

Purpose

The purpose of the Feedback, Compliments & Complaints Management Policy is to ensure participants, nominees and/or providers are aware and feel empowered to share feedback, compliments and/or complaints with the Provider Choice Plan Management Team in their preferred communication method.

Provider Choice is committed to providing high quality plan management services. We value all types of feedback, compliments and complaints, and strive to operate in an environment where the sharing of this information is valued and incorporated into our continuous action plan.

This Policy complies with the requirements under the National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018.

Review

The Policy Manager must review this policy and update it when required.

Policy manager	Operations Manager- Risk & Compliance
Approval authority	CEO
Review date	11/02/2025

Revision History

Version	Approved / Amended	Date approved	Effective date	Key changes and notes
1.1	Approved	01/12/2020	21/07/2021	Original
2.0	Approved	05/02/2024	12/02/2024	Updated in line with current procedures

Providing Feedback

Lodging Feedback, Compliment and/or Complaint

Anyone can provide feedback, compliments and complaints about Provider Choice's services, as outlined via the various communication channels below. If required we can arrange a TIS translator, If you wish to have an advocate support you with lodging Feedback, Compliment and/or Complaint the Disability Advocacy Finder can assist you with finding an advocate, (see 'Resources' for more information)

Ways to communicate

Website	Submitting our feedback form on our website: https://providerchoice.com.au/contact
Email	feedback@providerchoice.com.au
Phone	1300 776 246
Mail	276 Devonshire St, Surry Hills NSW 2010

Note our business hours are Monday - Friday 9am - 5pm, closed on national public holidays and weekends.

All feedback, compliments and complaints will be formally acknowledged (either written or verbal) within two (2) working days. We aim to resolve all complaints and grievances as quickly as possible **within twenty-eight (28) days** from receiving.

All feedback, compliments, and complaints will be used by Provider Choice to continuously improve our service delivery model and will be handled with respect.

Frequently Asked Questions

What is Feedback?

Refers to any positive or negative comment, provided in a constructive manner, by a customer/stakeholder that might contribute to improving the quality of the services, systems and/or processes.

What is a Compliment?

An expression of satisfaction with a service received and/or product. A compliment is a way of expressing gratitude for the customer service provided.

What is a Complaint?

A complaint is any expression of dissatisfaction with a service received and/or product. This may include how a previous complaint was handled and the outcome.

It can be a way for a participant, nominee, provider and/or user of Provider Choice products (such Plan Explainer) to inform us that we 'haven't hit the mark'. In other words, we have not met their expectations.

Regardless of how big or small the complaint, it should be treated with respect to demonstrate to the complainant that we value their input and time taken to provide a complaint.

What are Complaint Types?

- Invoicing related;
- Participant related;
- Service Provider related;
- Services provided by Provider Choice.

What is Effective Complaint Handling?

Effective complaint handling can help resolve complaints quicker in a way where both parties are satisfied with the outcome. If the complaint is handled well the customer is more likely to be satisfied with the outcome.

Ways in which Provider Choice can support with effective complaint handling:

- **Respectful:** Treating customers with respect by listening and appreciating the time it takes to raise a complaint.
- **Taking ownership and accountability:** As a complaint handler, it is important to demonstrate ownership by explaining to the customer the steps and setting clear expectations (don't make promises that you can't keep or achieve).

- **Timeframe:** Handling as quickly as possible, however it is important not to rush a resolution as this can lead to further disappointment and/or mistakes being made. Setting realistic expectations of how quickly you can resolve.
- **Communication:** Communication should be clear, easy to understand to elaborate the steps we may be taking to reduce it occurring in the future. It should also be in the complaint person's preferred method of communication.
- **Record keeping:** It is important to document the complaint and the steps taken to resolve & close it.

What is the importance of receiving feedback, compliments and/or complaints?

As a registered provider we need to demonstrate that we are empowering participants to be able to submit feedback, make a compliment or raise a complaint in a way that supports them to do so. This benefits us as provider to help with our continuous improvement plan and can help in the following ways:

- Identify trends, learning opportunities
- Training and coaching opportunities
- Reduce risk/s
- Reputation
- Making us aware of an issue/s

What are the timeframes for handling?

- Reportable Incident; reporting to Commission as per the reportable incident timeframes. [click here](#)
- Suspected Fraud as per procedure [Click here](#)
- General – Feedback, compliment and complaint – Acknowledge **within 2 business days** and if requiring a resolution aiming to have resolved in **5 business days**.

How can we support participants, nominees and/or providers to submit feedback, compliment and complaints?

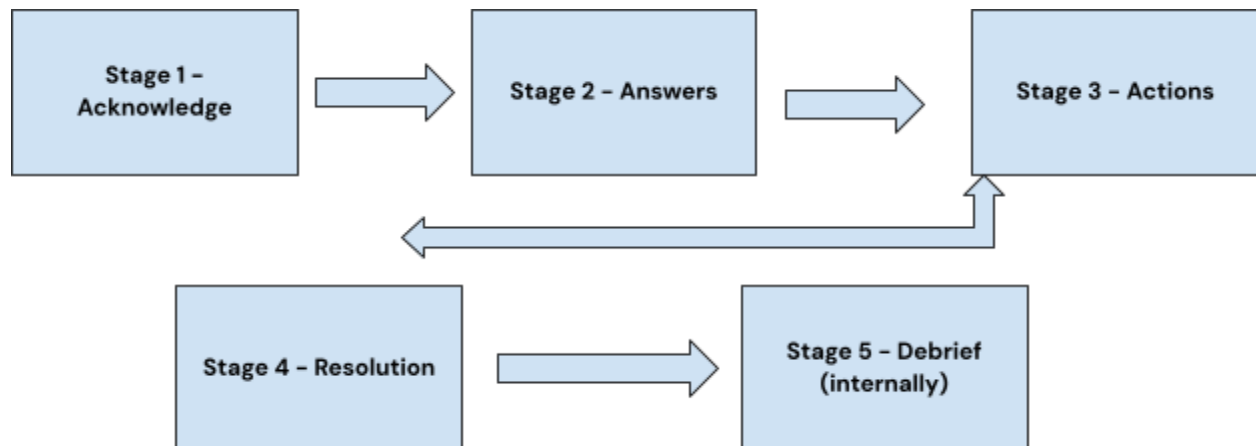
- Empowering with choice and control
- Have different ways to communicate (See '**Ways to communicate**')
- Encouraging participants, nominees and/or providers to submit feedback, compliment and/or complaint is an important way to empower people to speak up and is a valuable tool to support continuous improvement plan in order to ensure Provider Choice is providing quality services.

What is T-shirt Ventures Provider Registration Obligation?

As an NDIS registered provider to meet and maintain registration requirements, it's important to have an in-house complaints management and resolution system to record

and manage any feedback, compliments and complaints received, and support NDIS participants or other relevant concerned parties to make a complaint.

Detailed Process



Complaints Management Process

The below complaints management process is designed in line with the NDIS commission guidelines of effective complaints handling. Every complaint is individually reviewed as part of our continuous improvement plan at Provider Choice. Please refer to the stages of the process below:

Stage 1 - Acknowledge

Raising feedback, compliment and complaint takes customers time to submit and it is important that we recognise this. It is important that we acknowledge the person for taking the steps to submit and validating how they feel.

Taking the approach of **LEARN**:

L - Listen.

Actively listen to the person. This means listening without interrupting, paraphrasing back to ensure we have understood. If the customer has raised via email responding to ensure we have understood what has been raised. This will avoid any miscommunication and misunderstanding.

E - Empathise.

Showing empathy is a respectful way of understanding how another person may be feeling without getting emotionally involved.

A – Acknowledge.

Acknowledge how the situation may be affecting the person. They are allowed to be upset.

R – Rectify.

Ask the person who raised – how would this be rectified – what does a good outcome look like for them? This helps us to understand what they want and to also align on expectations.

N – Notify.

Notifying and informing the person of the steps you will be taking with responding. Important to not commit or promise anything that we can't deliver on.

All feedback, compliments and complaints should be acknowledged either verbally or written **within two (2) working days**.

Stage 2 – Answers

When people typically want answers. They want to understand why something has or has not happened and/or how a decision was made. This allows them to help understand and process what has occurred and how their concerns were resolved.

When providing an answer it should be clear to understand and to be communicated in the person's preferred communication method.

Stage 3 – Actions

People want their concerns to be resolved or at least know that steps have been taken to resolve them. Providing actions to the people shows that we have treated and taken their concerns seriously and provides them with reassurance that we have resolved the issue, meaning that it won't happen again.

Stage 4 – Resolution

A resolution is when the person is notified of the outcome and the complaint can be closed off. It is best practise when providing the resolution to provide resources if they are unsatisfied with the outcome (see '**Resources**'). This may include an apology. If apologising it should be genuine and to the point.

Stage 5 – Debrief (internally)

All feedback, compliments and complaints should be reflected on as this can help with:

- Opportunity for coaching and training – do staff require further training?

- Reflect on how we can prevent this from happening again?
- Has the issue been resolved effectively and/or fairly? Is there something we could have done differently?

Resources:

If you feel a complaint has not been sufficiently or appropriately addressed, you can seek further support from Provider Choice, request mediation with any member of senior management and a mediator or support person of your choosing, or alternatively through any of the following agencies which we are committed to assisting you connect with. We can connect you with providers in each State at your request and maintain separate lists of your local advocacy body.

NDIS Quality and Safeguards Commission	Website: www.ndiscommission.gov.au/participants/complaints Phone: 1800 035 544
National Disability Insurance Agency	Email: feedback@ndis.gov.au Phone: 1800 800 110 Feedback form: https://www.ndis.gov.au/contact/feedback-and-complaints/contact-and-feedback-form
Department of Social Services	Phone: 1800 634 035 Email: complaints@dss.gov.au Website: www.dss.gov.au
Abuse – National Disability Abuse and Neglect Hotline	Phone: 1800 880 052 TTY: 1800 301 130 National Relay Service: 1800 555 677 Translating and Interpreting Service: 131 450 Email: enquiries@disabilityhotline.org Website: www.disabilityhotline.org
Australian Human Rights Commission	Phone: (02) 9284 9600 TTY: 1800 620 241 Complaints infoline: 1300 656 419 General enquiries and publications: 1300 369 711 Fax: (02) 9284 9611

	Email: complaintsinfo@humanrights.gov.au Website: www.humanrights.gov.au
Disability Gateway	Phone : 1800 643 787 Email : disabilitygateway@benevolent.org.au
Lifeline Australia	Phone: 13 11 14
Effective Complaints Handling Guidelines for NDIS Providers	Managing complaints NDIS Quality and Safeguards Commission