

# Customer Complaint Procedure

Owner: Strategy, Governance, and Risk

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“Please note, when implementing this procedure, you must consider whether any human rights are engaged under the *Human Rights Act 2019* and whether any limitations on human rights are reasonable and justifiable. If you engage a human right, you should conduct a proportionality assessment under the Act.”

## 1. Purpose

This procedure is designed to ensure that customer complaints about departmental products, services, decisions and actions are managed through an effective and consistent process that meets the requirements of the *Public Sector Act 2022* and Queensland Public Service Customer Complaint Management Framework and Guideline.

## 2. Authority

Section 264 of the *Public Sector Act 2022* requires departments to establish and implement a system for dealing with customer complaints. The system must:

- provide for the public sector entity to take responsibility for managing the receipt, processing, and outcomes of customer complaints
- comply with any Australian Standard for handling customer complaints that is in effect from time to time
- provide for giving notice of the outcome of customer complaints to the complainant unless the complaint was made anonymously.

## 3. Policy statement

The department recognises the importance and value of actively listening and responding to complaints. Customer complaints are an opportunity to hold the department accountable for its actions and decisions, and to improve its performance, systems, procedures, and processes to ensure a higher level of customer service.

The department is committed to ensuring all customer complaints are consistently managed in a responsive, efficient, effective, and fair manner. Complainants will be treated with respect and will receive a professional service throughout the complaint management process. The department will not tolerate unreasonable complaints and with due consideration will take steps to fairly manage, and if applicable end communications where complainants are behaving unreasonably.

## 4. What is a customer complaint?

A customer complaint is defined as a complaint about the service or action of a department, or its staff, by a person who is apparently directly affected by the service or action, and includes, for example, a complaint about any of the following:

- a decision made, or a failure to make a decision, by a public sector employee of the department
- an act, or failure to act, of the department
- the formulation of a proposal or intention by the department
- the making of a recommendation by the department
- the customer service provided by a public sector employee of the department.

For the purposes of this procedure, the following features are also characteristic of a complaint:

- the customer communicates a clear expectation that there is an act and or omission by the department that has directly affected them; and
- the customer is aggrieved about that act and or omission; and
- a reasonable person would conclude the customer had an expectation the department will respond to the act and or omission in a way that requires further departmental action.

It is not a customer complaint when customers:

- are reporting a matter the department regulates, i.e. fishing offences, an environmental or biosecurity matter
- request more information, a change in service or request a new service
- make a suggestion for improving the department's service delivery
- express a concern about a situation without any expectation of a formal departmental reply
- provide feedback on the department's performance without any expectation of a formal departmental reply
- do not have sufficient interest in the issue, e.g. where a person's rights or interests would not be affected if the administrative action stood or continued.

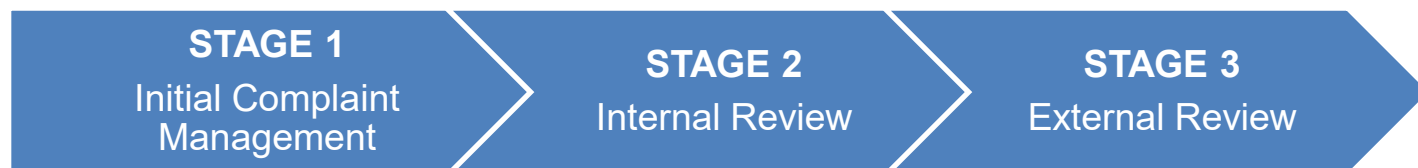
If uncertain about whether a customer is making a complaint, or wanting to make a complaint, ask the customer, "Are you wanting to make a complaint?".

#### 4.1 Complaints that are out of scope

Some complaints received by the department are not customer complaints and need to be managed a different way. This procedure does not apply to complaints made or managed pursuant to other legislation or complaint management processes. These include but are not limited to privacy complaints, allegations of corrupt conduct, public interest disclosures, employee grievances, or contractual complaints.

### 5. Overview of complaint management

Consistent with the Queensland Public Service Customer Complaint Management Guideline, the department has adopted a three-stage process for resolving customer complaints. Section 6 to Section 8 of this procedure provide step-by-step guidance for managing a customer complaint through these three stages. Checklists to manage customer complaints at each stage can be found at Appendix 1.



#### Stage 1: Initial Complaint Management

Most complaints will be resolved during initial complaint handling. This stage involves the department dealing with the complaint and runs from when the complainant first contacts the department until the complaint is resolved either through early resolution, referral to another complaint management process (e.g. employee, privacy), or a written response is provided following an internal investigation.

Where a customer's communication is assessed to be a complaint and is managed through the customer complaint process, the customer will be offered the option of seeking an internal review should they be dissatisfied with the outcome. Most complaints are resolved during this stage.

#### Stage 2: Internal Review

An internal review is the second stage of the department's customer complaint management process. An internal review is a merits review that involves consideration of whether, based on the information and facts available at the time, the decision made was the correct one (including whether the actions and decisions were lawful, reasonable, fair, and not improperly discriminatory). The outcome of an internal review is a written response provided to the complainant. Within this written response, the complainant will also be advised of their option to seek an external review.

#### Stage 3: External Review

An external review is the third stage of the department's customer complaints process. An external review is conducted by an agency independent of the entity that dealt with the complaint originally and the internal review. An external review is a process available to complainants where an oversight agency, such as the Queensland Ombudsman, investigates the handling of a complaint by an agency or deals with complaints that were previously the subject of a complaint to an agency.

## 5.1 Key principles for customer complaint resolution

Across all stages of, and steps within the department's customer complaints management process, employees are expected to uphold the following principles:

- **Customer focus:** Anybody can make an honest complaint to the department if aggrieved about a departmental product, service, or action. People are to be supported to enable them to participate in the complaint resolution process.
- **Timely and fair:** All complaints will be handled in a transparent, timely and impartial way. Appropriate confidentiality is to be observed in the management of the complaint and the privacy of personal information is respected and maintained.
- **Accountability, continuous improvement, and prevention:** Departmental employees and contractors are accountable for their acts, omissions, and decisions. Complaints are to be viewed as an opportunity to review business processes and to improve existing, and inform new, quality services to avoid future customer complaints.
- **Communication:** Communication will be clear and respectful. Parties to a complaint will be informed of the status of the complaint to enable the process of resolution to occur effectively. The department will maintain appropriate records of complaints and their resolution and publicly report complaint statistics in accordance with its legislative obligations.

Officers involved in the customer complaint process must uphold these principles, and by doing so, the department can be sure that customer complaints are managed seriously, respectfully, and fairly. This places the department in the best position to benefit from customer complaints by always striving for continuous improvement.

While employees are expected to uphold the above principles, equally, the department will not tolerate verbal or physical abusive, or threatening behaviour directed towards its employees. Where a customer becomes abusive or threatening, there is no expectation or obligation upon the employee to continue to engage. Under the department's Stakeholder Engagement Charter an employee can disengage from those who abuse or cause offence. Section 9 provides more information about the management of complainants whose behaviour is unreasonable.

## 6. Initial complaint management

### 6.1 How a complaint can be received

There are a range of avenues for lodging a customer complaint with the department, including:

- in person at departmental offices open to the public or directly with frontline officers
- calling the Customer Service Centre or associated services Hotlines
- calling the Queensland Government contact centre – 13QGOV (13 74 68)
- completing the online complaints form
- the department website or social media pages (e.g. Facebook) using the complaint lodgment form
- telephone, mail, or email contact directly with the Director-General's Office or the Minister's Office
- contact with an employee or the [ethics@daf.qld.gov.au](mailto:ethics@daf.qld.gov.au) mailbox
- direct referral from another agency or the Queensland Ombudsman's office.

Complainants can choose to identify themselves or make an anonymous complaint through any of these avenues.

### 6.2 Assistance to complainants

Customers who are disadvantaged, have a disability, education, or language difficulties, or require additional assistance to lodge a complaint must be supported and provided with reasonable assistance. There is no financial charge for making a complaint to the department.

The following assistance is available:

- an interpreter to enable the complainant to be heard and understood. The department complies with the Queensland Government Language Services Policy
- the National Relay Service for the complainant to access call services for people with a hearing impairment
- if a customer is unable to make a written complaint, they may call 13QGOV (13 74 68) or the department's Customer Service Centre (CSC) on 13 25 23.

This list is not exhaustive.

### 6.3 Frontline complaints handling – early resolution

Wherever appropriate, resolution of customer complaints should occur at the point of service or first contact. Frontline employees who receive complaints at point of service or first contact should try to resolve the complaint immediately, where possible, reasonable, and safe to do so. This may mean the employee dealing with the complaint themselves, or referring it to a colleague, who can immediately deal with the complaint.

Addressing complaints immediately can improve the experience of the customer and reduce the potential for a complaint to escalate in severity, which necessitates further expenditure of resources to resolve and finalise the complaint. Employees responding to a customer complaint should be aware actions and decision-making on a complaint may be subject to internal and external review.

While it may not be practicable to record complaints that are addressed immediately for reporting purposes, employees should still maintain a record. This may be in the form of a Keystone Customer Relationship Management (CRM) record, email to the customer, or a file note. A copy of this record should be sent to Strategy, Governance, and Risk.

If the matter cannot be resolved immediately, the officer should:

- refer the complaint to the Strategy, Governance, and Risk Unit via the [customercomplaints@daf.qld.gov.au](mailto:customercomplaints@daf.qld.gov.au) mailbox for assessment of what further action is required, and recording. Complaints received via phone may be transferred to the manager of Complaints Management in Strategy, Governance and Risk
- support the complainant to record the details of the complaint if the complaint has been delivered verbally. This may also involve organising for assistance to be provided to the complainant as detailed in 6.2, such as an interpreter service
- provide the complainant a link to, or a copy of the department's Complaint Management Framework.

### 6.4 Initial complaint handling

#### 6.4.1 Complaints received via CSC, Customer Business Services or website

If a complaint is received via Customer Business Services (CBS) either through face-to-face communication, the online complaint forms, its call centre, or through 13QGOV (13 74 68 or a Smart Service Queensland (SSQ) online form), CBS will record the complaint into the Keystone CRM and either forward the call or keystone record to the manager of Complaints Management in Strategy, Governance and Risk for assessment and recording.

#### 6.4.2 Complaints received by the Director-General's Office or Minister's Office

Correspondence received through the department's Executive Services Unit (ESU) which is identified either by ESU or the business group as a customer complaint, should be recorded in MECS as a customer complaint. The MECS item should be allocated to Strategy, Governance and Risk (CORRO DAF CS SGR) for assessment and recording, via the Office of the Deputy Director-General, Corporate.

#### 6.4.3 Complaints received by People and Culture, Employee Relations and Integrity

If a complaint is made via the [ethics@daf.qld.gov.au](mailto:ethics@daf.qld.gov.au) mailbox the Employee Relations and Integrity unit will make an initial assessment of the complaint and determine the appropriate action to be taken. If the complaint is assessed as a customer complaint, the Employee Relations and Integrity unit will forward the complaint to the [customercomplaints@daf.qld.gov.au](mailto:customercomplaints@daf.qld.gov.au) mailbox for assessment and recording.

### 6.5 Complaint assessment, triaging, referral, and acknowledgement

#### 6.5.1 Assessing a complaint

The Complaints Management function within Strategy, Governance and Risk is responsible for assessing a complaint to determine if it is a complaint, and if it is, how and by who it should be dealt.

#### *Jurisdiction*

In assessing a complaint, Strategy, Governance and Risk will determine if the matter is within the jurisdiction of the department. The key references for determining applicability are the Administrative Orders, the Ministerial Charter Letter, and Government Election Commitments. Strategy, Governance and Risk may also discuss the complaint with business units to determine its relevance.

Where Strategy, Governance and Risk determine the complaint is not within the jurisdiction of the department:

- if received from Smart Service Queensland (SSQ), it will immediately return the complaint to SSQ for reallocation
- if received from ESU, it will immediately return to ESU for referral to the appropriate public sector entity
- if received via another avenue, it will advise the complainant of the correct public sector entity for the matter to be dealt with and seek consent to refer the complaint directly to the appropriate agency.

If the complaint is received via an internal referral from a frontline officer, Strategy, Governance and Risk will notify the officer of the on-referral of the complaint to ensure the officer has appropriate information should the complainant make follow up contact.

### **Complaint or information**

If the complaint is within the jurisdiction of the department, Strategy, Governance and Risk will determine if the complaint is a complaint as per Section 4 of this procedure. If the complaint is determined not to be a complaint, Strategy, Governance, and Risk will make reasonable efforts to contact the complainant and clarify their intentions, including asking the complainant if they wish to lodge a formal complaint and by providing any reasonable assistance to make a complaint.

### **Complaint type**

If the complaint is a complaint, Strategy, Governance and Risk will consider whether the complaint falls within the scope of the Customer Complaint Policy or whether it falls under another complaints management policy. The department's Complaint Management Framework will be the key reference for making this decision, but Strategy, Governance and Risk may consult with the Employee Relations and Integrity Unit should the decision be ambiguous.

If the complaint:

- involves, or may involve, corrupt conduct, Strategy, Governance and Risk will refer the complaint to the Employee Relations and Integrity unit. The department's Corrupt Conduct Policy and Procedure will apply
- involves, or may involve, an employee grievance, Strategy, Governance and Risk will refer the complaint to the relevant Human Resource Consultant within a business group to be dealt with under the Employee Grievance Resolution Policy and Procedure
- involves the department's handling of personal information, Strategy, Governance and Risk will refer the complaint to Privacy Services in the Department of Environment, Science, and Innovation to be dealt with as per the Information Privacy Complaint Management Procedure
- involves a possible breach or unreasonable limitation of human rights, the provisions of the *Human Rights Act 2019* will apply. A complainant does not need to specify that they are making a human rights complaint
- involves a possible breach of the Charter of Victims' Rights, the provisions of the *Victims' Commissioner and Sexual Review Board Act 2024* will apply.

Strategy, Governance and Risk will advise the complainant of these assessments and any other relevant information including amended timeframes.

## **6.6 Customer complaint referral**

Once Strategy, Governance, and Risk have determined a complaint falls within the jurisdiction of the department and is a customer complaint, it will refer the complaint to a business unit. The referral of a complaint to a business group will be in consultation with the relevant business group(s) Complaints Management Representatives. Strategy, Governance and Risk may also use the department's Administrative Orders, the Ministerial Charter Letter, or Government Election Commitments to guide determination.

Before referral, Strategy, Governance and Risk will assign a complaint reference number to the complaint and commence recording information in the complaint register. This reference number will be unique to the complaint and will be the reference for which a complainant can refer to when contacting the department.

Strategy, Governance, and Risk will refer the complaint as an email to the business group correspondence inbox with a carbon copy to the business group's Complaints Management Representative. Where the complaint has been received as a MECS item, the MECS item will be allocated to the relevant business group correspondence inbox and the Complaints Management Representative will be carbon copied within the MECS item.

Business groups have a maximum of 30 days to investigate and respond to a complaint from the date the department received the complaint. Strategy, Governance and Risk will inform the business group the latest date at which the complaint can be responded to, along with the complaint's reference number.

Where a complainant seeks to prosecute their complaint by involving a wide range of people across different agencies, or across the department, Strategy, Governance and Risk will be responsible for ensuring the complaint is brought back to a single point of response.

### **6.7 Written acknowledgement**

Strategy, Governance and Risk is responsible for providing written acknowledgement of receipt of all customer complaints. The written acknowledgement must be provided to the complainant within three business days unless a complaint is received anonymously.

Strategy, Governance, and Risk will provide verbal acknowledgement of receipt of the complaint if a written acknowledgement is unable to be provided within three business days with written confirmation to follow.

The written acknowledgement must provide:

- the details of the subject matter expert dealing with the complaint (or the Complaint Management Representative if not known)
- the proposed timeframe for response
- a summary of the department's complaints process
- a copy or link to the department's customer complaint policy and this procedure on the department's website
- a reference number for use in future communication on the matter.

### **6.8 Customer complaints register**

Strategy, Governance, and Risk is responsible for maintaining a register of all customer complaints the department receives. For each customer complaint, the register will include a range of information about the complaint, responsibility for dealing with the complaint, and outcomes and actions taken. A full list of information is included in Appendix 2.

The Customer Complaints Register will be completed incrementally as a complaint is processed. Some information may not be available or not relevant depending on whether the complaint was logged anonymously and the outcome of the complaint investigation process.

### **6.9 Business group complaint triaging**

Each business group must nominate at least one Complaint Management Representative, who will perform the following role on behalf of their business group:

- act as the central point of contact for their business group for receipt of customer complaints from Strategy, Governance, and Risk
- act as a liaison point between Strategy, Governance, and Risk and the subject matter expert managing the complaint, including distributing complaints for management and coordinating requests for data and updates
- support a subject matter expert deal with an unreasonable complainant
- ensure records are maintained for all complaints managed within the business group, and determining whether this occurs at the Complaint Management Representative or Subject Matter Expert level.
- champion professional complaint management practice across their business group in cooperation with Deputy Directors-General.

Deputy Directors-General are responsible for ensuring an ability to manage a complaint within their business group. This includes appointing at least one Complaint Management Representative for their business group, and for covering any extended periods of absence and succession planning.

A key responsibility of the Complaint Management Representative is assigning complaints to a business unit within their business group to action, and for recommending the level of management required for an appropriate departmental response. The Complaint Management Representative should work with the senior officer of the

business unit to ensure recommendations are agreed. Strategic, Governance and Risk may also be called upon to support this assessment. Table 1 supports this assessment.

**Table 1 Customer Complaint Severity Assessment**

<b>Severity/complexity</b>	<b>Description of nature of complaint</b>	<b>Recommended assigned officer/decision maker level</b>	<b>Expected resolution timeframe</b>
Major matters	Major matters are higher risk and are complaints that may have serious consequences for either the complainant, other persons, property or the environment, or the department if the complaint was substantiated.	Middle management or Senior Executive.	Within <b>30 business days</b> . If more time is required, the complainant should be advised of the new projected resolution timeframe.
Moderate matters	Complaints that are moderate in severity and complexity are matters that require a more detailed departmental level response and/or investigation to be undertaken to determine what has occurred.	Middle management (e.g. Program Manager, District Manager, Director or Science Leader).	Within <b>20 business days</b> . If more time is required, the complainant should be advised of the projected resolution timeframe.
Minor matters	Minor complaints are matters that are generally clearly defined, are not complex in nature, and can often be quickly resolved at point of service. Examples may involve misunderstandings, an error in a record requiring correction, or a minor departure of protocol.	Frontline/local employees that receive the complaint.	Minor complaints should be resolved within <b>five business days</b> .

### 6.10 Investigating a complaint

A senior officer of a business unit who has been assigned a complaint to investigate should assign a subject matter expert to investigate the complaint and a decision-making for that investigation. The senior officer should take account of the Complaint Management Representatives as to the severity of the complaint. For minor matters, the investigator and the decision-maker may be the same officer. The senior officer may also decide they are going to fill the investigator and or decision-maker roles.

An investigation should be conducted by a person with the necessary expertise and capability to conduct an investigation without bias or conflict of interest. The investigator should provide a decision-maker with a written report for review. The level of detail of the report should reflect the complexity and seriousness of the complaint. A template is provided at Appendix 3. The decision-maker will accept or not accept the investigator's findings and recommendations. The decision-maker must be free from bias and any conflict of interest.

An investigator must conduct an investigation honestly, ethically and within their authority and powers. They will adhere to principles of natural justice, take into account relevant and ignore irrelevant considerations.

An investigator will prepare a report that is objective, factual and uses language proportionate to the matters being addressed. Findings of fact and recommendations will be based on the balance of probabilities, underpinned by sound reasoning on the material available. Where a decision is potentially adverse to a party to the complaint, procedural fairness may need to be extended to that party prior to a final decision being made.

An employee who is a respondent to a complaint may be supported by a support person and the department's [Employee Assistance Program](#) (EAP).

#### 6.10.1 Possible outcomes of a customer complaint

Where a complaint is upheld, the investigator should make recommendations of remedies to resolve the customer complaints. These may include but are not limited to:

- issuing of an apology



- providing an explanation of how and why the problem occurred and what steps have been taken to avoid its recurrence
- issuing a refund of a fee or charge
- seeking a negotiated or mediated outcome
- correcting records
- amending a decision, policy, procedure, or practice
- repairing property damage
- expediting work where a delay has occurred
- improving a system, e.g. change in policy, process, or procedure / staff training, etc.
- providing further details and or explaining the reasons why the act, omission, or decision should stand.

### 6.11 Communication with the parties to the complaint

Professional and tailored communication with parties to the complaint (including the complainant and respondents) is central to effectively managing the complaint through to its resolution. The parties should be proactively and regularly informed of the status of the complaint and explanation provided if there are delays to the process, i.e. staff unavailability due to natural disaster response.

The communication of an outcome by a decision-maker will state at a minimum:

- a summary of the primary issues/substance of the complaint
- the action taken by the department in response to the complaint
- the decision made in response to the issues raised
- clear and meaningful reasons for decision, including reference to any relevant material i.e. policy, legislation
- the action taken because of the complaint
- the contact officer for further information
- information about the internal review avenue, including:
  - the timeframes to lodge an internal review (20 business days from receipt of the complaint outcome)
  - how to make their submission, i.e. in writing and to a specific mailbox/person
  - that they are required to state that they are asking for an internal review
  - that they are to outline what outcomes(s) are being sought.

### 6.12 Recordkeeping

The department's [Recordkeeping Policy](#) highlights responsibilities as stated in the [Public Records Act 2002](#). All formal incoming and outgoing correspondence in relation to the management of a complaint should be recorded in MECS with restricted access as appropriate. All information received is to be stored in a secure manner and disposed of in accordance with Queensland State Archives Disposal Schedule. It is the responsibility of the business group Complaint Management Representative to decide whether record keeping occurs at the CMR or SME level in their business group.

## 7. Internal review

If a complainant is aggrieved about a decision made for their complaint at Stage 1, the complainant may seek an internal review of the decision within 20 business days from receipt of the complaint outcome. The internal review will be conducted, and outcome communicated to the complainant within 20 business days from receipt of the review request. All requests for internal review must be sent to and triaged through the Strategy, Governance and Risk managed [customercomplaints@daf.qld.gov.au](mailto:customercomplaints@daf.qld.gov.au) inbox.

An internal review aims to ensure the investigation process has complied with the department's policy and procedural requirements and that the right outcome was reached. An internal review is not an investigation or re-investigation of a complaint. It is an impartial review of the complaints process and outcome.

Strategy, Governance, and Risk is responsible for determining the appropriate officer to conduct the internal review in consultation with the relevant business group Complaint Management Representatives. The internal reviewer will be a decision-maker independent of the original decision and free of any conflict of interest. The internal reviewer will be at least as senior as the initial decision-maker and have the broad discretion to overturn/ change the original decision and apply remedial action(s).

The internal reviewer will acknowledge the complainant's request and review the request to ensure sufficient information has been provided to enable the internal review to be undertaken and:

- contact the complainant to request additional information if it is required, or if the review issues need to be confirmed, or to provide information about the internal review process
- where the complainant does not outline the grounds of review, or provides insufficient information, the internal review officer may advise the complainant that the internal review request will not be examined unless this information is provided. If the complainant does not cooperate, the remainder of this procedure does not need to be followed and the internal review is closed
- if the complainant's request raises new customer complaint issue(s), the internal review officer must tell the complainant that the issue is out of scope for the internal review and advise the complainant that these can be lodged as a new customer complaint.

The internal reviewer must analyse the original complaint to determine if the complaints management process and/or the outcome reached was appropriate by considering and assessing:

- information provided with the internal review request
- material considered as part of managing the original complaint
- other information provided by relevant parties, such as the original complaints officer or complainant.

Where necessary, the principles of natural justice will be applied prior to a final decision being made.

Based on the assessment undertaken, the internal reviewer should identify a suitable internal review outcome. This may include, but is not limited to:

- finding the original decision was appropriate and that the complaint does not require further investigation
- finding the original decision was unreasonable and should be amended without further investigation
- re-opening the original matter
- providing a clearer explanation of the original decision to the complainant
- amending a policy, procedure or practice, or recommending that such documents be amended
- offering an apology or some other remedy; or
- providing further assistance to address a service delivery complaint.

The written internal review decision to the complainant will include:

- the action taken by the department in response to the request for internal review
- the decision on the review of the action taken at Stage 1
- reasons for the decision
- external review avenues, including contact details.

Stage 2 correspondence must be recorded in the department's Ministerial and Executive Correspondence System (MECS) with restricted access as appropriate. The correspondence item should be cc-ed to Strategy, Governance, and Risk for information. All documentation must be retained on file should a Stage 3 External Review be sought.

Requests for internal review will count as an additional separate complaint for the purposes of counting the number of customer complaints received and action taken or not taken.

## **8. External review**

If a complainant is aggrieved about the final departmental decision on the internal review, the complainant may seek a review of the decision to an appropriate external body if the matter is of a type that can be considered by that entity.

For example, if the nature of the complaint involves alleged maladministration, the Office of the Queensland Ombudsman is an appropriate entity to receive that type of complaint. If the nature of the complaint involves an alleged breach of human rights, the Queensland Human Rights Commission is an appropriate entity to receive that type of complaint.

If the decision is one of an administrative character that has been made under an enactment, or a non-statutory scheme or program involving funds appropriated by Parliament, the complainant may seek judicial review of the

decision from the Queensland Supreme Court pursuant to the [Judicial Review Act 1991](#). The department will co-operate with any entity that is authorised to review a decision made by the department. Strategy, Governance and Risk will coordinate any requests for information.

## 9. Responding to unreasonable complainant conduct

When making and working with the department to address a complaint, the complainant's conduct must be reasonable.

There is no obligation upon an employee to continue to interact with a customer who is verbally or physically abusive or threatening. Under the department's [Stakeholder Engagement Charter](#) an employee can disengage from those who abuse or cause offence. If de-escalation of a customer's behaviour is unsuccessful or not viable, the interaction should be terminated with the customer invited to reengage when reasonable behaviour is exhibited. The department's policy and procedure on [Preventing and Responding to Work-Related Violence](#) provides information on managing verbally or physically abusive and threatening behaviour.

As well as physical or verbal abuse or threatening behaviour, unreasonable complainant conduct may include:

- persistence – prolonged unreasonable contact, which significantly impacts employee time or resources
- demands – issuing unreasonable instructions, escalations, or expectations of outcomes
- lack of cooperation – providing insufficient or irrelevant details, or actively hindering the complaints process
- arguments – irrational, false, inflammatory and defamatory complaints, not supported by evidence
- behaviour – conduct which compromises the health, safety, or security of employees or others.

If a complainant conduct is unreasonable, the subject matter expert dealing with the complaint should discuss the complainant's behaviour with the complaint management representative to determine a proposed course of action.

Action could include:

- restricting the times for and or frequency of contact
- designating a single officer with whom the complainant may have contact, such as a manager
- nominating the acceptable form of contact, for example, email communication to a central mailbox
- where a complainant has already exhausted review avenues, advising no further correspondence about the matter will be entered into and that further communication about those matters will be noted and filed.

Once a proposed course of action has been determined, the subject matter expert dealing with the complaint should submit this proposed course in writing for approval from an SES-level line manager, providing a copy of the correspondence to the complaint management representative. If the proposed course of action involves a total exclusion of the complainant from access to the department, whether physical or via communication, Deputy Director-General approval must be sought.

The SES-level line manager or Deputy Director-General must consider the impact of the proposed course of action on the complainant's human rights when deciding to approve this action. The impact on the human rights must be documented along with the reasoning for restricting these rights.

The SES-level line manager or Deputy Director-General must communicate their decision in writing to limit a complainant's contact with the department. It is the responsibility of the subject matter expert dealing with the complainant to draft this correspondence.

The Queensland Ombudsman offers training for managing unreasonable complainant conduct. This training can be access [here](#).

## 10. Monitoring, reviewing and reporting

### ***Complaints monitoring and reporting***

Strategy, Governance, and Risk is responsible for capturing details of all customer complaints in the department's Customer Complaint Register. Complaint Management Representatives should maintain an awareness of complaints being managed within their business group, and it is recommended that some recording database is maintained.

Using information in from the Customer Complaints Register, Strategy, Governance, and Risk will monitor and aim

to identify trends and systemic issues to inform business and service delivery improvement. These improvements will focus on improving the customer experience and reducing the reoccurrence of a similar complaint wherever possible. Trends may include:

- the nature/trends of complaints
- the geographic or organisational location of complaints
- anomalies in complaint numbers/patterns
- characteristics of complainants – what they have in common.

Based on this monitoring, Strategy, Governance and Risk is responsible for producing a quarterly Customer Complaints Report. The report will cover details of complaints received and actioned within a quarter, and summarise actions taken, as well as any trends or systemic issues identified. The quarterly report will be provided to relevant departmental governance committees as part of their management of related enterprise risks for noting. The Audit and Risk Committee considers customer complaints on a six-monthly basis, or where required by exception, as part of its assurance activities, and Strategy, Governance, and Risk will prepare a consolidated report for noting.

Strategy, Governance, and Risk is also responsible for meeting the department's obligation for publishing its complaint data in its annual report by 30 September each year and making this information available on its external facing website. Within its annual report, the department is required to publish:

- details of any actions taken during the reporting period to further the objectives of the Human Rights Act 2019
- the number of human rights complaints received and the outcome of those complaints.

Further information about the reporting of customer complaints and human rights complaints and their outcomes is contained in Appendix 4.

#### **Customer complaint management review**

Strategy, Governance, and Risk are responsible for ensuring the periodic review of business group procedures, systems, and resources to guide a high quality and professional customer complaints management function.

As part of these reviews, Strategy, Governance, and Risk may request access to complaints information held by business groups. Review steps may include:

- a review of these procedures
- consultation with staff and management
- feedback from customers and complainants about the process
- auditing a sample of complaints from different stages for compliance with the framework, policy and procedures and assess the reasonableness of outcome and implementation of systemic improvements.

Recommendations from periodic reviews may result in but are not limited to recommendations for:

- staff training
- business and approval process improvement/changes
- clarification of roles in complaint management
- a focus on reducing resolution timeframes
- efficiencies for reporting complaint data.

## **11. Related documents and references**

- *Public Sector Act 2022* (Specifically Part 9 Complaints Management System)
- *Right to Information Act 2009* (Specifically Part 8 Internal Review and Part 9 External Review)
- *Victims' Commissioner and Sexual Review Board Act 2024*
- *Human Rights Act 2019* (Specifically Division 2 Human rights complaints)
- Human Rights – Guide: Handling Human Rights Complaints
- Complaints Management Framework
- Customer Complaint Policy
- Employee Grievance Resolution Policy and Procedure
- Public Interest Disclosure Policy and Procedure
- Information Privacy Complaint Management Procedure

- Complaints about the Director-General Policy
- Stakeholder Engagement Charter
- Fraud and Corruption Control Policy

## 12. Definitions and glossary of terms

The words and meanings defined below are for the purpose of this policy and procedure only.

<b>Business group</b>	A unit of organisational management within the department.
<b>Complainant</b>	The customer who makes the complaint
<b>Complaint Management Representative</b>	An employee nominated by a business group Deputy Director-General to be the key contact point for Strategy, Governance, and Risk for the purpose of managing complaints within the business group.
<b>Conflict of interest</b>	A conflict between a public official's duties and responsibilities in serving the public interest, and the public official's personal interests (including interests of the public official's partner and/or the public official's dependents), which can arise (or reasonably be perceived to arise) due to avoiding personal losses, as well as gaining personal advantage, whether financial or otherwise.
<b>Corrupt conduct</b>	The meaning given under s15 <i>Crime and Corruption Act 2001</i> (Qld).
<b>Customer complaint</b>	Same as s264(4) <i>Public Sector Act 2022</i> (Qld). A complaint about the service or action of a department, or its staff, by a person who is apparently directly affected by the service or action.
<b>Decision-maker</b>	The officer responsibility for reviewing and approving the outcome of the investigation. For minor complaints this may be the same officer as the investigator.
<b>Directly affected</b>	A person is considered directly affected when they have an interest that is greater than an interested bystander, a decision or service that affects a person personally rather than generally as a member of a community and that if allowed to stand will impact them directly.
<b>Investigator</b>	The Subject Matter Expert responsible for investigating a customer complaint that has been assigned to them in line this procedure
<b>Manager, Complaints Management</b>	Officer within Strategy, Governance, and Risk responsible for the customer complaint function
<b>MECS</b>	The department's correspondence management system
<b>Respondent</b>	A person who is the subject of a complaint
<b>Strategy, Governance, and Risk</b>	Business unit located within Corporate responsible for the customer complaint function described within the Customer Complaint Policy and this procedure
<b>Subject Matter Expert</b>	The staff member responsible for managing and resolving the complaint and includes decision makers.

### 13. Approval

Signed:  ..... <b>Graeme Bolton</b> Director-General Department of Agriculture and Fisheries  Date: 19/07/2024
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### 14. Version history

Date	Version	Action	Comments
19/07/2024	4.00	Approved policy and procedure for DAF	Updated to reflect revision of the complaints management system within the department
29/01/2024	3.00	Approved policy and procedure for DAF	Updated to reflect critical updates to comply with QG Complaints Management Framework and Guideline
13/01/2020	2.00	Approved policy and procedure for DAF	Replaced the Service Delivery Complaints Management Procedure. Ensured the policy and procedure complied with the <i>Human Rights Act 2019</i> .
23/09/2015	1.00	Endorsed DAF and DTESB procedure	Combined DEEDI and DTESB Service Delivery Complaints Management Procedures into BCP template for DAF and DTSEB.

### 15. Keywords

CHA/2024/6656; complaints; code of conduct; service delivery complaints; natural justice; visibility; access; responsiveness; assessment; complainant; respondent; complaint resolution; resolution; investigation

## Appendix 1 Checklists to assist assigned officers and decision-makers

### Stage 1. Early Resolution – Frontline/local employees’ procedures and guidance:

Early Resolution	Action to be taken	Responsibility	Completed
Provide assistance	Consider any assistance to the complainant to lodge the complaint.	Front-line officer	
Explain the process	Provide detail on complaints process to complainant.	Front-line officer	
Resolve the complaint	Is the complaint within DAF jurisdiction or legislative responsibilities? If not, complaint is to be declined and advice provided on alternative jurisdiction to respond to the complaint. If eligible for resolution, select and action an appropriate remedy.	Front-line officer	
Report and record	Where practical, complaint details are to be retained, as part of DAF’s business operations. Registers include local level recording arrangements such as business group spreadsheets.	Front-line officer	
Refer	Where a customer complaint cannot be immediately resolved, refer the complaint to Strategy, Governance, and Risk through the <a href="mailto:customercomplaints@daf.qld.gov.au">customercomplaints@daf.qld.gov.au</a>	Front-line officer	

### Stage 1. Moderate and major customer complaints

Initial Assessment	Action to be taken	Responsibility	Completed
Receive	Confirm receipt of complaint – verbal or written with reference number.	Strategy, Governance, and Risk	
Provide assistance	Consider any assistance to the complainant to lodge the complaint and collect any additional information to assist with the assessment process.	All officers	
Manage expectations and process	Address any expectations by complainant or other parties and communicate what process will be followed.	All officers	
Escalate as appropriate	Notify the appropriate level of management according to the severity/implications of the complaint.	All officers	
Conduct preliminary enquiries / investigation to determine what further action is required	Confirm background information that can be used to further investigate or review. Determine how complaint is to be managed and who is to be involved. Obtain approval to proceed as proposed.	Subject Matter Expert allocated complaint	
Considerations when no further action is proposed	If complaint is not within DAF jurisdiction – inform complainant of alternate jurisdiction. Further investigation or review is unnecessary or not justified due to an absence of merit to the claims; complaint is a continuation of a previous complaint which has already been finalised and no new evidence has presented to re-open; it is not feasible to investigate due to the passage of time since the alleged events occurred, lack of relevant witnesses etc.; no practical resolution to the problem is available. Complaint is trivial and/or inconsequential or lacking in substance with no feasible avenue for resolution.	Strategy, Governance, and Risk/Subject Matter Expert allocated complaint	

Initial Assessment	Action to be taken	Responsibility	Completed
Outcome of assessment	Complaint is not amenable to further action due to stated reason/s. Matter is finalised and communicated to complainant.  Further action is required, e.g. investigation; detailed review. Parties to complaint are informed of outcome of initial assessment and proposed course of action.	Subject Matter Expert allocated complaint	
Document and Record	Document trail is maintained; incoming and outgoing correspondence is recorded in MECS with restricted access as appropriate.	Either Customer Management Representative or Subject Matter Expert	

## Stage 2 - Customer complaints – internal review.

Internal Review	Action to be taken	Responsibility	Completed
Provide assistance	Acknowledge receipt of request for review.  Consider any assistance to be given to the complainant to ensure clear statements are collected regarding the dissatisfaction about the initial decision and collect any additional information to assist with the review process.  Provide details on the review process to all parties involved.	All Officers	
Designating an Assigned Officer for internal review	The internal reviewer is at least an Executive Director, equal to or more senior than the initial decision-maker; has no conflict of interest in performing the task; is capable and capable of overturning the original decision or taking remedial action.	Strategy, Governance, and Risk	
Assess the grounds for the request for internal review	The grounds for the request for internal review are understood. Examples of grounds for requesting review may be: <ul style="list-style-type: none"> <li>reported facts are incorrect that have materially influenced the decision</li> <li>relevant considerations have been ignored and/or irrelevant considerations have been made</li> <li>procedural fairness has not been extended and therefore relevant additional information has not been considered</li> <li>the stated reasons for decision cannot be reasonably concluded on the established and agreed facts of the matter.</li> </ul>	Strategy, Governance, and Risk	
Conducting the internal review	Examine primary documents including the complainant's latest submission and any previous outcomes and associated records.  Additional information sought if the information is relevant to the considerations before the decision-maker.  Initial decision-making process has been reviewed and any deficiencies in the process have been corrected.  All parties have been notified of any new or	Officer assigned as Internal Reviewer	



Internal Review	Action to be taken	Responsibility	Completed
	critical/adverse issues are now being considered. Reasonable opportunity is to be given to the parties to respond to any potentially adverse finding/decision before a final decision is reached.		
Outcome and remedies	Decision on the review may be: <ul style="list-style-type: none"> <li>• that the initial decision is confirmed and remains the departmental position</li> <li>• the initial decision is confirmed but an alternative remedy is offered</li> <li>• the complaint's appeal is partially or fully upheld and a new decision replaces the previous decision</li> <li>• the new decision may apply the same or different remedy.</li> </ul>		
Communicating the outcome	The parties to complaint and relevant departmental officers involved are advised of the outcome, the reasons for the decision, and the avenues for external appeal if a party remains aggrieved at the decision.		
Implementing and recording remedies	Any new or different remedies are implemented and recorded. The complainant is notified when the remedy has been implemented and the matter has been finalised.		
Closing the complaint	Documents have been secured and correspondence recorded in MECS with restricted access as appropriate. Complaint has been registered in the local business area and counted as one where further action was taken.		

## Appendix 2 Customer Complaint Register Dataset

- Complaint reference number
- Date the complaint was received
- Name of Complainant
- Address of complainant
- Contact number for the complainant
- Type of complaint
- Summary of the complaint (250 characters)
- Action sort from complaint
- Date written acknowledgement sent
- Investigating Business Group
- Subject Matter Expert investigating complaint
- Investigation summary (250 characters)
- Investigation outcome
- Outcome type
- Authorising officer
- Date written outcome of investigation sent
- Actions to be taken
- Date action to be taken by
- Date actions completed
- Date internal review requested
- Internal reviewer
- Internal review summary (250 characters)
- Internal review outcome
- Internal review outcome type
- Authorising officer
- Date written outcome of internal review sent
- Actions to be taken
- Date action to be taken by
- Date actions completed
- Date external review requested
- External review outcomes summary (250 characters)
- Date department received external review outcomes
- Actions to be taken
- Date action to be taken by
- Date actions completed.

## Appendix 3 Investigation report: suggested headings

<b>Executive summary</b>
<b>Terms of Reference</b>
<b>Background</b>
<b>Investigation summary/methodology</b> <i>Decision on who to interview, the list of interviews conducted, and documents examined.</i>
<b>Allegations</b> <i>For each allegation, include the following sub-headings and provide details:</i> a. <i>Summary of evidence</i> b. <i>Analysis of evidence</i> c. <i>Findings and reasons</i>
<b>Summary of findings</b>
<b>Recommendations</b> <i>(Insert if relevant)</i>
<b>Attachments</b> <i>Attachments, including all documents relied on by you and any relevant policies and procedures, should be indexed and numbered in the order they are referred to in the investigation report (e.g. 'Attachment 1'), and attached.</i>

## Appendix 4 Reporting Obligations

### 1. Reporting Customer Complaints – Section 264 of the *Public Sector Act 2022*

By 30 September after each financial year, the chief executive of the department must publish the following information for the financial year on the department's website—

- (a) the number of customer complaints received by the department in the year
- (b) the number of those complaints resulting in further action
- (c) the number of those complaints resulting in no further action.

NB. For the purposes of reporting, a request for an internal review of an initial departmental decision on a customer complaint will count as an additional and separate complaint resulting in either further action or no further action.

### 2. Reporting Human Rights Complaints – Section 97 of the *Human Rights Act 2019*

Recording complaints and outcomes with sufficient detail is important for identifying trends within an agency, including whether there are particular areas or practices that result in more human rights complaints than others.

In each annual report, the following information must be included:

- activities during the reporting period that further the objects of the *Human Rights Act 2019*
- human rights complaints received, including:
  - the number
  - the outcome
  - any other information prescribed by regulation relating to complaints.
- reviews of policies, programs, procedures, practices or services for their compatibility with human rights.

To meet these requirements, departmental business areas should record:

- details of each human rights complaint
- actions taken in dealing with the complaint
- the outcome of all complaints
- improvements in services, policies or procedures made as a result of the complaint

NB. For the purposes of reporting, a request for an internal review of an initial departmental decision on a human rights complaint will count as an additional and separate complaint resulting in either further action or no further action.