

# COMPLAINTS AND GRIEVANCES RESOLUTION PROCEDURE (Staff)



## 1.0 PURPOSE

This Procedure details how our Service manage informal and formal complaints and grievances from staff members. Should the situation arise where a staff member needs to lodge a formal complaint or grievance, they can be assured it will be managed conscientiously and confidentially.

The *Education and Care Services National Regulations* requires Approved Providers to ensure their services have policies and procedures in place for dealing with complaints (regulation 168) and take reasonable steps to ensure those policies and procedures are followed (regulation 170).

We aim to investigate and resolve all complaints and grievances with a high standard of equity and fairness.

## 2.0 SCOPE

This Procedure applies to staff members of the Service.

## 3.0 PRINCIPLES

### Procedural Fairness and Natural Justice

Our Service believes in procedural fairness and natural justice including:

- The right to be heard fairly;
- The right to an unbiased decision made by an objective decision maker; and
- The right to have the decision based on relevant evidence.

### Privacy and Confidentiality

Management and staff members will adhere to our *Privacy and Confidentiality Policy* when dealing with complaints and grievances. However, if a complaint involves a child protection issue, a relevant government agency will need to be informed. (See: Reportable Conduct Scheme in *Child Protection Policy/ Providing a Child Safe Environment*). [Responding to incidents, disclosures and suspicions of child abuse or harm NSW](#)

### Continuous Improvement

Complaints provide our Service with opportunities for learning and improvement and as such, we encourage regular and ongoing feedback from staff members.

Our Service is committed to resolving complaints through prompt investigation, open communication, and transparent processes.

### Conflict of Interest

It is important for the complainant to feel confident in being heard fairly and that an unbiased decision-making process has taken place.

Should a conflict of interest arise during a complaint or grievance that involves the Director, an appointed Committee member may be nominated as an alternative Appropriate Delegate. Our Service may also engage the resources of an Independent Conflict Resolution Service to assist with the mediation of a dispute. We will ensure that throughout the conflict resolution process the Service's *Code of Conduct* is adhered to.

## 4.0 NATIONAL QUALITY STANDARD (NQS)

| QUALITY AREA 6: COLLABORATIVE PARTNERSHIPS |  |  |
|--|--|--|
| 6.1  | Supportive relationships with families | Respectful relationships with families are developed and maintained and families are supported in their parenting role.                                |
| 6.1.2                                      | Parent views are respected             | The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing. |
| 6.2  | Collaborative partnerships             | Collaborative partnerships enhance children's inclusion, learning and wellbeing.   |

| QUALITY AREA 7: GOVERNANCE AND LEADERSHIP |                        |   |
|---|------------------------|---|
| 7.1.2                                     | Management Systems     | Systems are in place to manage risk and enable the effective management and operation of a quality Service. |
| 7.2.1                                     | Continuous Improvement | There is an effective self-assessment and quality improvement process in place.                             |

| LEGISLATIVE REQUIREMENTS / EDUCATION AND CARE SERVICES NATIONAL REGULATIONS |   |
|---|---|
| Sec. 172  | Offence to fail to display prescribed information.  |
| Sec.174   | Offence to fail to notify certain information to Regulatory Authority.  |
| 168(2)(o)   | Education and care service must have policies and procedures... for dealing with complaints.  |
| 173(2)(b)   | Requires an approved provider to make the name and telephone number of the person to whom complaints may be addressed clearly visible at the service. |
| 176   | Time to notify certain information to Regulatory Authority.   |
| 183   | Storage of records and other documents.   |

## 5.0 DEFINITIONS

| WORD/TERM                       | DEFINITION   |
|---------------------------------|--|
| Complaint                       | Expression of dissatisfaction made to or about an organisation 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. [AS/NZS 10002:2014 Complaint Management Standard]  |
| Complaints Register             | Records information about complaints and grievances received at the Service, along with the outcomes. This register includes documents that must be securely stored, accessible only to Management and the Regulatory Authority. They can provide valuable information to the Approved Provider and Nominated Supervisor of the service to ensure children and family's needs are being met. |
| Grievance                       | A grievance is a formal statement of complaint that cannot be addressed immediately and involves matters of a more serious nature.   |
| Mediator                        | A person who attempts to assist and support people involved in a conflict come to an agreement.  |
| Mediation                       | An attempt to bring about a peaceful settlement or compromise between disputants through the objective intervention of a neutral party.  |
| Director / Appropriate Delegate | The Director is the person who is in charge of the Service. An Appropriate Delegate may be delegated where there is a conflict of interest in having the Director responsible for the resolution of the complaint or grievance and is usually a committee member.  |

|   |  |
|---|--|
| Notifiable Complaint  | A complaint that alleges a breach of the <i>Education and Care Services National Law and Regulations</i> , National Quality Standard or alleges that the health, safety, or wellbeing of a child at the service may have been compromised. Any complaint of this nature must be reported by the Approved Provider or Nominated Supervisor to the regulatory authority within 24 hours of the complaint being made (Section 174(2)(b), Regulation 176(2)(b)). |
| <p><i>If the Director is unsure whether the matter is a notifiable complaint, it is good practice to contact the <a href="#">Regulatory Authority</a> for confirmation. Written reports must include:</i></p> <ul style="list-style-type: none"> <li>• <i>details of the event or incident</i></li> <li>• <i>the name of the person who initially made the complaint</i></li> <li>• <i>if appropriate, the name of the child concerned and the condition of the child, including a medical or incident report (where relevant)</i></li> <li>• <i>contact details of a nominated member of the Grievances Subcommittee (or Nominated Supervisor)</i></li> <li>• <i>any other relevant information.</i></li> </ul> <p><i>Written notification of complaints must be submitted using the appropriate forms, which can be found on the ACECQA website: <a href="http://www.acecqa.gov.au">www.acecqa.gov.au</a> and logged using <a href="#">NQA ITS</a> (National Quality Agenda IT System).</i></p> |  |
| Serious incident  | An incident resulting in the death of a child, or an injury, trauma, or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the centre in contravention of the Regulations or is mistakenly locked in/out of the centre premises (Regulation 12).     |
| <p><i>A serious incident should be documented in an <u>Incident, Injury, Trauma and Illness Record</u> as soon as possible and within 24 hours of the incident. The Regulatory Authority must be notified within 24 hours of a serious incident occurring at the service (Regulation 176(2)(a)). These records are required to be retained for the periods specified in Regulation 183. The Approved Provider will notify the regulatory authority of any incident where there is a reasonable belief that physical and/or sexual abuse of a child has occurred or is occurring at the service or any allegation that sexual or physical abuse of a child has occurred or is occurring at the service.</i></p>  |  |

## 6.0 ROLES AND RESPONSIBILITIES

### The Director/Appropriate Delegate will:

- Ensure information about our *Complaints and Grievances Resolution Procedure* is easily accessible to all staff.
- Treat all complaints and grievances seriously and as a priority.
- Ensure complaints and grievances remain confidential.
- Ensure complaints and grievances reflect procedural fairness and natural justice.
- Discuss the issue with the complainant within 24 hours of receiving a completed Complaints/Grievances Form.
- Investigate and document the complaint or grievance fairly and impartially.
- Provide details of an outcome following an investigation within stated timeframe, if required.

### The Complainant will:

- Ensure the Informal Resolution procedure is followed initially.
- Ensure they speak only with the Director when seeking advice, rather than involving other staff members.
- Ensure the Complaints/Grievances Form is completed and submitted to the Director or Appropriate Delegate if the complaint or grievance is not able to be resolved at an informal level.

- Participate in an investigation, if required.
- Ensure confidentiality is maintained throughout any investigation and with any outcome.
- Sign to acknowledge/agree to complaint/grievance outcome if applicable.

**The Respondent will:**

- Participate in an investigation, if required.
- Ensure confidentiality is maintained throughout any investigation and with any outcome.
- Sign to acknowledge/agree to complaint/grievance outcome if applicable.

**7.0 PROCEDURE**

| NO.   | PROCEDURE   | RESPONSIBILITY |
|-------|---|----------------|
| 7.1   | Informal Resolution   |                |
| 7.1.1 | <p>Speak to the Director regarding any complaint or grievance concerning the Service, the program or other staff, if initial advice or support is required to assist in resolving the complaint or grievance.</p> <p>(Where the complaint or grievance relates to the Director and the complainant does not feel they can approach the Director, they may speak to a member of the Committee where appropriate.)</p>  | Complainant    |
| 7.1.2 | <p>Speak directly to the relevant staff member/s (respondent). When addressing the matter, ensure to:</p> <ul style="list-style-type: none"> <li>• Speak directly to only the individual/s involved;</li> <li>• Use respectful verbal communication, without blame or ill feelings;</li> <li>• Ensure any discussion occurs in an appropriate setting including a private discussion or staff meeting and not while staff are engaged in their role as primary carers;</li> <li>• Refer specifically to the matter and any relevant procedures, processes or Team Agreements. E.g., ‘did you know in the team agreement we all agreed about this, I feel that you are not following this’ to aid in explaining the issue.</li> </ul> <p>Often a respectful and direct approach is effective in resolving most complaints and grievances as the respondent/s involved may be unaware that their behaviour is causing an issue and will be able to rectify quickly once aware.</p> <p>Informal resolutions to a complaint or grievance may include:</p> <ul style="list-style-type: none"> <li>• A change in the respondent’s behaviours;</li> <li>• An apology from the respondent;</li> <li>• Education and awareness of a relevant procedure, process or team agreement;</li> <li>• Informal mediation with the assistance of the Director/ Appropriate Delegate.</li> </ul> | Complainant    |
| 7.1.3 | Maintain a confidential written record of any complaint or grievance and the related discussion/s (including, dates, times, matters discussed etc.) should you need to refer back to this in future or if it is necessary to move to the formal resolution stage.   | Complainant    |
| 7.1.4 | Move to a formal resolution if the informal resolution did not resolve the complaint or grievance.  | Complainant    |
| 7.2   | Formal Resolution   |                |

|       |   |  |
|-------|---|--|
| 7.2.1 | Submit a completed <b>Complaints/Grievances Form</b> to the Director/<br>Appropriate Delegate.<br><br><i>Note: Anonymous complaints cannot be fairly investigated or dealt with.</i>  | Complainant                                    |
| 7.2.2 | Decide whether the complaint/grievance requires formal investigation.<br><br><i>(If no formal investigation is required, provide written notification to the complainant outlining the reasoning within 14 days of receipt of completed <b>Complaints/Grievances Form</b>.)</i>   | Nominated Supervisor /<br>Appropriate Delegate |
| 7.2.3 | Conduct a formal review/investigation of the circumstances and facts of the complaint/grievance (or breach) and invite all affected parties to provide information where appropriate or pertinent via separate, confidential meetings. Use the <b>Complaint Management Form</b> to guide review/investigation.  | Nominated Supervisor /<br>Appropriate Delegate |
| 7.2.4 | Permit all parties to have a support person present during all review/investigative meetings (example: Union representative or family member; however, this does not include a lawyer acting in a professional capacity).   | Nominated Supervisor /<br>Appropriate Delegate |
| 7.2.5 | Provide both complainant and any respondent/s with a clear written statement outlining the outcome of the investigation within 14 days of receiving a completed <b>Complaints/Grievances Form</b> . Written outcome may require complainant and/or respondent/s to sign to either acknowledge receipt and/or to agree to outcomes of resolution if applicable.  | Nominated Supervisor /<br>Appropriate Delegate |
| 7.2.6 | Retain and store appropriate records of the investigation and outcome, including the completion of the <b>Complaints Register</b> , in accordance with the <i>Privacy and Confidentiality Policy</i> .  | Nominated Supervisor /<br>Appropriate Delegate |
| 7.2.7 | After Complaint/Grievance Resolution is reached: <ul style="list-style-type: none"> <li>• Monitor ongoing behaviour and provide support as required.</li> <li>• Ensure parties are protected from victimisation and bullying.</li> <li>• Request feedback on the complaint/grievance process using a feedback form.</li> <li>• Periodically review the effectiveness of the procedure to ensure all complaints/grievances have been handled fairly and professionally.</li> <li>• Periodically review <b>Complaints Register</b> to identify any recurring issues within the Service.</li> </ul> Notify the Regulatory Authority within 24 hours if a complaint alleges the safety, health or wellbeing of a child is being compromised. Notification must include any incident where there is a reasonable belief that physical and/or sexual abuse of a child has occurred or is occurring at the service or any allegation that sexual or physical abuse of a child has occurred or is occurring at the service. | Nominated Supervisor /<br>Appropriate Delegate |

## 8.0 REFERENCES

- Australian Children’s Education & Care Quality Authority. (2014).  
 ACECQA-Using Complaints to support continuous improvement. (2018).  
[https://www.acecqa.gov.au/sites/default/files/2018-04/QA7\\_UsingComplaintsToSupportContinuousImprovement.pdf](https://www.acecqa.gov.au/sites/default/files/2018-04/QA7_UsingComplaintsToSupportContinuousImprovement.pdf)  
 Australian Human Rights Commission: <https://www.humanrights.gov.au>  
[Education and Care Services National Regulations](https://www.humanrights.gov.au/education-and-care-services-national-regulations). (Current version 30.12.2021).  
 Guide to the National Quality Framework. (2017). (Amended Sept. 2020).  
 National Quality Standard. (2017).  
 Queensland Government- Guide for effective complaints management  
<https://earlychildhood.qld.gov.au/legislationAndGuidelines/Documents/effective-complaints-management-guide.pdf>  
 Revised National Quality Standard. (2018) (Amended Sept. 2020).

## 9.0 RELATED POLICIES AND PROCEDURES

|   |  |
|---|--|
| Providing a Child Safe Environment Policy<br>Code of Conduct Policy<br>Complaints and Grievances Resolution (Staff) Policy<br>Enrolment and Orientation Policy<br>Family Participation and Communication Policy<br>Governance and Leadership Management | Incident, Injury, Trauma and Illness Policy<br>Interaction with Children<br>Privacy and Confidentiality Policy<br>Inclusion Policy<br>Staff/Parent Communication Policy<br>Determining a Responsible Person Policy |
|---|--|

## 10.0 REVIEW

| PROCEDURE REVIEWED BY    | [Name]  | [Position]       |
|--------------------------|---|------------------|
| PROCEDURE REVIEW DETAILS | NEXT REVIEW DATE JUNE 2025  |                  |
| June 2022                | <ul style="list-style-type: none"> <li>Formatting, definitions and current NQS guidelines have been updated as part of this review and continuous improvement.</li> <li>Complaints/Grievances Form, Complaints Register and Complaints/Grievances Management Form added.</li> </ul> |                  |
| PROCEDURE REVIEW HISTORY | PREVIOUS MODIFICATIONS  | NEXT REVIEW DATE |
| N/A                      | <ul style="list-style-type: none"> <li>N/A</li> </ul>   | June 2022        |

# COMPLAINTS/GRIEVANCES FORM (Staff)

We appreciate your point of view and welcome your input. If you have a complaint or grievance about any aspect of our Service, and you have not been able to informally resolve the matter yourself, please provide this in writing addressed to the Director or Appropriate Delegate.

Please refer to our *Complaints and Grievances Resolution Procedure* and related procedures for further information.

|                      |  |
|----------------------|--|
| Staff Name           |  |
| Email Address        |  |
| Contact Phone Number |  |

**Complaint / Grievance details:** *[Please provide specific details of your complaint / grievance. What is the complaint about? - an action or decision of an educator/staff member; the health, safety or wellbeing of the child/ren; the Service's response to an incident? Describe what happened and when the matter occurred. Mention any steps that you have taken to resolve the problem informally. Attach an extra page if required.]*

Have you raised this matter with the staff member (respondent) directly before? Yes / No  
What was the outcome of your discussion?

What is the result you are seeking? *[apology, feedback/explanation, additional information, review or change of policy or decision]*

|                 |  |      |  |
|-----------------|--|------|--|
| Staff Signature |  | Date |  |
|-----------------|--|------|--|

## **Confidentiality**

*Your personal information will remain confidential and only disclosed as permitted under relevant privacy laws. If the information you have provided is related to a serious incident or matter of fraud, the information will be provided to the Regulatory Authority and other Government agencies if required.*

# COMPLAINTS REGISTER (Staff)

Date range: \_\_\_\_\_ to \_\_\_\_\_

[Details extracted from individual Complaint/Grievance Record]

| Date | Time | Complaint Received From | Details of Complaint | Investigation Required | Action Taken | Re to A |
|------|------|-------------------------|----------------------|------------------------|--------------|---------|
|      |      |                         |                      | YES/NO                 |              |         |
|      |      |                         |                      | YES/NO                 |              |         |
|      |      |                         |                      | YES/NO                 |              |         |
|      |      |                         |                      | YES/NO                 |              |         |
|      |      |                         |                      | YES/NO                 |              |         |
|      |      |                         |                      | YES/NO                 |              |         |

## COMPLAINT MANAGEMENT FORM (Staff)

This form is to be used to record details of meetings held between the Director/ Appropriate Delegate and staff to address and resolve a complaint or grievance submitted, as per our *Complaints and Grievances Resolution Procedure*. A copy of this document should be recorded in the Complaints Register.

### COMPLAINTS HISTORY

|  |                                |                                    |                              |
|--|--------------------------------|------------------------------------|------------------------------|
| Name of person submitting complaint                |                                | Complaint received by Service      | Date                         |
| Name of person who received complaint notification |                                |                                    |                              |
| Complaint was received via                         |                                | Complaint was acknowledged to with |                              |
| <input type="checkbox"/> Letter                    | <input type="checkbox"/> Email | Attach to this form                | <input type="checkbox"/> Yes |



|   |  |   |               |
|---|--|---|---------------|
| Complaint is a notifiable incident / allegation?  |  | If 'yes', notification of the complainant to the Authority? |               |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |  | <input type="checkbox"/> Yes                                | Date          |
| Nature of complaint ( <i>action or decision of an educator/staff member; the health, safety or wellbeing of a child; service's reputation</i> ) |  |   |               |
| Complaint was responded to by (name)  |  |   | Date and time |
| Addressing complaint ( <i>Response / steps taken to address complaint</i> )   |  |   |               |
| <input type="checkbox"/> Meeting arranged<br><input type="checkbox"/> Other: Provide details here   |  |   |               |

**RECORD OF MEETING TO ADDRESS/ RESOLVE COMPLAINT/GRIEVANCE**

|   |  |  |  |
|---|--|--|--|
| Date  |  | Venue  |  |
| Attendees representing complainant                    |  |  |  |
| Attendees representing Service                        |  |  |  |
| Record of discussion points (circumstances and facts) | Action/s to be taken                                     |  |  |
|   |  |  |  |
| Further meeting required?                             | <input type="checkbox"/> Yes <input type="checkbox"/> No | If 'Yes', date, time, and venue for next scheduled meeting |  |

|  |  |  |                   |
|--|--|--|-------------------|
| Best person representing complainant to contact by telephone if required |  | Best contact number for complainant/representative |                   |
| Person representing the Service responsible for making telephone contact |  |  | Meeting closed at |

**FOLLOW UP**

|   |  |
|---|--|
| Management will provide a written response outlining the outcome and provide a copy to all parties involved within 14 days.   | Written response provided by:<br>On (date):  |
| Should management decide not to proceed with the investigation after initial enquiries, a written notification outlining the reasoning will be provided to the complainant. | <input type="checkbox"/> Not required<br>Written response provided by:<br>On (date): |

**EVALUATION - CONTINUOUS IMPROVEMENT** [consider effectiveness in responding to and resolving complaint.]

|  |
|--|
| Has a satisfactory resolution been achieved?   |
| Was the Service policy and procedures effective in providing guidance for the handling of the complaint/grievance?       |
| Was the Service policy and procedures effective to ensure the complaint/grievance was handled fairly and professionally? |
| Do all parties agree that the complaint/grievance was handled fairly and professionally?                                 |
| Feedback from staff regarding the procedure and process. (Consider survey or other feedback methods)                     |
|  |
| Action to be taken if any questions above have been answered with 'No'   |
|  |