

### 4. Complaints

As detailed in our Policy Manual complaints are to be taken very seriously. They are an opportunity to improve our operational procedures so that such a cause for complaint is unlikely to arise in the future. The complaints page link from the main page on the HealthServe website details the following instructions for complaints:

To make a complaint about a HealthServe Australia staff member, consultant or other representative or an issue involving a project, please use the attached form “Complaints Record Form A” you can fill it out and then press send and it will be emailed both to yourself and the HealthServe representative who is assigned to answer complaints. If you do not wish to use the form directly please ensure that you still answer the question in the form to enable your complaint to be addressed as efficiently and effectively as possible.

Alternatively you can email the HSA Office manager on [office@healthserve.org.au](mailto:office@healthserve.org.au) or call 02 9811 1970 and ask for the HAS office manager. If you would prefer to write a letter with attached documentation, it can be sent to HealthServe Australia, PO Box 247, Cherrybrook NSW 2126 marked Attn: Office manager.

If you are not completely happy with the response the complaint will be escalated to the HealthServe President and Executive Officer. If the complaint is of a serious nature and cannot be resolved by HealthServe to the satisfaction of the complainant, the Board of HealthServe will refer the matter to the Australian Council for International Development (ACFID) Code Committee.

Where HealthServe is either partnering with or supporting work carried out by another entity, HealthServe will require that they either have a complaints handling procedure that meets the requirements of the ACFID Code or that they confirm that they will abide by the HealthServe complaints handling policy on HealthServe connected projects. To do this they will need to document how the procedure for making a complaint will be made easily available and how the complaint will then be processed. They will also undertake to inform HealthServe of any complaint and its resolution by virtue of a suitable completed complaints form.

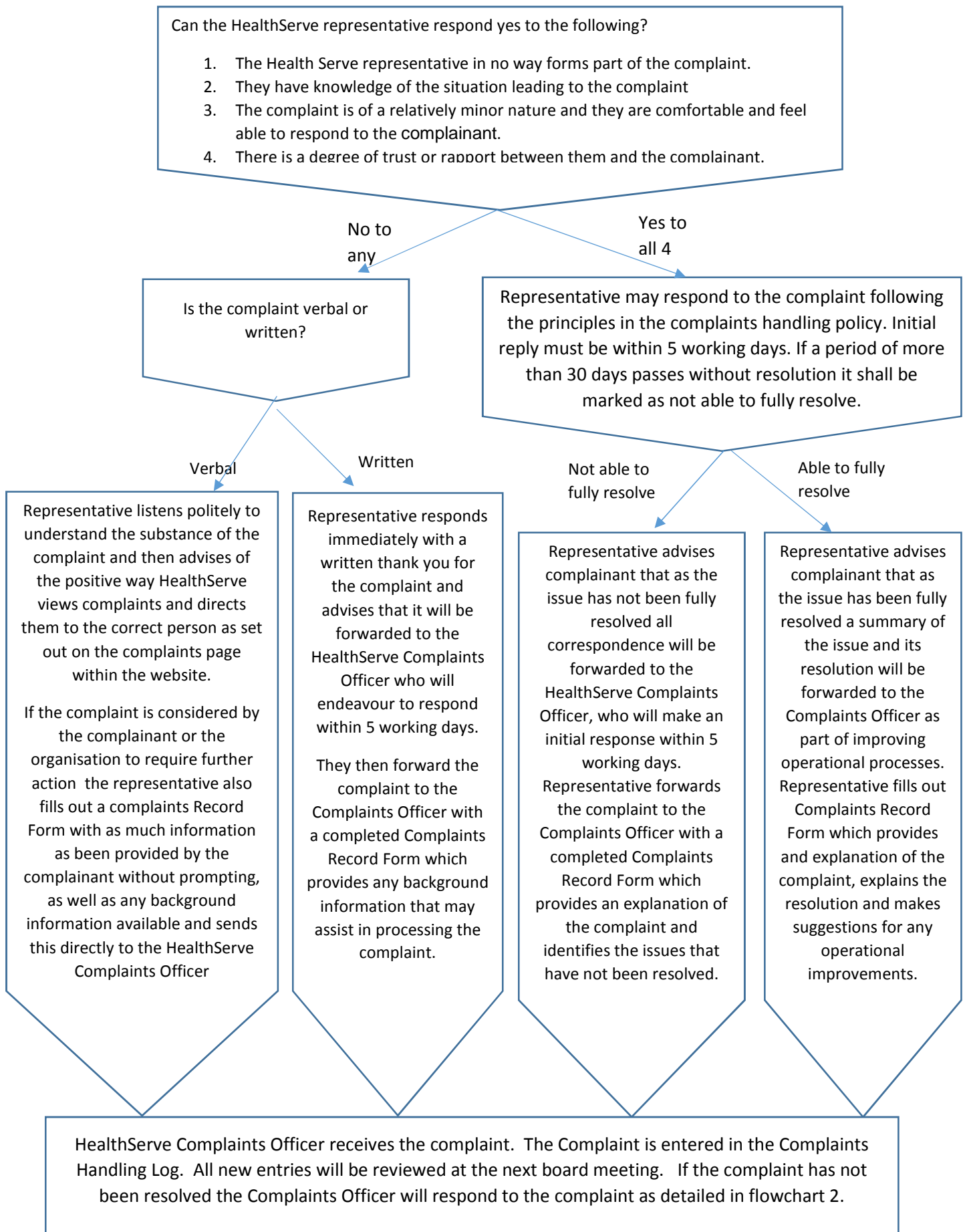
Flow charts 1 to 3 which set out how the process for handling complaints within HealthServe Australia.

Also attached are the Complaints Entry Form (to make it simpler to enter a complaint), the complaints Record Form (to be progressively filled out by whoever is dealing with the complaint), and the Complaints Handling Log (to be filled out by HealthServe Complaints Officer or the President if the complaint has been escalated).

**Note:** Under no circumstances is the HealthServe representative to share names or personal details of a complainant with anyone, other than on the complaints Form, unless expressly given permission in writing by the complainant.

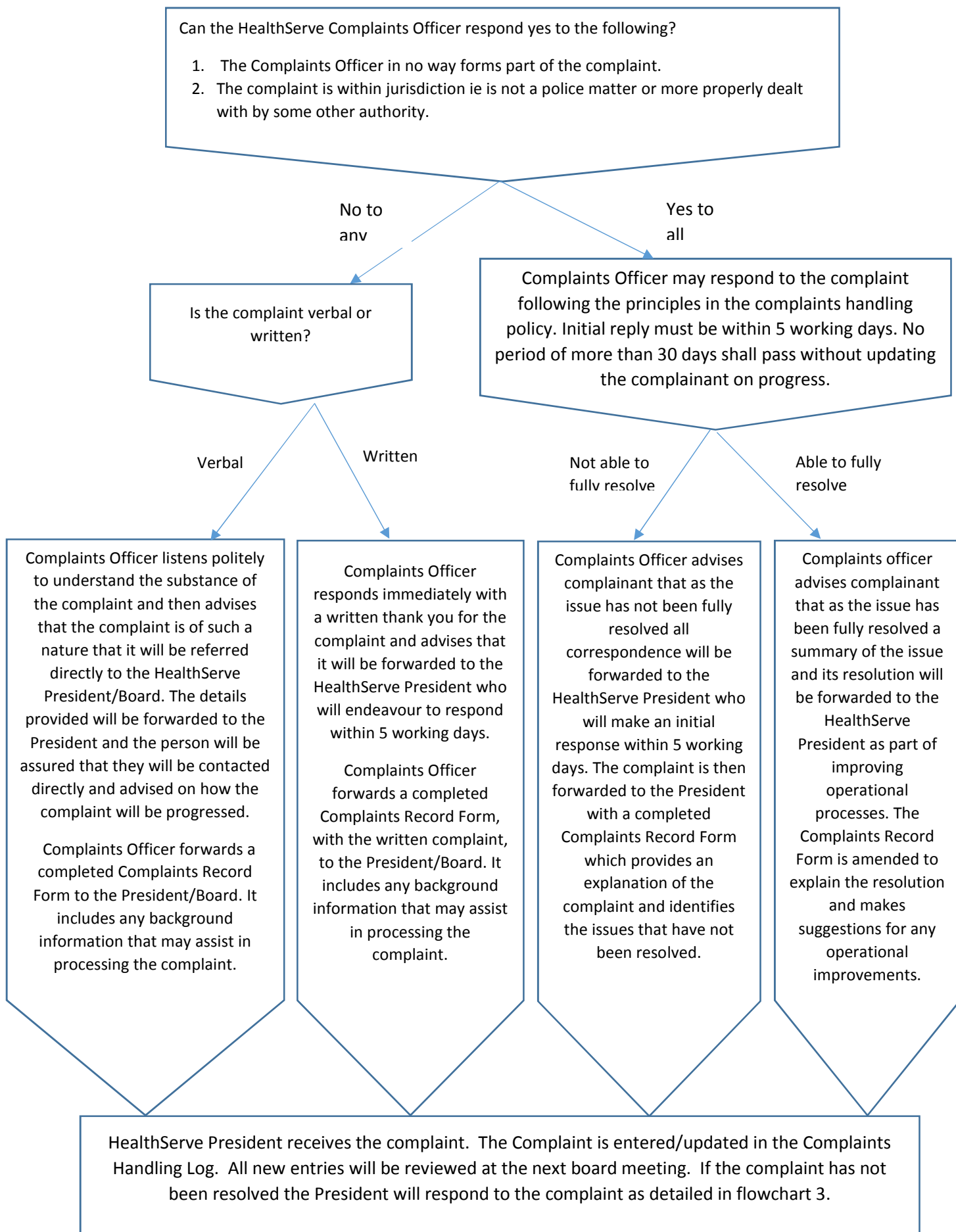
## 4.1 Complaint handling Procedure. Flow Chart 4.1

Scenario 1 – HealthServe representative other than the Complaints Officer or the President receives a complaint either verbally or in writing.



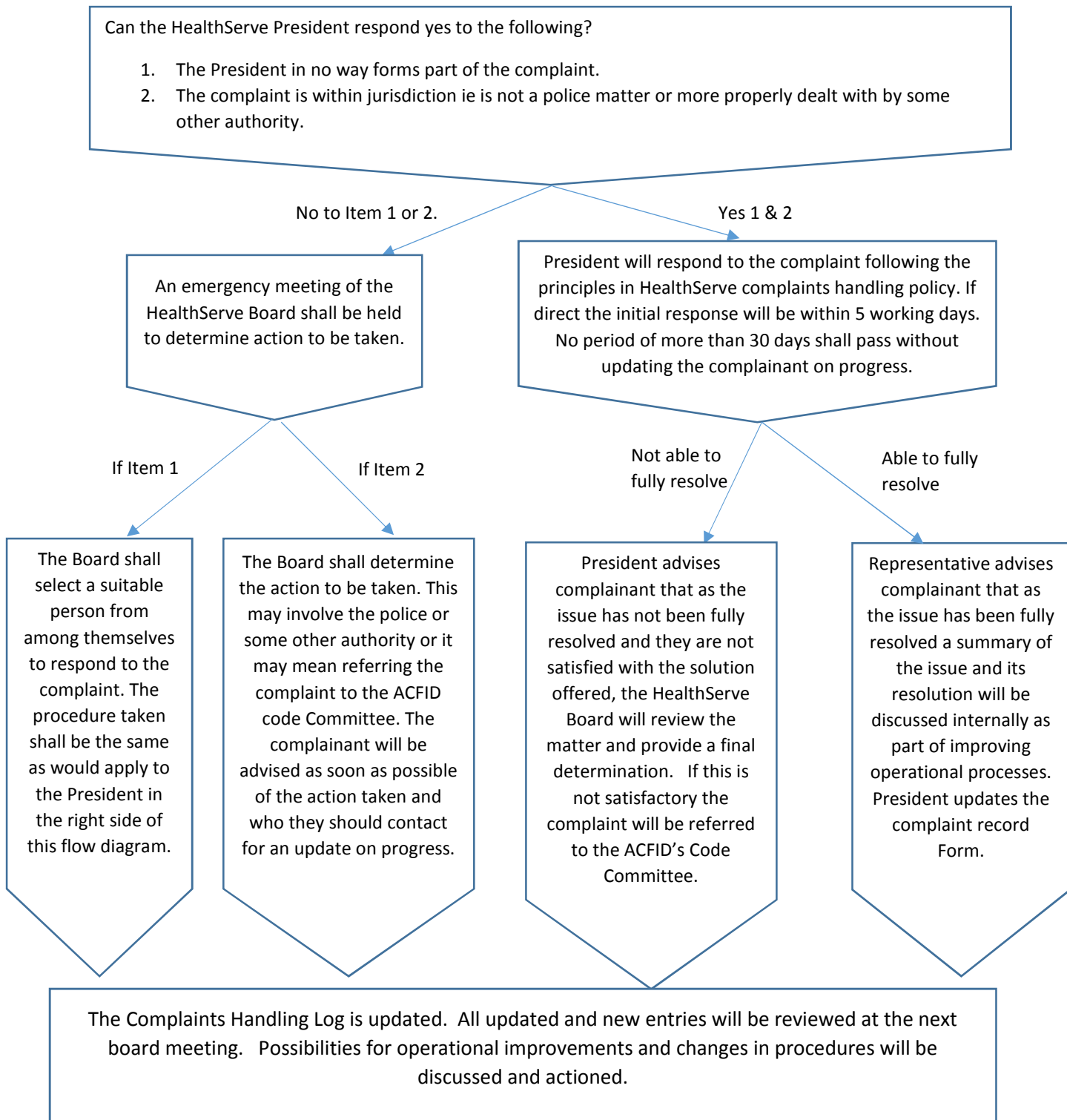
## 4.2 Complaint handling Procedure. Flow Chart 4.2

Scenario 2 – HealthServe Complaints Officer receives a complaint either directly or one that has been passed up by a HealthServe representative.



### 4.3 Complaint handling Procedure. Flow Chart 4.3

Scenario 3 – HealthServe President receives a complaint either directly or one that has been passed up from the HealthServe Complaints Officer.



## 4.4 Complaints Entry Form

HealthServe appreciates you raising your concern with us. We will acknowledge your completed complain form upon receipt and seek to make at least an initial response within 5 working days.

For use by person making complaint.

Full Name	
Email Address	
Date if one-off event	
HealthServe person who is the source of the complaint. (Write NA if not applicable).	
Any HealthServe who you have spoken to about your concern?	
Please enter your complaint. (Allow 2,000 characters).	

## 4.5 Complaints Record Form

This form is to be filled out when the complaint is received and updated during the course of responding to the complaint by the HealthServe representative responding to the complaint.

For Use by HealthServe representative.

<p>Dates:</p> <p><i>Date complaint received and dates with brief explanation that correspondence has been sent or received and who received or sent that correspondence.</i></p>	
<p>Personal details</p> <p><i>Name and methods of contact.</i></p>	
<p>Detail of the Complaint</p>	
<p>Severity of Complaint as assigned by HSA officer</p> <p>1 –least severe to 4 – most severe</p> <p>Please circle</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p>
<p>Action taken to resolve or attempt to resolve the complaint</p> <p>(Include summary text of any apology issued also note make clear if the complaint has been resolved.)</p>	
<p>Internal follow up needed.</p> <p>Briefly state any changed need to procedures or policies.</p>	

