**[Complaints Self-Assessment Tool](https://www.mhcc.vic.gov.au/complaints-self-assessment-tool)** – ref stage 2

Engagement material  
**Stage 2: Ways to complain**   
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# **Discussion points**

* Is there adequate communication and promotion of why, when and how to complain? [e.g. icon]
* Brainstorm some of the benefits/risks of official feedback/complaint forms *versus* other ways to complain and who they might better suit:
* in person to staff
* via email
* in writing
* via phone
* via website
* via social media
* Consider this: you are an involuntary inpatient on high-dose anti-psychotic medication, recovering from recent ECT treatment, which way would you choose to complain, and why?
* Consider this: you are infuriated about something and needed to complain as soon as possible, which way would you choose, and why? And how many follow-up fact-finding questions from staff would you feel were suitable before being frustrated or feeling your privacy was at risk?
* And what format would you want service acknowledgement/receipt to be in?
* If there are no posters advising about ways to complain, why not? This is crucial to overcoming complaint hesitancy.
* Are carers, family members, partners, support people, Nominated Persons and advocates all aware that they can make a complaint on behalf of a consumer, using any of the different methods, and be supported by any staff to do so? And is their specific relationship to the consumer included in the complaint records?

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# **Constraints**

* Communications staff may not have the training, time, expertise or confidence to identify, formalise and appropriately refer complaints via website, social media or email, or to monitor these at all times
* Frontline, administrative, clinical and allied health staff may not have the training, time, expertise or confidence to do this with complaints via phone, email, social media or from face-to-face conversation
* Frontline staff may not have the time or focus to ask necessary fact-finding questions to scribe onto a form
* Hospital feedback forms are more focussed on physical rather than mental health concerns, and do not use mental health concepts and language
* Quality improvement staff may be unwilling to accept/process ways to complain that are informal or not on a feedback form
* Communications departments may be unwilling to sufficiently highlight feedback or complaint pathways in the content hierarchy and navigation of service websites, or to support a dedicated complaint email address

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# **Barriers**

* Those who complain may wrongly assume that fully completing a feedback form is the only official way to complain
* They may be unaware that they can modify or attach extra content to forms, or leave some sections (like identifying details) out
* They may feel that some ways to complain (email, social media, phone) will prevent anonymity, compromise confidentiality or limit complaint/investigation effectiveness
* Many service websites do not offer downloadable feedback forms, or simple online complaint forms, or these are too difficult/time-consuming to locate
* Many service websites do not feature ‘Feedback/Complaints’ as a main menu or searchable item, or locate it in counter-intuitive places, or under service-specific jargon headings, or with insufficient context or advice
* “Post-boxes” or other feedback-collection containers, and blank form sources, are often difficult to find in waiting rooms or reception areas, ineffectively signposted, or lost in a jungle of brochure displays

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# **Advice**

* Use plain English that is clear and easy to understand in communication and forms
* Use visual design for easier understanding and better engagement
* Within practical constraints, maximise the ways to complain, and staff capacity to support these
* Accommodate and support the widest range of literacies, across multiple ways to complain if needed (e.g. transcribing an email into a feedback form)
* Include complaint-de-escalation information: the option of just speaking to someone, and who this might be
* Also include complaint support information: who on staff (including Lived Experience workers), or in their life (carer/family/friend/advocate), can help people make a complaint
* And include a confirmation that extra material can be attached to any form
* Reassure everyone that they can take a form away to complete and submit later, and can use other ways to complain at a later time too
* Explicitly assure everyone that, even if they have not used an official form, their complaint will still be fully-recorded, logged and investigated, and arrange a method for any follow-up questions if more information is needed
* Feature ‘Feedback’ as a main/high-level menu item on your website, with at least a downloadable feedback/complaint form on the main webpage, ensuring it’s quick to find with as few clicks as possible
* In website and other public-facing communication and collateral, avoid jargon or technical terms and instead use plain English
* Consider the health literacy benefits of using accessible and clear visual communication or graphics in any form, brochure, poster, website and social media to make it easier to understand for different literacy levels as well as people from culturally and linguistically diverse backgrounds

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