

# Complaints Management Procedure

## Section 1 - Purpose

(1) This procedure supports the [Complaints Management Policy](#) by describing detailed requirements for the receipt, assessment, addressing and determination of complaints and internal review processes.

### Scope

(2) This procedure applies to all persons, whether or not they are a student or staff of Charles Sturt University (the University), whenever they are:

- a. in attendance at a University campus or facility, be it owned or leased and including facilities operated by a University partner;
- b. using University or University partner's equipment, be it owned or leased (e.g. communications technologies, vehicles, facilities);
- c. in attendance at a University or University partner event, function or activity;
- d. participating in any activity as a representative or student of the University (e.g. field trips, inter-university events, conferences, workplace learning, etc); and/or
- e. acting as an agent engaged by or a party related to the University in the delivery of services.

## Section 2 - Glossary

(3) The glossary section of the [Complaints Management Policy](#) defines the terms used in this procedure.

## Section 3 - Policy

(4) This procedure supports the [Complaints Management Policy](#) and should be read alongside that policy.

## Section 4 - Procedure

### Part A - Complaints management process

(5) The process for lodging a complaint is published on the [Complaints website](#).

(6) At all stages of the complaints management process, complainants and respondents are entitled to have a support person present to provide support or speak on their behalf.

(7) There are three stages in the formal complaints management process:

- a. receipt and assessment;
- b. addressing the complaint; and
- c. determination of the outcome.

## Stage 1 - Receipt and assessment

(8) Within 10 working days of receipt of the complaint, the University Ombudsman will acknowledge receipt of the complaint in writing and commence assessment of the complaint to determine whether the issues raised fall within the scope of the [Complaints Management Policy](#), including consideration of the matters set out in clause 11 of the [Complaints Management Policy](#).

(9) Where it is determined that the issues raised fall outside the scope of the [Complaints Management Policy](#) or the complaint is not accepted for one or more of the reasons set out in clause 11 of the [Complaints Management Policy](#), the University Ombudsman will write to the complainant as soon as practicable and provide reasons. The University Ombudsman's decision is final and not subject to internal review.

(10) When a complaint is accepted by the University Ombudsman for investigation under the policy, consideration will be given to:

- a. how serious or urgent the complaint is;
- b. whether the complaint raises concerns about people's health and safety;
- c. how the person making the complaint is being affected;
- d. the risks involved if resolution of the complaint is delayed; and
- e. whether the complaint is to be managed by the University Ombudsman, referred to the Executive Director, People and Culture, managed by a complaints manager or referred to an external investigator.

## Stage 2 - Addressing the complaint

### Complaints referred to a complaints manager

(11) In the event that the University Ombudsman determines that the complaint is to be managed by a complaints manager, they shall nominate a senior university officer in the area of the University from which the complaint arose, to act as a complaint manager.

(12) The complaints manager shall meet with the complainant within five days of receipt of a referral. The meeting may be held in any form that the complaints manager deems most appropriate, such as telephone, face-to-face or video-conference. The purpose of this conversation is to listen to the complainant, define the issues of concern and to explain the process and expectations of all parties to the complaint.

(13) The complaints manager shall write to the complainant, as soon as practicable after the conversation described in clause 12, setting out:

- a. a summary of the issues of concern;
- b. the process to be followed and a reasonable estimate of timelines for resolution of the complaint; and
- c. the support services available to the complainant.

(14) If the complaint makes allegations against an individual (the respondent), the complaints manager shall write to the respondent, as soon as practicable after the initial conversation with the complainant and provide them with a copy of the complaint and setting out:

- a. a summary of the issues of concern;
- b. the respondent's obligations and responsibilities under the policy; and
- c. the support services available to the respondent.

(15) The complaints manager will make reasonable enquiries to find out what happened. These enquiries may include:

- a. reviewing the University's policies and procedures to determine what should have occurred;
- b. reviewing correspondence and talking to those involved to determine what occurred; and
- c. reviewing whether procedural fairness was afforded to the complainant where the complaint is in relation to a decision of the University.

### **Stage 3 - Determination of outcome**

(16) If, after making reasonable enquiries, the University appears to have been at fault, the complaints manager shall try to reach a solution that is mutually acceptable to the University and to the complainant. This may involve alternative dispute resolution such as mediation. Any remedy to the complainant must be actioned immediately by the University.

(17) At the conclusion of the enquiry or investigation process and subject to any privacy considerations, the complaints manager will provide a written notification of outcome to the complainant and respondent and advise them of:

- a. the outcome of the complaint;
- b. a summary of the enquiries made, including listing and providing copies of all material information considered by the complaints manager;
- c. the reason(s) for the outcome;
- d. any remedy for the complainant and what action is to be taken to implement the decision; and
- e. the option to apply for an internal review and the process for doing so.

(18) The complaints manager must provide to the University Ombudsman:

- a. a copy of the notice of outcome described in clause 17; and
- b. a management plan for any remedy for the complainant and any recommendations for improvement of university processes which shall include:
  - i. steps required to implement the remedy and/or recommendations (including the university officer responsible for actioning the step); and
  - ii. time frames for implementing the remedy and/or recommendations.

### **Complaints managed by the University Ombudsman**

(19) In the event that the University Ombudsman decides to manage the complaint, they shall follow the process described in clauses 12-17(d).

(20) The determination made by the University Ombudsman shall be the final decision of the University and shall not be subject to internal review, however, the complainant shall be notified within 10 working days of the final decision being made, of their right to external review and provided contact details of an appropriate external handling body.

(21) Subject to authorisation by the Vice-Chancellor, the University Ombudsman may appoint an external person to conduct part or all of the enquiry. The University is not required to provide a copy of the report to the parties of the complaint and may, at the discretion of the University Ombudsman, provide a summary or extract of the report.

### **Complaints referred to the Executive Director, People and Culture**

(22) Complaints referred to the Executive Director, People and Culture shall be managed in accordance with the [Complaints Procedure - Workplace](#).

## Part B - Internal review process

(23) The purpose of an internal review is to examine the formal complaints management process and either affirm the outcome or take corrective action. It is not to re-conduct the formal complaints management process.

### Applying for an internal review

(24) Any party involved in a complaint may request an internal review of the determination and outcome of a formal complaint.

(25) An internal review is not available where the complaint has been declined under clause 11 or discontinued under clause 12 of the [Complaints Management Policy](#), or a determination was made under clause 20 of this procedure.

(26) An application for internal review must meet one or more of the following grounds:

- a. there is evidence that there has been a failure to address all or part of the complaint; or
- b. there is new evidence to support the complaint that the complainant could not have reasonably known of, or that was not available before the date of the notice of outcome described in clause 17 of this procedure and which would have been a significant factor in the original determination of the complaint.

(27) A request for internal review must:

- a. be in writing;
- b. state the grounds under clause 26 of this procedure on which the application is lodged;
- c. contain all the documentary information and arguments the applicant intends to rely upon in support of their application; and
- d. be made within 20 working days of the date of the notice of outcome of the formal complaint.

(28) An application for internal review received by the University Ombudsman will be recorded and acknowledged in writing within five working days.

(29) The University Ombudsman will commence assessment of the application within 10 working days of receipt of the application for internal review, and determine whether the issues raised meet the acceptance criteria set out in clauses 25, 26 and 27 of this procedure.

(30) Where it is determined that the issues do not meet the acceptance criteria, the University Ombudsman will write to the applicant, as soon as practicable and provide reasons; inform them of their right to seek an external review and provide the contact details of an appropriate external complaints handling body.

(31) The University Ombudsman's determination that the application for internal review does not meet the acceptance criteria is final and not subject to internal review.

### Conducting and determining an internal review

(32) Where the University Ombudsman accepts the application for internal review, they shall undertake a review of the materials supplied by the applicant.

(33) After considering the material relied on during the internal review, the University Ombudsman shall make a determination to either:

- a. refer the matter to the Vice-Chancellor with recommendations that an external body or agency be appointed to conduct the internal review and report their findings in writing to the Vice-Chancellor and University

Ombudsman; or

- b. confirm all or part of the decision made and the action taken in the initial conduct of the complaint; or
- c. send all or part of the decision back to the original decision-maker for re-consideration outlining the reasons why; or
- d. refer the matter to the Vice-Chancellor with recommendations.

(34) The University Ombudsman shall write to the applicant as soon as practicable, but not later than 10 working days following the conclusion of the review or receipt of the external body's or agency's written report described in clause 33(a), informing them of:

- a. the outcome of the internal review;
- b. a summary of the enquiries made, including listing and providing copies of all information considered;
- c. the reason(s) for the outcome;
- d. any remedy for the complainant and what action is taken to implement the decision; and
- e. the right to apply for an external review and the process for doing so, including the contact details of the appropriate external complaints handling body.

(35) Once the University Ombudsman completes their review there are no further options for appeal or review internally.

### **Referral to the Vice-Chancellor with recommendations**

(36) Where the University Ombudsman forms the view under 33(d) that the matter should be referred to the Vice-Chancellor with recommendations of improvement of university processes, a report shall be forwarded to the Vice-Chancellor setting out the following:

- a. a summary of the complaint and actions taken by the University to resolve the complaint;
- b. findings of the internal review; and
- c. recommendations that may include remedial or follow-up action to be taken as a result of the issues raised during the review.

(37) The Vice-Chancellor shall consider the report from the University Ombudsman and may:

- a. decline to act on any or all of the recommendations;
- b. approve any or all of the recommendations;
- c. make a different recommendation(s); or
- d. any combination of the above.

(38) In the event of clause 37(b)-(d), the Vice-Chancellor shall either action or direct a suitable University staff member to action the recommendations and report to the Vice-Chancellor on the progress and outcomes of such actions.

## **Part C - External review**

(39) A complainant may seek an external review of a decision of the University at any time, however, they are encouraged to exhaust all internal complaints management processes first.

(40) Complainants are able to seek review of the University's decisions from relevant external bodies such as the NSW Ombudsman. Contact details for the NSW Ombudsman are published on the [Complaints, grievances and whistleblowing website](#).

## **Section 5 - Guidelines**

(41) Nil.

## **Section 6 - Resources and acknowledgement**

(42) Various resources were researched to inform the development of this procedure, including:

- a. complaints management policies and procedures (or equivalent) from all Australian universities. In particular, acknowledgement is made of Western Sydney University, Complaint Handling and Resolution Policy;
- b. Australian Government, Attorney-General's Department; and
- c. New South Wales Ombudsman.

## Status and Details

<b>Status</b>	Current
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