



The Talk Shop  
Counselling & Psychology

**medicare**  
**Bulk Billing**

[www.thetalkshop.com.au](http://www.thetalkshop.com.au)

**1300 224 665**

**Fax: 1300 224 669**

PO Box 400, Diamond Creek VIC 3089

ABN: 35 006 622 402

## **NDIS Provider Complaints Management and Resolution System (Policy Document)**

Made in response to the National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018 (the **NDIS Rules**).

### **1. Plain English summary: What is this all about?**

At The Talk Shop, we do our best to help people. But sometimes, you, or someone else, might not be happy with us. For example, you might not be happy with some of our services and supports.

We are a registered National Disability Insurance Scheme (NDIS) provider. Since we have a responsibility to ensure that we deliver safe and quality services to people with disability, you have the right to make complaints about our services and supports at any time.

If you want to make a complaint, we want to help you to make it quickly and easily, and without stress. We will do our best to deal with any complaint fairly and quickly.

This document explains how to make a complaint to us, and to the NDIS Commissioner and others, about us.

The NDIS laws make us keep records about complaints so they can check that we are following the law and doing a good job for NDIS participants.

## 1.1. Who can make a complaint?

Anyone.

This includes people who are receiving supports or services from us. It also includes family members, carers, and other people. Anyone at all can make a complaint about our supports or services.

## 1.2. Policy

Unless the context requires otherwise, capitalised terms that are not defined in this Policy have the meanings given to such terms in the NDIS Rules.

## 1.3. Policy status

This policy is intended to document this provider's complaints management and resolution system as required by the National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018.

## 1.4. What is a "complaint"?

Broadly speaking, a complaint is an expression of dissatisfaction with an NDIS support or service, including how a previous complaint was handled, for which a response or resolution is explicitly or implicitly expected.

A **complaint** is someone letting us know that our service is not "hitting the mark."

A person does not necessarily have to expressly state that they wish to make a complaint to have an issue or concern dealt with as a complaint. Regardless of whether it is a big or small issue, if it is treated seriously, it demonstrates to the person that their input is valued to improve the services bring delivered.

## 1.5. Why should you make a complaint?

Complaints are one of the best ways to identify problems with service delivery and how they can be fixed. Fostering an organisational culture that values and learns from complaints is one of the most important ways NDIS providers can meet people's needs and continuously improve their services, policies, and even procedures.

## 2. Complaints Management System Procedures

each person employed or otherwise engaged by us that works directly with NDIS participants or is involved in managing that work

All of our staff working with NDIS participants must comply with the system as documented in this policy. This policy forms part of the provider's compliance system with respect to the NDIS.

### 2.1. Complaints Management System Procedures

Our staff must follow this Policy and the following procedures in the management and resolution of complaints.

#### 2.1.1. Who can make a complaint?

Anyone.

This includes people who are receiving supports or services from us. You can also have a family member, carer, friend, advocate, advisor, or any other person make the complaint for you. Anyone at all can make a complaint about our supports or services.

Those who wish to make a complaint anonymously may do so.

#### 2.1.2. How can you make a complaint?

We want to make sure it is as easy as possible for you to make your complaint.

We will give support and help to anyone who wants to make, or who has made, a complaint, about us.

To make a complaint, you can fill in our **Complaint and Feedback Form**. But you don't need to if you prefer to make your complaint in a different way.

You can make your complaint:

- by talking with us face-to-face;
- by calling us on the phone;
- through your preferred Augmentative or Alternative Communication device or method;

- by email; or
- by text message.

To protect your privacy, we do not recommend using social media like Facebook, Twitter or Instagram to make a complaint. But, if you make a complaint this way, we will still treat it as a complaint.

### **2.1.3. Who should you contact to make a complaint?**

So that we can respond to your complaint quickly and fairly, we suggest making or sending your complaint to our Complaints Officer via [complaints.officer@thetalkshop.com.au](mailto:complaints.officer@thetalkshop.com.au) or 1300 224 665.

If you would prefer not to contact our Complaints Officer for any reason, you can make your complaint to any of our senior management or staff.

If you can't contact our Complaints Officer for any reason, you can make your complaint to any of our senior management or staff.

### **2.1.4. What if you are unhappy about our decision?**

If you are not satisfied with our response to your complaint, let us know and our Complaints Officer will try to schedule a time to meet with you to discuss your ongoing concerns with a view to resolving the matter in a friendly way.

If you are not happy with our response, you have other options. You can take your complaint to:

- the NDIS Commissioner; and/or
- Speech Pathology Australia; and/or
- the Health Care Complaints authority in your State or Territory.

If you would like to do this, we will support you. For example, we will show you how to contact the right people at the NDIS, Speech Pathology Australia, and State Health Care Complaints authority.

### **2.1.5. Involvement of person with a disability**

We are committed to ensuring that persons with disability affected by an incident are involved in the management and resolution of the incident.

## **2.2. This policy must be provided to clients and staff alike**

This policy forms part of the provider's compliance system. A copy is provided to:

- each person with a disability receiving support or services from us as an NDIS provider, and their family, carers, and advocates (as appropriate); and
- each person employed or otherwise engaged by us that works directly with NDIS participants or is involved in managing that work

## **2.3. Who is responsible for making sure this system is followed?**

While every staff is expected to comply with the system as laid down in this policy, it is the Complaints Officer who has primary responsibility for training all provider staff to comply with the requirements of this system, including making sure clients and others are aware of their rights to complain.

The Complaints Officer also has primary responsibility for the oversight and review of the complaints management and resolution system.

On all matters relating to the system and complaints, generally, the Complaints Officer reports to senior management of the provider, including the CEO, who bear ultimate responsibility for setting the objectives of the system and monitoring compliance.

## 3. Complaint handling and referral

In case the complaint contains or raises an issue that concerns other agencies or bodies, such as the possible commitment of a criminal offence, it is the responsibility of TTS to refer the complaint to the appropriate body in consonance with its obligations under the law.

### 3.1. Final report requests

We may be required to report back to the NDIS Commission on the status of the complaint as well as on the progress of the corrective actions taken by us, if any.

If the Commissioner requires such a report, we must abide by the direction in compliance with the Rules. The Complaints Officer will oversee this process, but all staff must do everything reasonable to support us to comply with the rules.

### 3.2. Commissioner action

The Commissioner may take a number of actions pursuant to the Rules in respect of a Complaint. Moreover, if a complaint raises a serious compliance issue, the NDIS Commission has powers to take action.

The Complaints Officer and the key personnel are responsible for ensuring that we satisfy our obligations under the Rules. Again, we may need to seek legal advice in respect of our rights and obligations under the Rules in this situation.

### 3.3. Complaint records must be kept for statistical purposes

We are required by law to keep appropriate records of all complaints received in our capacity as an NDIS provider for **at least 7 years** from the date a record is made.

These include, where appropriate:

- a) information about complaints;
- b) any action taken to resolve complaints; and
- c) the outcome of any action taken.

We are also required by law to collect complaints-related information to enable us to review issues raised in complaints, identify and address systemic issues raised through the complaints management and resolution process and, if requested, to report information relating to complaints to the NDIS Commissioner.

**Please note:** In some cases, State and/or Territory health records laws require us to keep information that constitutes health records for longer than 7 years. We have to follow these laws, too.

### 3.4. Procedural fairness

To make sure everyone is treated fairly at each stage in the process, we will follow these steps for all complaints about our supports and services:

**First**, we will send you a **message in writing**. The message will:

- tell you that we have received your complaint; and
- tell you what we are doing to look into the complaint, when you can expect to hear from us, and who you can contact to discuss the complaint; and
- tell you and any person with a disability affected by the issue in your complaint how to raise the complaint with the NDIS Commissioner; and
- offer to help you to contact the NDIS Commissioner about the complaint.

(Note: If you make an anonymous complaint, we will not be able to do this because we won't know who you are.)

**Second**, we will **assess** your complaint. This means we will look into your complaint by reviewing what happened, talking to you, NDIS participants, and any staff members who were involved, and looking at any documents or other records we have that might give us information about what happened.

**Third**, we will work with you to try to **fix (resolve)** the complaint. If appropriate, we will keep you involved in the resolution process. We will also keep you informed on the progress of the complaint, including any action taken. We will do our best to do this in a fair way that doesn't take too long. We will try to resolve your complaint within 21 business days. If this isn't possible, we will let you know why not in writing and give you an estimate of how long it will take for us to respond. (Note: If you make an anonymous complaint, we will not be able to do this because we won't know who you are.)

**Fourth**, we will **respond appropriately** to your complaint. Depending on the complaint and the results of our assessment and attempts to resolve the complaint, this may include a range of responses. For example, our response may be that:

- no further action is required; or
- you are owed an apology; or

- you are entitled to a part or full refund of fees; or
- we need to change our policies and procedures to ensure similar events don't happen again; or
- it would be appropriate for us to support you or an NDIS participant to transfer to a different provider (at our cost for the handover); or
- we undertake to ensure the staff involved receive additional training and/or supervision, as appropriate.

We will tell you our decision and the reasons for our decision. (Note: If you make an anonymous complaint, we will not be able to do this because we won't know who you are.) We will also make sure that any recommended improvements or changes are put into place.