

# Complaints Handling Policy

## Version 1.2 – July 2022

Version	1.0
Version date	11 July 2022
Approval date	12 September 2022
Approved by	CEO
Next review date	July 2024
Review frequency	Every 3 years
Related Peoplecare policies/ procedures	<ul style="list-style-type: none"> <li>• Peoplecare Ex-Gratia Policy</li> <li>• Peoplecare Privacy Policy</li> </ul>
Related legislation/ standards	<ul style="list-style-type: none"> <li>• Private Health Insurance Act 2007</li> <li>• Australia's anti-discrimination laws</li> <li>• Competition &amp; Consumers Act 2010</li> <li>• Privacy Act 1988 &amp; the Australian Privacy Principles</li> <li>• International Standard AS/NZS 10002:2014 Customer Satisfaction – Guidelines for Complaint Management in Organisations</li> <li>• The Private Health Insurance Code of Conduct</li> <li>• NSW Health Records Act</li> </ul>
Policy owner	Melissa Jones, Head of Operational Enablement
Scope	Board of Directors Management and Staff

This policy is scheduled for review every 3 years as part of Peoplecare's standard review cycle, unless legislative or prudential requirements or risk events require it to be reviewed earlier.

## **1. Purpose**

This document outlines Peoplecare's policy for the process of resolving complaints. The purpose of this policy is to:

- a. increase the satisfaction of members, consumers and third parties who deal with Peoplecare;
- b. be transparent and protect members' rights, including their right to make comments and complaints;
- c. ensure we are efficient, fair and easy to contact for dealing with complaints;
- d. provide accurate, timely and relevant information about complaints and how they are being handled; and
- e. continue to improve our products and services by monitoring and reporting on all complaints.

## **2. Scope**

This policy applies to all employees of Peoplecare, including senior management and the Board of Directors, and to all problems, grievances and disputes received from members.

## **3. Risks Covered in this Policy**

This policy applies to all employees of Peoplecare, including senior management and the Board of Directors, and to all problems, grievances and disputes received from members.

## **4. Risks Covered in this Policy**

The policy addresses risks associated with member satisfaction, protecting member's rights, ensuring Peoplecare is efficient, fair and easy to contact. The requirements under this policy represent significant mitigation controls against the above listed risks.

## **5. Guiding principles**

### *4.1 People Focus*

We're committed to a quick and fair resolution of all complaints. Complaints provide an opportunity to improve our products, services and processes and all staff recognise a complainant's right to make a comment or complaint. With this in mind, staff will actively ask for feedback when talking to members, agents and other parties.

People making a complaint will be actively involved in the complaints process, and treated with respect at all times.

### *4.2 No Detriment to Complainant*

Peoplecare will take all reasonable steps to ensure that complainants are not adversely affected because of a complaint made by them or on their behalf.

### *4.3 Visibility and Transparency*

Our policy for handling complaints will be displayed clearly in printed material (like brochures and cover descriptions), on our website.

#### 4.4 Accessibility

Any person or group making a complaint will be able to contact all levels of staff at Peoplecare, subject to following due process as described below.

Complaints can be made in any way that the member is comfortable with as follows:

- a. by phone to 1800 808 690
- b. by fax to 1300 673 405
- c. by email to [info@peoplecare.com.au](mailto:info@peoplecare.com.au)
- d. by letter to Locked Bag 33, Wollongong DC NSW 2500; or
- e. face to face at our Wollongong or Westernport offices.

Complaints to Peoplecare are classified as:

- *Complaint* - any expression of dissatisfaction with a product or service that is offered or provided. A complaint will be classified into Level 1, 2 or 3 as noted below for recording and reporting purposes.
- *Complaint - Level 1 (grievance)* - complainant contacts the fund and expresses concern about any aspect of their membership, however no specific action is needed as the fund rules/policy have been applied correctly. The member is advised of the fund rules/policy and is accepting of the explanation.
- *Complaint - Level 2 (problem)* – complainant contacts the fund and expresses concern about any aspect of their membership and is not satisfied with the explanation. This requires further action by a staff member or referral to a team leader/manager. A resolution will usually be found at this point and put into place.
- *Complaint - Level 3 (dispute)* – complainant contacts the fund and expresses concern about any aspect of their membership and is not satisfied with the explanation by a staff member or a manager. This needs to be referred to the CEO.

A complainant will begin their contact with a Customer Service Consultant (CSC) either by phone, email, through our Online Member Services, post, fax or face-to-face, and our CSC will use their best endeavours to resolve the complaint straight away.

If they aren't able to resolve the complaint, they will refer it to a Team Leader and, if necessary, it will be escalated to the Service Delivery Manager. Any unresolved complaints will be further reviewed by a member of the executive team, and finally the CEO.

If this does not resolve the matter, the complainant will be made aware of their right to take their complaint to the Private Health Insurance Ombudsman:

Private Health Insurance Ombudsman  
Telephone – 1300 737 299  
Email – [phio.info@ombudsman.gov.au](mailto:phio.info@ombudsman.gov.au)  
Internet – [www.privatehealth.gov.au](http://www.privatehealth.gov.au)

We recognise the diversity of our membership and aim to resolve complaints in a way that meets the needs of each individual's needs. If specialist services are needed (like language or interpreting services), we will provide them to make sure that the complaint is resolved in a way that satisfies all parties.

#### 4.5 No charges

Peoplecare will not charge a fee to a member who lodges a complaint.

#### *4.6 Responsiveness and Communication*

Peoplecare will respond quickly to all complaints, and:

- a. acknowledge receipt of the complaint within 2 days;
- b. keep the member informed and provide a progress report of the complaint each 7 days until resolved (or at another time if agreed to by both parties). The member will be provided with access to this and relevant components of other Peoplecare policies that are appropriate to their complaint;
- c. notify the complainant or the complainant's representative of the outcome and the reasons for the outcome upon resolution.

All employees at Peoplecare are responsible for handling complaints effectively. The employee who first receives the complaint has the authority to resolve it (subject to Peoplecare's Delegations Policy) and will keep the complainant updated throughout the process.

#### *4.7 Objectivity, Fairness and Equity*

Complaints will be dealt with objectively, without bias and in an equitable manner. Peoplecare's Complaint Management System continually tracks progress of the complaint and escalation unresolved complaints internally if required.

#### *4.8 Privacy and Disclosure*

Peoplecare will ensure that personally identifiable information about a member is handled in accordance with the Peoplecare Privacy Policy and the Australian Privacy Principles.

AUTHORISED BY:



CHIEF EXECUTIVE OFFICER  
DATE: 12 September 2022

Version	Date	Author	Approved by	Distribution	Comments
1	March 2017	D. Cairney, D Vujic	Board of Directors	Board, website, Members on request, Peoplecare Management	Minor updates as a result of the standard change
1.1	March 2019	A. Mulrooney, B. Wright	Board of Directors	Members, website	Update CEO details, no other changes required.
1.2	July 2022	M. Jones, Head of Operational Enablement	CEO	Board, Management & Staff	3-yearly review, updating in accordance to new style guide and aligning with roles under new mission model. Merge of Staff and Member facing policies.