**[Complaints Self-Assessment Tool](https://www.mhcc.vic.gov.au/complaints-self-assessment-tool)** – ref stage 1

Engagement material  
**Stage 1: Making a complaint**   
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# **Discussion points**

* How would you define the differences between (1) raising a concern (2) identifying/fixing a problem (3) making a complaint?
* Is this effectively communicated to, and understood by, consumers/carers and all staff?
* Do you have a deidentified example of a resolved complaint that could work as a clear model for people?
* Consumers/carers often have a mistaken perception that Lived Experience staff are not allowed to or discouraged from helping them make a complaint
* How could a consumer or carer’s trusted longstanding rapport with a staff member (e.g. key clinician, contact nurse, peer support worker) be used to facilitate making a complaint?
* How can frontline staff reframe complaints as valuable lived experience perspectives which can be used to improve services, rather than a negative process?
* What are some sources of complaint hesitancy identified in your service? How might they be addressed, and who needs to be involved in this?

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# **Constraints**

* There may not be staff or budget capacity to develop targeted resources/training to support making a complaint
* Budget, staff time and training limitations may not be sufficient to allow the development of collateral and communications that is supported by targeted interventions, education, promotion and outreach
* The current risk-assessment framework (complaints as isolated incidents) does not combine or compare complaints data with other feedback instruments to drive measurable quality improvement
* Frontline staff are under significant time pressure to balance workload across a range of areas and duties
* Service staff may have concerns that involving other staff, or providing extra support, may interfere with the integrity of a complaint
* Staff may fear not being kept safe and supported by the service through the complaints process, and may thus avoid initiating/collaborating on a complaint
* Lived Experience staff are not always available, or have the time-capacity, to support those making a complaint

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# **Barriers**

* Consumers often fear that making a complaint could be (mis)interpreted as a symptom of their mental illness
* Consumers also often fear that making a complaint could trigger repercussions (or perceived reprisals)
* Consumers/carers have expressed concern that anonymous complaints are not investigated or taken as seriously as other complaints.
* Consumers/carers may also a fear a complaint may result in collateral damage or unintended consequences for staff or people not involved in the issue.
* Staff may feel under pressure to minimise issues in order to avoid progression to a formal complaint
* People may be deterred from making a complaint if they do not see examples of how services respond to complaints and concerns by addressing them and making improvements.
* Vulnerable, marginalised cohorts (ATSI, CALD, LGBTQI+, Aged, trauma histories, low literacy, hearing/speech impaired) may be more hesitant than others to make complaints due to cultural safety concerns, practical impediments and/or a history of discrimination.

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# **Advice**

* Any staff receiving complaints (and preferably any feedback/complaint form itself) to clearly communicate:
  + anonymity is an option
  + confidentiality is strict and complete
  + info-sharing among staff is on a ‘need to know’ basis
  + help in making a complaint is available
  + everyone has an absolute right to complain
  + complaints are not filed in medical records
  + a complaint will not negatively affect care
  + concerns will be addressed fairly and objectively
  + complaints help improve the service for everyone
  + ask about any desired outcome from the complaint
  + ask if a response is wanted, and how, and from whom
  + give response timeframes
* Accommodate and support verbal as well as written complaints to support those who may face barriers to making a complaint (on-the-spot and later: e.g. email/letter)
* Solicit the story, check facts and scribe if that is the preferred option
* Check if people who complain need extra support, and what/who would help (now and through the handling/response process)
* All staff to be trained in communication and engagement practices to support their approach to facilitating complaints from consumers and carers
* During their care, people to be assured more than once, in multiple ways, by multiple staff, of their right to complain or give feedback

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