation Forms at the completion of education and training courses.

#### 4.3. Assistance and advocacy support

- 4.3.1. Reasonable assistance will be provided to those who wish to lodge a compliment, complaint or feedback and will be managed in a way that is culturally appropriate and responsive to any special needs of those involved.
- 4.3.2. Such assistance may include, but is not limited to:
  - a) helping complainants who have lodged a complaint in person or verbally to clarify their concerns and put them in writing if they wish
  - b) provision of a translator or interpreter if the client and/or representative has language difficulties or is hearing or vision impaired
  - c) advising the client and/or their representative where they can get further help and information (including information on advocacy services)
  - d) the client and/or representative being supported by a representative of another organisation, advocate, friend, or a community elder throughout the process
  - e) allowing additional time for clients with cognitive impairments or other disabilities to express their concerns
  - f) providing complaint information in Easy Read format when required
  - g) checking for any form of coercion or undue influence when support persons are involved.

## 5. SUPPORT FOR PEOPLE WITH COGNITIVE IMPAIRMENTS OR LEARNING DISABILITIES

- 5.1. For complainants with cognitive impairments or learning disabilities, CbyC will:
  - a) allow for longer meetings to discuss complaints (up to 90-120 minutes as per Time Recording Guidelines)
  - b) regularly check in with the complainant's understanding of the complaint process
  - c) ensure support people are present if requested
  - d) provide information about the complaint process in Easy Read format where appropriate
  - e) verify that the complaint represents the client's own concerns and wishes
  - f) check if the person has received support previously and explain CbyC's approach to complaints
  - g) use clear and plain language and avoid abstract concepts
  - h) document consent clearly
  - i) be clear that the complainant can pause or stop the process at any time.

## 6. INDEPENDENT ADVOCACY SERVICES

- 6.1. CbyC recognises that some clients may require independent advocacy support when making a complaint. CbyC will:
  - a) provide information about available independent advocacy services
  - b) support clients to access advocacy services
  - c) work cooperatively with advocates representing clients
  - d) ensure no client is disadvantaged for choosing to use an advocate
  - e) allow support people to assist throughout the entire complaints process
  - f) provide reasonable timeframes that accommodate advocacy involvement.

6.2. Available advocacy services include:

- Queensland Advocacy for Inclusion
- Aged and Disability Advocacy Australia
- Aboriginal and Torres Strait Islander Legal Service
- Women's Legal Service Queensland
- Refugee and Immigration Legal Service
- LGBTIQ+ Legal Service
- Queensland Mental Health Legal Service
- Disability Legal Aid Queensland

## 7. SUPPORT FOR UNDER 18S

7.1. In addition to the above, staff adapt their approach based on developmental stages while recognising individual needs.

7.2. Children of reproductive age need respect for their emerging independence:

- a) use collaborative language positioning them as partners in resolution
- b) provide written information they can review independently
- c) clearly explain confidentiality limits
- d) balance the need for information with avoiding investigation. Focus on understanding rather than interrogating.

7.3. Children experiencing trauma may find traditional processes do not meet their needs, the following options can support a trauma-informed approach:

- a) break conversations into segments with regular breaks and check-ins
- b) maintain predictability through consistent meeting times and people
- c) recognise behavioural communication when words aren't possible
- d) engage specialist support for complex trauma presentations.

7.4. Note the retention period for documentation of Child Safety matters is 45 years.

## 8. ACKNOWLEDGEMENT

8.1. Compliments and feedback are to be provided to relevant managers and then collated for the CEO on a regular basis.

8.2. All complaints must be promptly acknowledged and in the same medium the complaint was made or by the medium requested by the complainant unless the complainant cannot be contacted or is anonymous.

8.3. The acknowledgement should:

- a) outline the complaints process
- b) provide contact details and name of a contact person
- c) include information as to what they should expect next as well as what can and cannot be achieved by the complaints process
- d) provision of additional resources as relevant (e.g., copy of any applicable policy)
- e) include information about accessing independent advocacy support if required.

8.4. A record of complaint/feedback is to be:

- a) completed for all verbal and in person complaints.
- b) attached to the front of written complaints (e.g., letters) and hard copies of electronic complaints (e.g., email, social media).

## 9. ASSESSMENT

- 9.1. On receipt of a complaint, the staff member who received the complaint (or in the case of a complaint made to a Management Committee member, the CEO) should assess whether there is more than one issue raised in the complaint, and if so, whether each issue needs to be separately addressed. To determine how a complaint should be managed it should be assessed in terms of:
- a) severity
  - b) health and safety implications
  - c) complexity
  - d) impact (on the individual, the general community and CbyC)
  - e) potential to escalate
  - f) need and possibility of immediate action
  - g) outcomes sought by the complainant
  - h) whether external agencies need to be involved
  - i) any cognitive, cultural, or language barriers that may affect the complaint process
  - j) support needs of the complainant.
- 9.2. The Risk Matrix, as contained within the Risk Register, may be used as a guide for this assessment. The assessment is to be recorded on the Record of Complaint/Feedback Form.
- 9.3. To the greatest extent possible, attempts will be made to resolve complaints within the area in which they originate and that lead to their effective resolution as quickly as possible, within 45 business days.
- 9.4. After 45 business days, a complaint can be made to the Queensland Human Rights Commission if no response or an inadequate response has been provided.
- 9.5. Complaints are to be referred to the CEO where the matter is outside the original employee’s area of expertise or delegation, or if there may be a conflict of interest.

<b>9.6 Minimum / Minor</b>	<ul style="list-style-type: none"> <li>Trivial, vexatious, misconceived complaints with through to no impact on or risk to service provision or CbyC (e.g., single, low risk issue)</li> </ul>	<ul style="list-style-type: none"> <li>Resolve at point of service by staff member receiving complaint.</li> <li>If unresolved within 2 working days or the staff member considers the complaint is unlikely to be resolved within 2 working days, refer to your line manager.</li> </ul>	Resolved at point of service within 2 working days unless unresolved (refer to Moderate)
<b>9.7 Moderate</b>	<ul style="list-style-type: none"> <li>Issues that may require investigation. Potential to impact on service provision/delivery. Legitimate client concern, especially about communication or service provision,</li> </ul>	<ul style="list-style-type: none"> <li>Within the scope of their responsibilities, resolve at point of service by staff member receiving complaint and notify line manager.</li> <li>If unresolved within 2 working days or the staff member considers the complaint is unlikely to be resolved within 2 working days, refer to line manager.</li> </ul>	Resolved at point of service within 2 working days unless unresolved (refer to <b>Major</b> ).

	<p>but not causing lasting detriment. Potential for legal action.</p>		
<p><b>9.8 Major</b></p>	<ul style="list-style-type: none"> <li>• Significant issues of standards, quality of care, or denial of rights. Complaints with clear quality assurance or risk management implications or issues causing lasting detriment that require investigation. Threat of legal action and notification to the Department.</li> </ul>	<ul style="list-style-type: none"> <li>• Immediately refer to line manager and the CEO within 1 working day of receipt. CEO to notify the President as soon as possible. The President will notify the Management Committee as soon as practical after receiving notice from the CEO.</li> </ul>	<p>Resolved within 10-20 working days unless unresolved (refer to unresolved)</p>
<p><b>9.9 Serious OR unresolved</b></p>	<ul style="list-style-type: none"> <li>• Issues regarding serious adverse events, long-term damage or death, potentially gross substandard care/service, professional misconduct that require investigation.</li> <li>• Highly probable legal action and notification to the Department.</li> </ul>	<ul style="list-style-type: none"> <li>• Immediately refer to line manager and the CEO on day of receipt. CEO to notify the President as soon as possible. The President will notify the Management Committee as soon as practical or within two days, whichever is sooner, after receiving notice from the CEO.</li> <li>• Within 2 days of receiving notice of an unresolved complaint, the CEO will contact the complainant to:</li> <li>• Confirm their understanding of the complainant’s issues and the outcomes sought by the complainant.</li> <li>• Advise the complainant of the next steps to be taken in the complaints handling process.</li> <li>• Provide the complainant with a copy of this policy and other resources as relevant.</li> <li>• Outline the expected timeframes for considering the matter; and</li> <li>• If the complaint has been received in writing, acknowledge the complaint in writing.</li> </ul>	<p>Requires more than 20 working days to resolve. CbyC will aim to resolve complaints within 45 business days at most.</p>

		<ul style="list-style-type: none"><li>• Advise of advocacy support options.</li></ul>	
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## 10. ENQUIRY

- 10.1. All complaints received will require some form of enquiry. This could range from checking paperwork to verifying information for a minor or moderate complaint, to a formal investigation for major or serious complaints.
- 10.2. The level of enquiry will be commensurate with the seriousness, frequency, and consequences of the complaint.
- 10.3. Investigations will be conducted as follows:
  - a) The CEO, delegate or relevant leader will investigate the complaint to identify the events that took place, the causes of the complaint, remedial action that should be taken and improvements that might be made.
- 10.4. Where a complainant names an individual staff member, the staff member will be told the nature of the claims made against them. The staff member will be afforded natural justice by way of:
  - a) notice of the complaint identifying the critical issues and containing sufficient information for them to be able to participate meaningfully
  - b) given a reasonable opportunity to respond and for the CEO to genuinely consider their submission in making the decision
  - c) the investigator acting impartially in considering the matter. The staff member may be directed to take leave or to alternative tasks without client contact, until the complaint is resolved.
- 10.5. Decisions will be made having regard to the weight of evidence and on the balance of probabilities.
- 10.6. At the conclusion of the investigation, the CEO will provide the Management Committee with a report which outlines the agreed facts, reasons for decisions, the underlying causes of the complaint and recommended improvements.
- 10.7. In circumstances where a complaint raises issues of a legal claim against CbyC, information will be referred to the Management Committee and to CbyC's insurer. CbyC will make every effort to participate in appropriate mediation or conciliation to address any such claims.
- 10.8. If there are delays in dealing with a complaint, complainants will be notified as soon as practicable and within 45 business days at the latest.

## 11. RESPONSE AND COMPLAINT OUTCOME

11.1. CbyC has identified three (3) categories of outcomes arising from complaints:

(a) Outcomes that directly impact a client or complainant	Apology. Amendment to client record. Confirmation of information in writing. Referral to another organisation.
(b) Outcomes that improve safety and/or quality of service provision	Review and revision of policies/procedures/systems/practices. Review and revision of staff performance. Review and revision of information/publications.
(c) Referral of the information arising from the complaint to an external agency	Allegations of criminal behaviour: Police. Allegations relating to the health, conduct and performance of registered and unregistered health practitioners and students: <a href="#">Office of the Health Ombudsman</a> . Allegations of suspected harm or risk of harm to a child: the <a href="#">Department of Child Safety, Youth and Women</a> . Queensland Family and Child Commission for reportable conduct Blue Card Services (for staff/volunteer concerns)

11.2. Complainants (and any staff directly affected) will be advised of the outcome, as soon as possible after a decision is made, of enquiries into their complaint by either the staff member at the point of service or by the CEO using the most appropriate medium. The complainant will be advised of:

- a) what actions were taken in response to the complaint
- b) outcome/s of the complaint
- c) reasons for any decisions that have been made (including reasons for negative decisions)
- d) any remedy or resolutions that have been offered
- e) information about review options that may be available (e.g., internal or external review) (refer to the follow-up section below).

11.3. Any action taken involving managing a staff member's performance or conduct must be done so in accordance with the Performance Review and Management Policy. For privacy reasons, CbyC will not disclose to a complainant specific action taken against staff as a consequence of the complaint (e.g., that the employee has received training or has been disciplined). The only information that can be disclosed to a complainant concerning action taken against a staff member is that appropriate management action has been taken.

## 12. ENHANCED APPEALS PROCESS

12.1. CbyC is committed to providing a robust and transparent appeals process for complaint resolution.

12.2. If a complainant is dissatisfied with the initial response to their complaint or the outcome of any investigation, they have the right to appeal the decision.

## 13. INTERNAL APPEAL

13.1. *Lodging an Appeal*

- 13.1.1. The complainant should submit their appeal in writing to the CEO within 14 days of receiving the complaint outcome. The appeal should clearly state the reasons for dissatisfaction with the original decision.

### 13.2. Appeal Panel

- 13.2.1. For serious or complex matters, an Appeal Panel may be formed consisting of:
- a) a member of the Management Committee (who was not involved in the original decision)
  - b) the CEO (unless they were involved in the original decision, in which case another senior staff member)
  - c) an independent third party with relevant expertise (where appropriate).

### 13.3. Review Process

- 13.3.1. The Appeal Panel will:
- a) review all documentation related to the original complaint
  - b) consider any new information provided
  - c) may interview relevant parties if necessary
  - d) decide based on all available evidence.

### 13.4. Timeframe

- 13.4.1. The internal appeal process will be completed within 21 days of receiving the appeal request. The complainant will be kept informed of progress.

### 13.5. Final Decision

- 13.5.1. Following review, the Appeal Panel will provide a written response to the complainant that includes:
- a) the decision of the appeal
  - b) the reasons for the decision
  - c) any actions to be taken as a result
  - d) information about external appeal options if the complainant remains dissatisfied.

## 14. EXTERNAL APPEAL OPTIONS

- 14.1. If the complainant remains dissatisfied after the internal appeal process, they have the right to seek external review through:

- Queensland Human Rights Commission
- Office of the Health Ombudsman (for health service complaints)
- Department of Justice and Attorney-General (for funded service complaints)
- Queensland Ombudsman
- Any other relevant professional bodies

- 14.2. CbyC will provide information about external appeal options and support complainants to access these services if required.

## 15. FOLLOW-UP

- 15.1. On completion of the investigation and subsequent discussions with the complainant:

- a) feedback will be sought from the client about their satisfaction with the complaints handling process and outcome.
  - b) the complaint will be closed.
- 15.2. If a complainant is dissatisfied with how their complaint has been dealt with or any action/inaction taken by CbyC, they can request that their complaint be reviewed internally (e.g., either by the CEO and/or Management Committee pending complaint category).
- 15.3. Should the complainant remain dissatisfied they can pursue external options of appeal or review. Information about external options will be provided and may include, but not limited to:
- a) mediation or alternative dispute resolution (for further information refer to the Queensland Courts website).
  - b) Office of the Health Ombudsman.
  - c) Queensland Government – Consumer Complaint.
  - d) Office of the Information Commissioner – Queensland and Australian (for privacy complaints only).
  - e) Queensland Human Rights Commission (for human rights, unlawful discrimination, sexual harassment, or vilification complaints only).

## 16. COMPLAINTS MADE EXTERNALLY

- 16.1. Where complaints are made externally (e.g., to the Office of the Health Ombudsman), CbyC will provide information/documentation as requested to assist in the investigation and will not hinder or obstruct or give information known to be false or misleading.

## 17. ANONYMITY

- 17.1. Clients and/or representatives are encouraged to provide their contact information so that their matter can be assessed, can be kept informed of progress as well as advised of any outcome or actions taken. However, compliments, complaints and feedback can be made anonymously.
- 17.2. Where the complainant wishes to remain anonymous or for their identity to be withheld, they are to be advised of the limitations of an anonymous complaint. Such complaints must be forwarded immediately to the CEO for assessment who will take into account whether:
- a) the nature and/or seriousness of the complaint warrants action
  - b) there is sufficient information for the matters raised by the complainant to be investigated without further information from the complainant or whether there is justification for withholding the complainant's identity
  - c) there are statutory or funding requirements.

## 18. CONFIDENTIALITY AND PRIVACY

- 18.1. Confidentiality will be respected and maintained at all times within the constraints of the need to fully investigate a complaint, subject to any legal authorisation or requirements for disclosure and consistent with the principles of natural justice.

- 18.2. Personal information concerning the complainant, interviewed witnesses or persons who are the subject of a complaint will only be used, where needed, for the purposes of assessing and resolving the complaint and will not otherwise be disclosed to another entity without their consent, unless authorised or required by law.
- 18.3. Notice of the same is to be provided to the complainant, as well as any interviewed witnesses or persons who are the subject of the complaint if relevant, either verbally or in writing (e.g. provision of the Privacy Policy at the start of an interview).
- 18.4. Where feedback is offered in person through counselling evaluation forms, these forms never collect or are attached to identifying information. Where feedback is offered via telephone, post or mail, clients have the option of including identifying information, however when stored and collated for use, these comments are de-identified.

## 19. Unreasonable Complainant Conduct

- 19.1. Where there is any risk to the health and safety of staff involved in complaints management (e.g., complainant threatens the safety of staff they have complained about or that of staff investigating the complaint) this should be immediately brought to the CEO's (and if relevant due to level and nature of risk, the Management Committee's) attention so appropriate action can be taken.
- 19.2. Possible action to deal with unreasonable conduct includes but is not limited to:
  - a) Requesting the complainant refrain from the conduct and advising of the consequences if this does not occur.
  - b) Having another employee deal with the matter.
  - c) Limiting or ceasing person contact with the complainant (e.g., communicating in writing).
  - d) Requiring all communications to occur through the complainant's personal representative (if applicable).
  - e) Ceasing to deal with the complainant or the complaint further.
  - f) Directing that the complainant and associated parties (if relevant) are not to be present on CbyC property
  - g) Referral of the matter to the Queensland Police Service.
- 19.3. The complaint, demands and/or arguments should be acknowledged and appropriately responded to by CbyC as per this procedure prior to the client being assessed as an unreasonable complainant.

## 20. REPORTING AND QUALITY/CONTINUOUS IMPROVEMENT

- 20.1. De-identified data from compliments, complaints and feedback will be analysed to identify systematic, recurring, and single incident problems, risks and trends to eliminate underlying causes.
- 20.2. Reports to the Management Committee will include:
  - a) number and type of complaints received for the month and the year to date.
  - b) average time, the shortest time and the longest time taken to resolve a complaint.
  - c) summary of outstanding complaints.

- d) summary of any serious and major complaints and the action taken or proposed to be taken.
  - e) analysis of any systematic or recurring problems or trends arising from complaints data.
  - f) appeals and outcomes.
- 20.3. The Management Committee considers such reports and makes recommendations to the CEO about action required to rectify systemic and recurring problems.
  - 20.4. Lessons learnt, recommendations and policy/process/system/practice changes following a review of the compliment, complaint or feedback will be shared at team meetings as a standing agenda item.
  - 20.5. Any changes implemented will be reviewed regularly by the CEO. Individual staff may also be provided with necessary information about their performance, both informally and formally.
  - 20.6. Data on compliments, complaints and feedback will also be made available to the general community via the annual report and to the Department and/or funding bodies via accountability/performance reporting.
  - 20.7. Following the submission of negative feedback, this should be explored with the relevant staff member in order to establish a clearer understanding of the circumstances reported.
  - 20.8. Where necessary, this will be raised, and solutions brainstormed at team meetings and Management Committee meetings.
  - 20.9. Agreed solutions will then be decided and implemented in order to improve service delivery and to address the area of concern, using the Quality Improvement Register.

**21. TRAINING AND EDUCATION**

- 21.1. All new staff and Management Committee members are required to be familiar with:
  - a) the role and importance of client participation, feedback and complaints
  - b) this Policy
  - c) receiving and assessing complaints
  - d) record keeping responsibilities
  - e) working with advocates and support persons
  - f) the appeals process.
- 21.2. CbyC will ensure that key positions involved in complaints management have leave management plans in place to ensure continuity.

**RELATED DOCUMENTS**

<b>Policy / Procedure / Work Instruction</b>	<ul style="list-style-type: none"> <li>● <a href="#">Child Safe Practice Policy</a></li> <li>● <a href="#">Grievance and Conflict Resolution Policy</a></li> <li>● <a href="#">Performance Review and Management Policy</a></li> <li>● <a href="#">Privacy Policy</a></li> <li>● <a href="#">Records Management Policy</a></li> <li>● <a href="#">Risk Management Policy</a></li> <li>● Human Rights Policy</li> <li>● Access and Equity Policy</li> </ul>
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	<ul style="list-style-type: none"> <li>• Child and Youth Incident Response Procedure</li> </ul>
<b>Forms / Registers</b>	<ul style="list-style-type: none"> <li>• <a href="#">CbyC website</a></li> <li>• <a href="#">Code of Ethics</a></li> <li>• <a href="#">Complaints page</a></li> <li>• <a href="#">Counselling evaluation forms</a></li> <li>• <a href="#">Facebook</a></li> <li>• <a href="#">LinkedIn</a></li> <li>• <a href="#">Quality Improvement Register</a></li> <li>• Record of Complaint/Feedback Form</li> <li>• <a href="#">Risk Matrix</a></li> <li>• <a href="#">Training Evaluation Forms</a></li> <li>• Advocacy Services Contact List</li> </ul>

### COMPLIANCE REQUIREMENTS

<b>Legislation and regulatory requirements</b>	<ul style="list-style-type: none"> <li>• <a href="#">Human Rights Act 2019 (Qld)</a></li> <li>• <a href="#">Anti-Discrimination Act 1991 (Qld)</a></li> <li>• Privacy Act 1988 (Cth)</li> <li>• Health Ombudsman Act 2013 (Qld)</li> </ul>
<b>Other (e.g., AS/NZS Standards)</b>	<ul style="list-style-type: none"> <li>• <a href="#">AS/NZS 10002-2014 Guidelines for complaint management in organisations</a></li> </ul>

### REFERENCES AND RESOURCES

- [Queensland Courts website](#)
- [Office of the Health Ombudsman](#)
- [Department of Justice and Attorney-General](#)
- Office of the Information Commissioner –<https://www.oic.qld.gov.au/> [Australia](#) and [Queensland](#)
- [https://www.oic.qld.gov.au/http://d/Queensland Human Rights Commission.](https://www.oic.qld.gov.au/http://d/Queensland%20Human%20Rights%20Commission)
- Developed in consultation with Neat Consulting, 2025