Office of the WorkCover Ombudsman South Australia

"Model Internal Complaint Handling Process"

Introduction

There are several Australian Standards that relate to Internal Complaint Handling Processes. For example:

AS ISO 10002 Customer satisfaction – Guidelines for complaints handling organizations

AS 4608 Dispute management systems

HB 229 The why and how of complaints handling

The following model complaint handling process is a distillation of the key features of a process as outlined in these standards and adapted to the injury management context.

1. Statement of Purpose and Principle

The purpose of this process is to provide an avenue for any concerns about the management of a workers compensation claim or rehabilitation to be addressed as quickly as possible. It is intended that this process will reduce conflict in the administration of workers compensation claims and facilitate effective rehabilitation and return to work.

The principles of procedural fairness and impartiality are to be observed throughout the process.

2. Scope

This process applies to any concern an employee of the company may have in regard to the management of their workers compensation claims or rehabilitation. Such concerns may or may not relate to decisions that can be disputed in the Workers Compensation Tribunal (known as "reviewable decisions"). Where a concern does relate to a reviewable decision, this process does not affect an employee's right to dispute the decision in the Tribunal.

3. Procedure

In the first instance, an employee with a concern about the management of their claim or rehabilitation may take their concern to the Manager of the Injury Management Section. The Manager will (a) acknowledge receipt of the concern within 2 business days and (b) meet with the employee within 7 business days to discuss the complaint and determine how to resolve it. If the concern raises issues that need to be investigated, a time frame for completing the investigation will be discussed with the employee and every 2 weeks, at least, the employee will be kept informed of the progress with the

investigation. The Manager will endeavour to resolve the complaint or arrive at an outcome as quickly as possible. If the employee is dissatisfied with the Manager's response or the outcome, the concern may be referred to the Human Resources Manager who will follow the same procedure as the IM Manager.

Records of the concern and any investigation will be maintained. Wherever possible sensitive information will be kept confidential.

Depending on the nature of the concern, if the employee remains dissatisfied with the response, the employee may lodge a dispute against the decision at the Workers Compensation Tribunal or lodge a formal complaint with the WorkCover Ombudsman.

4. Record Keeping

Key information relating to every concern raised with the IM Manager will be retained on a register which will be reviewed by the HR Manager quarterly and any recurring or systemic problems identified will be discussed with the IM Manager.

5. Process Review

The company is committed to continuous improvement of its processes. Accordingly, this process will be reviewed annually and feedback from employees is welcome. Any feedback on the process should be directed to the IM Manager.

WORKERS COMPENSATION / INJURY MANAGEMENT COMPLAINT REPORT FORM

This section to be completed by PERSON MAKING THE COMPLAINT

Title (Mr, Mrs, Miss)	Full Name:	Date: Time:		
Address:				
Contact Details:	Home Phone: () Work Phone: ()	Mobile:		
Employer Name:				
Claim or Injury Details (employee only)	Claim Reference No: Date of Injury: Nature of Injury:			
Nature of Complaint:	(If written complaint attach letter)			
Signature (Person Making Complaint)				

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Stage One (Claims Manager)

Please indicate:		
a) Action taken;	lotaile of the agreement:	
	details of the agreement; ed, details of why matter not resolve	d
c) if matter not resolve	details of wify matter not resolve	u.
Matter referred to payt ata	and of process (places sirely)	VEC / NO
watter referred to next sta	ge of process (please circle)	YES / NO Date:
Name of person		Signed (Claims Manager)
referred to:		
Stage Two (HR Manage	r)	
Please indicate: a) Action taken; b) If matter resolved, c c) If matter not resolved complainant.	details of the agreement; ed, details of why matter not resolve	d and options available to
Date:	Signed (HR Manager):	

Please note:
All grievance / dispute forms are to be forwarded to the Human Resources for registration whether resolved or not.
If additional space is required, please attach additional pages to the back page of this form.