



## **COMPLAINTS POLICY**

### **1. PREFACE**

To ensure prudent administration, risk management and governance, Police Health maintains a register of approved policies.

These policies are reviewed regularly, but not later than the review date specified in this policy.

### **2. DEFINITIONS**

*Complainant* means a Contributor, dependent, provider or any third party making a complaint.

*Complaint* means an expression of dissatisfaction about a product, advice or service offered or provided, where a response or resolution is explicitly or implicitly expected.

*Contributor* means the person registered as the Contributor for a health insurance policy, and who is responsible for payment of contributions of the policy.

### **3. INTRODUCTION**

This policy is used as a guideline for employees when handling problems, grievances and disputes. Adherence to this policy will:

- enhance customer satisfaction by creating a customer-focused environment;
- recognise and address the needs and expectations of complainants;
- provide an open, effective and easy-to-use complaints process;
- ensure review of the effectiveness and efficiency of the complaints-handling process; and
- enable analysis and evaluation of complaints to improve the product and customer service quality.

### **4. POLICY**

#### **4.1 Commitment**

Police Health understands and recognises the right to complain and is committed to enhancing its reputation through improving the quality of its products, services and processes.

## 4.2 Fairness

Police Health's complaints-handling process recognises the need to be fair to both the complainant and any third party or person against whom the complaint is made. The complainant has the right to:

- be heard;
- know whether Police Health's relevant product and service guidelines have been followed;
- provide and request all relevant material to support the complaint provided this does not breach privacy requirements or any law;
- be informed of the response to their complaint;
- be informed of Police Health's decision and the reason for this decision; and
- know that their complaint is being reviewed independently, where appropriate.

Police Health or the person about whom the complaint is made has the right to:

- collect sufficient information about the complaint to enable a thorough investigation of the complaint; and
- be informed of the decision and the reasons for the decision.

## 4.3 Resources

Employees are an important resource in the complaints-handling process. Police Health will ensure employees are adequately trained and provided with sufficient support to handle complaints appropriately.

New employees undergo initial training in Police Health's complaints-handling process as part of their induction process. Police Health regularly reinforces and updates training as required.

Police Health will maintain a comprehensive system that will allow for the efficient recording, tracking, monitoring and reporting of all complaints.

## 4.4 Visibility

Police Health acknowledges that information on how and where to complain should be well publicised. This policy will be promoted internally for employees and externally for Contributors, dependents, providers and other third parties. This policy will be promoted in written material and on the Police Health website.

## 4.5 Access

A complaint may be made by:

- Calling a Customer Service Officer on Adelaide local (08) 8112 7000 or, for other areas, 1800 603 603.
- Face to face at Police Health's Office, Level 1, 339 King William Street, Adelaide.
- Email to [enquiries@policehealth.com.au](mailto:enquiries@policehealth.com.au)
- Facsimile message to (08) 8112 7099.

- Post to Police Health, PO Box 6111, Adelaide, SA, 5000.

Customer Service Officers are trained and have authority to deal with general complaints and will attempt to resolve the complaint immediately. If the complaint cannot be resolved, further information may be sought and/or the complaint may be referred to more senior personnel. The complainant will be advised of the escalation process.

Should the complainant not be satisfied with the response, the complainant can provide additional information and request a review.

Where the complainant is not satisfied with the outcome, the complainant may refer the matter to the Private Health Insurance Ombudsman.

#### **4.6 Assistance**

Police Health endeavours to resolve complaints by appropriately addressing an individual's particular needs. Police Health will engage specialist services appropriate to the individual to achieve a satisfactory resolution for all parties e.g. language or interpreting services.

#### **4.7 Responsiveness**

Where a complaint is not immediately resolved, Police Health will:

- for email and face to face complaints, acknowledge the complaint within 24 hours (standard business week) of receipt of the complaint and outline the complaints-handling process and endeavour to resolve the complaint within 5 business days;
- for written complaints received by facsimile or post, acknowledge the complaint within 5 business days of the complaint and outline the complaints-handling process;
- contact the complainant on a regular basis, commensurate with the nature of the complaint, until the complaint is satisfactorily resolved; and
- where the complaint is referred or escalated during the process of resolution, the complainant will be informed.

#### **4.8 Charges**

Access to the complaints-handling process is generally free of charge to the complainant, but Police Health reserves the right to recoup administrative costs incurred where it is determined that Police Health was not at fault. Any potential recouped costs must be discussed and agreed with the complainant before costs are incurred.

#### **4.9 Remedies**

Police Health will provide a fair and reasonable remedy for each complaint. The remedy may include:

- an explanation;
- a claim adjustment where an error was made in the payment of a benefit;
- a contribution refund where an error was made in applying a contribution payment;
- a written or verbal apology where an error was made or service standard not met;
- the provision of information such as the clarification of benefit entitlements;

- an ex-gratia payment that Police Health determines is appropriate given the unique circumstances; or
- any other appropriate remedy not covered above that will result in the satisfactory resolution of a complaint.

#### **4.10 Data Collection**

A communication system captures information about each interaction with Contributors, dependents, providers and any other third parties including complaints. Each complaint is recorded in the Communications Register and, as a consequence, data is collected and stored to enable the handling of the complaint and to allow monitoring of performance.

#### **4.11 Systemic and Recurring Problems**

Police Health is committed to continually monitoring its performance in handling complaints to ensure organisational objectives are met. Any identified systemic and recurring problems will be addressed through appropriate action.

#### **4.12 Accountability**

Police Health's employees have been trained to handle complaints and accept responsibility for effective complaints handling. Employees will receive feedback on the outcomes of complaints with the aim of improving customer satisfaction and service.

#### **4.13 Review**

Managers will review records of complaints received to ensure that a satisfactory solution to the complaint was reached and will review the complaints-handling process at least annually to ensure that it is delivering fair and reasonable outcomes.

#### **4.14 Complaints Handling Procedure**

All complaints, both oral and written, will be recorded in Police Health's Communications Register. All employees receiving a complaint will recognise and acknowledge a person's right to comment and/or complain.

##### **Oral Complaints**

The steps in processing an oral complaint include:

- the Customer Service Officer clearly identifying themselves, listening and empathising with the complainant in a courteous manner and determining what the complainant wants;
- the Customer Service Officer confirming the details received and endeavouring to resolve the complaint;
- where the information is insufficient to resolve the complaint, seeking further information and resolving the complaint;
- where the complaint cannot be resolved, reaching agreement on alternative courses of action, including referral to more senior personnel, without creating expectations;
- recording the details of the complaint in Police Health's Communications Register;

- the referee seeking further information (orally or in writing) to resolve the complaint if required and aiming to ensure that the complaint is resolved or agreement reached on alternative courses of action, including referral to external dispute resolution processes, such as the Private Health Insurance Ombudsman;
- the complainant being kept informed of the progress of the complaint;
- providing acknowledgement of any resolution and or information given in writing if requested; and/or
- following up as appropriate and monitoring to ensure the complainant remains satisfied as well as receiving feedback.

### **Written Complaints**

The steps in processing a written complaint include:

- the Customer Service Officer contacting the complainant, either in writing or orally and acknowledging receipt of the complaint;
- for oral responses, the Customer Service Officer clearly identifying themselves, listening and empathising with the complainant in a courteous manner and determining what the complainant wants;
- confirming details received and endeavouring to resolve the complaint;
- where the information is insufficient to resolve the complaint, seeking further information and resolving the complaint;
- where the complaint cannot be resolved, reaching agreement on alternative courses of action, including referral to more senior personnel, without creating expectations;
- recording the details of the complaint in Police Health's Communications Register;
- the referee seeking further information (orally or in writing) to resolve the complaint if required and aiming to ensure that the complaint is resolved or agreement reached on alternative courses of action, including referral to external dispute resolution processes, such as the Private Health Insurance Ombudsman;
- the complainant being kept informed of the progress of the complaint;
- providing acknowledgement of any resolution and or information given in writing if requested; and/or
- as appropriate, following up and monitoring to ensure the complainant remains satisfied as well as receiving feedback.

#### **4.15 External Resolution**

Where the complainant is not satisfied with the outcome of the complaints-handling process, the complainant may refer the matter to the Private Health Insurance Ombudsman:

- writing to Suite 2, Level 22, 580 George Street, Sydney NSW 2000
- Freecall 1800 640 695
- via [www.phio.org.au](http://www.phio.org.au)

## **5. POLICY ADMINISTRATION**

Date Policy Approved:	19 November 2014
Policy Review Date:	31 December 2017