



Australian Government

Comcare

COMCARE COMPLAINTS HANDLING FRAMEWORK

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CONTENTS

| | |
|---------------------------------------------------------|-----------|
| Introduction..... | 2 |
| Definitions | 2 |
| Scope | 2 |
| In-scope..... | 2 |
| Out-of-scope | 3 |
| Principles | 4 |
| Culture..... | 4 |
| People | 4 |
| Complaint Handling Process..... | 5 |
| Acknowledge..... | 5 |
| Review..... | 7 |
| Plan..... | 7 |
| Assess | 9 |
| Respond | 9 |
| Follow up..... | 10 |
| Learn | 10 |
| Analysis | 11 |
| Complaint themes and trends | 11 |
| Unreasonable complainant conduct..... | 11 |
| Other Complaints..... | 12 |
| Anonymous complaints | 12 |
| Licensee and SRCC Complaints | 12 |
| Externally managed claims complaints..... | 12 |
| Complaints about the team | 13 |
| Independent medical examination complaints | 13 |
| Accountability and Responsibility | 15 |
| Flow Charts..... | 17 |

Introduction

Comcare values feedback and recognises that effective complaint handling reassures our stakeholders that we are committed to resolving issues, improving our service delivery and being accountable and transparent in our decision making.

Complaints are a valuable learning opportunity to continue to achieve high quality service delivery. We strive to have a positive impact in all areas of our work and are committed to continuous improvement and acting with integrity and respect.

The purpose of the Complaints Handling Framework (Framework) is to provide a consistent and comprehensive approach to the management of complaints across Comcare and ensure complaints are dealt with efficiently and effectively.

The Framework outlines the following fundamental elements of effective complaint handling:

- Principles
- Culture
- People
- Process
- Analysis

Each individual business area with responsibility for managing complaints should have their own Complaints Handling Manual and related process documents to manage complaints. The Framework should be read in conjunction with those documents.

Definitions

Negative feedback is negative information detailing dissatisfaction about some aspect of the service, functions or conduct of Comcare, or its representatives, that can be managed routinely by the Line Area and does not require a formal written response.

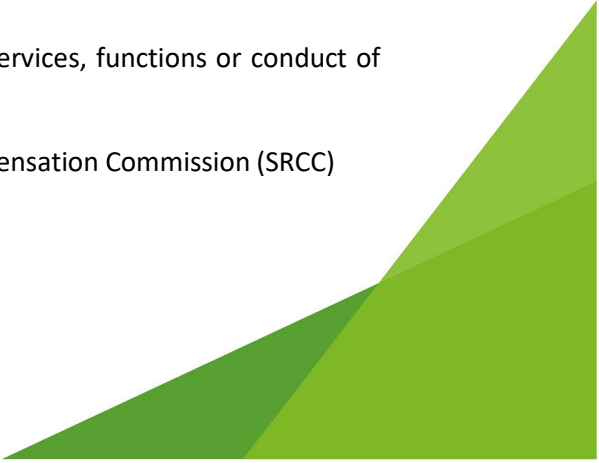
An **operational issue** is some aspect of Comcare's service delivery or functions that requires action, but the communication regarding the issue is not expressed as negative feedback or as a complaint and can be managed routinely by the Line Area.

A **complaint** is an expression of dissatisfaction about some aspect of the services, functions or conduct of Comcare, or its representatives, where a formal written response or resolution is explicitly or implicitly expected or legally required and cannot be managed routinely.

Scope

In-scope

This Framework applies to complaints regarding externally facing services, functions or conduct of Comcare, including:

- referred to Comcare via the Safety, Rehabilitation and Compensation Commission (SRCC)
 - received in relation to self-insured licensees
 - received in relation to externally managed claims
- 

- received in relation to an Independent Medical Examination (IME) or the conduct of a medical practitioner performing an IME
- made against Comcare staff.

Out-of-scope

This Framework does not apply to:

- request to review decisions under the *Safety, Rehabilitation and Compensation Act 1988* – These will be referred to the relevant Claims Management Group line area and the individual advised of their statutory review rights
- reviewable decisions under Part 12 the *Work Health and Safety Act 2011* or regulation 676 of the *Work Health and Safety Regulations 2011* – These will be referred to Regulatory Operations Group for internal review
- written requests that a prosecution be brought under s 231 of the *Work Health and Safety Act 2011* – These will be referred to Statutory Oversight for management of statutory timeframes, in conjunction with the Regulatory Operations Group
- complaints about operational decisions by the Regulatory Operations Group is managed by the line area in the first instance. The complainant will be provided with the option to escalate the complaint to the Statutory Oversight team for an independent assessment if the complaint cannot be resolved by the line area. Any escalation of complaints will be managed in accordance with the process in the Framework.
- complaints about a procurement conducted by Comcare, including a complaint under the *Government Procurement (Judicial Review) Act 2018* – These will be referred to procurement.complaintsofficer@comcare.gov.au
- allegations of fraud or corruption – These will be referred to the Finance and Assurance team
- complaints regarding Rehabilitation Providers – These will be referred to Provider Frameworks and RTW
- complaints regarding breaches of the Legal Service Directions – These will be referred to the Legal Practice Manager and managed under the Model Litigant complaint process
- complaints regarding breaches of privacy – These will be referred to Statutory Oversight to be handled, including notification to the Office of the Australian Information Commissioner where required
- complaints about the Seafarers Safety, Rehabilitation and Compensation Authority (Seacare Authority) or an employer or operator who comes under the Seacare scheme – These will be referred to Director Secretariat and Scheme Support Services to raise with the Seacare Authority Chairperson
- complaints about the Contact Centre will be managed by the Director of Contact Centre
- complaints of a more serious nature relating to suspected breaches of the code of conduct – The Line Area Director will be consulted and where appropriate these will be referred to and managed by the People, Property and Security team under procedures for determining a breach of the code of conduct
- Public Interest Disclosures (PIDs) – PIDs are referred to authorised officers for assessment.

The Claims Client Experience (CCE) team is responsible for triaging all complaints received by Comcare via Comcare's Feedback mailbox or by phone. Any complaints or enquiries not related to Comcare managed claims will be referred to the relevant team/s within one business day for assessment, in accordance with the process in the framework flowcharts.

If the CCE team receives a complaint that does not meet one of the above categories, but may be more appropriately handled by another area of Comcare or an external body, the Director of CCE will consult with the relevant Director of the business area or the external body to determine the best course of action.

Principles

The following principles underpin the Framework:

- **Fair** – Our assessments are impartial, confidential, and transparent. We build trusting relationships through treating people equally and with respect and demonstrate integrity through open and honest communication.
- **Accessible** – External stakeholders are aware of and can access the complaints process. We provide information about the complaints process and how complaints will be handled.
- **Responsive and respectful** – We are person-centric, responsive to the needs of all complainants and act professionally and with respect. We communicate regularly and keep people informed of the progress of their complaint and address the issues within agreed timeframes.
- **Efficient** – We resolve disputes promptly and with integrity, and handle complaints in a way that is proportionate and appropriate to the complaint.
- **Integrated** – Complaint handling is a core business activity and is integrated with the rest of the organisation (and where appropriate other agencies) to drive innovation and business improvements. Complaints are viewed as a valuable learning experience to understand and improve the client experience.

Culture

Comcare's Chief Executive Officer (CEO) and Executive are committed to embedding a positive complaints culture that:

- Takes a person-centric approach to complaints handling to provide complainants with suitable remedies and to build and maintain trust in Comcare
- Recognises complaints as a valuable opportunity to continually improve and learn
- Ensures effective complaint and feedback handling at all levels of the organisation.

People

Capable and skilled staff are central to effective complaint handling. Complaints in Comcare are handled by specialised feedback teams within individual business areas at Comcare to ensure that they

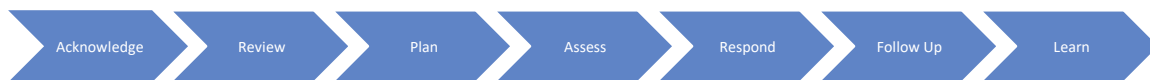
can be dealt with in a prompt and efficient manner. All complaint processes within individual teams align with this Framework. Our approach also ensures that any learnings from complaints can be actioned in the same way.

All teams responsible for managing complaints are familiar with Comcare's Complaints Handling Processes and Framework, receive specialised training in handling complaints, and are supported through professional supervision and development.

All other Comcare staff must be aware of the Complaints Handling Process and its importance to the work of Comcare. All Comcare staff must be able to:

- Advise people how to make a complaint
- Differentiate between negative feedback, operational issues and complaints
- Understand and engage with the complaint assessment process

Complaint Handling Process



There are seven steps in Comcare's Complaint Handling Process which are summarised at **Flow Chart A – Comcare Complaints Handling Process**. Straightforward complaints can often be resolved without going through all the steps.

Regular contact will be maintained with the complainant throughout the lifecycle of the complaint and the complainant will be kept informed if resolution is going to take longer than first anticipated.

Comcare will endeavour to:

- acknowledge all complaints within **1 business day** of receipt.
- contact the complainant to discuss their complaint as soon as possible, but no later than within **2 business days** of receipt of a written complaint
- provide a formal written response within **15 business days** of receipt.

Every effort will be made to meet and exceed these timeframes where it is practical to do so. However, it may take longer to resolve a matter or contact a complainant, particularly where complex or additional issues are raised during the Complaint Handling Process. Complainants will be kept regularly updated and informed of any changes to timeframes.

Acknowledge

Referring complaints to the responsible team

Complaints and negative feedback are received through a range of channels, such as the Minister's Office, Office of the CEO, General Managers, the line area, the Feedback mailbox and general enquiries.

All complaints received via the Feedback mailbox are triaged by the CCE team. The CCE team will refer complaints and/or enquiries to Self-Insurance or Statutory Oversight team within one business day of receipt.

Ministerial and parliamentary requests are triaged by the Director of the relevant teams responsible for managing the complaint, copying the Line Area Director. Ministerial complaints will typically be handled by the relevant line area and the response provided by the relevant General Manager.

Complaints received through the Office of the CEO or General Manager are triaged by Director of the CCE Team. Negative feedback and operational issues will be handled by the responsible line area, while complaints will be handled by the teams responsible below.

There are three separate teams responsible in managing Comcare's complaints:

- The CCE team is responsible in managing all complaints relating to claims managed by Comcare and our Contracted Service Providers.
- The Self-Insurance team is responsible in managing all complaints relating to licensee managed claims.
- The Statutory Oversight team is responsible in managing complaints relating to the Regulatory Operations Group (ROG), Corporate Group, Legal Group, Strategic Partnerships and Engagement Group, complaints received from the Ombudsman Office and complex complaints where the complainant is exercising other legal administrative rights.

The process for Ministerial and parliamentary requests and CEO and General Manager Complaints is summarised at **Flow Chart B – Ministerial and Parliamentary Requests** and **Flow Chart C – CEO and General Manager Complaints Process**. The Triage Contact will have a more active role in Ministerial and parliamentary requests and CEO and General Manager complaints, and the Line Area Director will be copied.

Comcare employees who receive negative feedback or operational issues are responsible for acknowledging and resolving the issue or escalating within their Group. Depending on the nature of complaint, Comcare employees can contact the CCE team if they require assistance to:

- Differentiate between negative feedback or operational issues and complaints
- Resolve negative feedback.

Complaints received through the Contact Centre will be forwarded to the Feedback mailbox for triage by the CCE team.

Out of Scope

On receipt of a complaint, the CCE team will apply **Flow Chart D – Referral Process** and refer any complaints that are clearly out of scope before acknowledging the complaint. The CCE team will maintain a record of referred complaints.

Advising Line Area Director

The CCE team will advise the Line Area Director of the complaint.

Sending an acknowledgment

The team with responsibility for the complaint will acknowledge all complaints that are in-scope within **1 business day**.

Review

The team with responsibility for the complaint will undertake an initial review of the complaint to determine the best resolution pathway and priority. As part of this review, the team will contact the complainant as soon as possible, but no later than **2 business days** after receipt to:

- Ascertain what outcome they are seeking
- Ascertain whether the complainant has submitted a separate complaint with another team within the agency
- Set expectations and discuss alternative solutions.

If a complainant indicates that they do not wish to be contacted verbally, the team will contact them in writing.

Often complainants are seeking a straightforward resolution like an update on a process or an explanation of a decision. Such complaints can be resolved on or shortly after first contact without a need to assess and may be more appropriately managed as negative feedback or an operational issue. Some issues are not as easy to resolve, and it is important that the complainant knows that the matter is being taken seriously and requires more time to assess.

During the review phase, the team with responsibility for the complaint will apply **Flow Chart D – Referral Process** again if necessary. If a matter is referred to another line area or organisation after sending an acknowledgment, the team will:

- Minimise any delay in referring the complaint
- Keep the complainant informed of the next stage of the process and update their contact point (if this has changed).

Plan

Assessment plan

If a complaint requires assessment, the team with responsibility for the complaint will prepare a short plan that:

- defines what will be assessed as a complaint, and any operational issues or negative feedback that will be handled by the Line Area

- identifies whether a chronology needs to be prepared
- lists the steps involved in assessing the complaint and state whether further information is required, either from the complainant or from another person or organisation
- provides an estimate of the time it will take to resolve the complaint
- identifies the remedy the complainant is seeking, whether the complainant's expectations are realistic or need to be managed, and other possible remedies
- notes any special considerations that apply to the complaint—for example, if the complainant has asked for their identity to be withheld from others or if there is sensitive or confidential information that needs to be safeguarded.

The plan will focus attention on what is to be assessed and ensure that important matters are not overlooked and that the assessment remains on course. The plan will be provided to the Line Area Director and will be used to ensure a consistent approach to the handling of the complaint by the team with responsibility for the complaint and the Line Area.

Planning and conducting an assessment are a dynamic and ongoing process. It is not always possible to know at the outset how an assessment will develop, and more complex assessment can take time. The plan will be adjusted regularly as circumstances change and new information becomes available.

From time to time, it may become apparent that a more thorough inquiry is required, which is more aligned to the nature of an administrative investigation. In these circumstances, the team will engage with the Line Area Director to either assist with such an investigation or a referral to a more appropriate area of Comcare or external body.

Complex complaints plan

Some complaints are particularly complex and may involve various statutory processes, complaints, and line areas. The team with responsibility for the complaint will collaborate with the relevant line areas in these situations to develop a plan to co-ordinate the handling of all complaints and processes holistically that:

- Captures all current complaints and statutory processes and who is accountable for each
- Sets out an overall approach to resolving the complaint and single point of contact within the team.

Assess

The purpose of an assessment is to reach a fair and impartial view on the issues, and to provide an appropriate resolution.

The three elements of a fair assessment (see 'Principles' above) are:

- **Impartiality** – Each assessment is approached with an open mind, and the facts and contentions in support of a complaint will be weighed objectively.
- **Confidentiality** – A complaint will be assessed in accordance with the *Privacy Act 1988*, and care will be taken when disclosing to others any identifying details of a complainant.
- **Transparency** – A complainant will be told about the steps in the complaint process and be given an opportunity to comment on adverse information.

To assess a complaint, the team with responsibility for the complaint will:

- Conduct reasonable enquiries to resolve disputed factual matters based on evidence that is relevant and logically capable of supporting the finding. This includes contacting the complainant and relevant Line Area Director to request any documents or answers to questions that are reasonably required to assist the assessment.
- Engage with the Line Area Director to identify an appropriate complaint outcome.
- Provide the draft complaint outcome to the Line Area Director to ensure background and findings are factually accurate and to comment on the complaint outcome.

The Line Area Director will:

- Co-ordinate any response requested by the team and (if required) Triage Contact and General Manager to provide the response within the agreed timeframe.
- Ensure all responses are clear, timely and factually accurate.
- Review the draft complaint outcome and provide comments to the team within the agreed timeframe.

It is not always possible to resolve each disputed matter. The available evidence might be scant, inconclusive or evenly balanced, and the team responsible for managing the complaint will explain this to the complainant.

Consideration will also be given to resolving the complaint differently, by exploring the options for reaching a settlement or understanding between the complainant and those being complained about.

Respond

The team with responsibility for the complaint will provide regular updates to the complainant on the status of the assessment and provide interim explanations of what has been finalised. This will be

provided orally or in writing(or both) depending on the circumstances. At a minimum, updates will be provided in accordance with the timeframes under 'Complaints Handling Process' above or as otherwise agreed with the complainant.

The team will advise the complainant in writing of:

- The complaint outcome including the particulars of the assessment, any findings and the decision reached.
- Their options to have an external review of the handling of their complaint. The team will also provide the relevant Line Area Director with the complaint outcome, copying the Triage Contact.

Follow up

Complainants are encouraged in the complaints outcome to provide feedback on how their complaint was handled and resolved.

If a complainant is dissatisfied with the handling of their complaint or the complaint outcome, they can also seek external review by several bodies, including:

- The Commonwealth Ombudsman who can investigate complaints about the administrative actions of Australian Government departments and agencies.
- The Australian Human Rights commissioner (AHRC), who can investigate complaints of discrimination and breaches of human rights.

Learn

Complaints provide a valuable source of information on how Comcare is performing and what improvements can be made. This information can point to problems with Comcare's services or program delivery, or to a need to improve complaints handling.

At the end of the handling of each complaint, the team will provide observations and consider whether systemic issues were identified and provide a written summary of any such issues to the Line Area Director and Continuous Improvement Contact for consideration and action.

The team will also advise the Continuous Improvement Contact in writing of any systemic issues that the team identifies outside of individual complaints.

The Continuous Improvement Contact will advise the team when they have actioned a systemic issue identified.

Systemic issues are issues inherent in Comcare's systems, business processes or approach rather than due to a specific or isolated factor. For example, a complaint could expose a need to improve record keeping or a need to better train or support staff who have given inaccurate or unhelpful advice. Delay in resolving a person's complaint might suggest a need for greater efficiency within Comcare or better liaison between different line areas or other Agencies.

Analysis

Complaint themes and trends

Complaint themes and trends can also point to problems with Comcare's services or program delivery, or to a need to improve complaints handling.

Unreasonable complainant conduct

There may be instances where the team with responsibility for a complaint deals with unreasonable demands or behaviours from complainants during the Complaint Handling Process. This may include:

- Where a complainant raises the same issues that have been assessed (either by the relevant team or another area of Comcare) previously without presenting new evidence
- Where a complainant is abusive towards staff (e.g. swearing and threatening behaviours)
- Unreasonable persistence regarding outcomes
- Unreasonable demands relating to timeframes for resolutions
- Complaints that are frivolous, vexatious, or not made in good faith.

Comcare's approach to unreasonable complaint conduct has three core objectives:

- Ensure equity and fairness for all complainants
- Improve resource allocation and efficiency
- Protect staff health and safety.

Unreasonable complainant conduct does not preclude there being a valid issue, and all complaints are considered on their merits. Complaints Officers will raise Unreasonable Complainant Conduct with their Directors to agree on the approach and inform the Line Area Director. There may be circumstances in which Comcare will implement a Communications Protocol to achieve one or more of the above core objectives. If this occurs, the team will:

- Consult with the Line Area Director
- Ensure any Communication Protocols are implemented in accordance with any relevant Group processes
- Give the complainant clear advice and reasons why a Communication Protocol has been implemented.

Other Complaints

Anonymous complaints

The Complaints Handling Process will be applied to anonymous complaints if sufficient information is provided to review and assess the complaint. However, the team may be limited in its ability to assess and advise of outcomes.

Licensee and Safety, Rehabilitation and Compensation Commission (SRCC) Complaints

Complaints regarding licensees and the SRCC will be handled in accordance with the **Flow Chart E – Commission Complaint Handling Map** and **Flow Chart F – Comcare Licensee Complaint Process**.

If the complaint is in relation to a Licensee’s management of an individual workers’ compensation claim, Comcare will:

- **In the first instance:** Advise the complainant to raise the issue with the Licensee.
- **In the second instance:** Review the complaint and raise it with the licensee with a view to resolving the matter

The Self-Insurance team will contact the licensee for input to any assessment process. If concerns remain after the complaint outcome has been provided, the Self-Insurance team will resolve these concerns.

If the complaint raises a concern, or allegation, of a potential breach of the licensee’s self-insurance licence, the complaint will be referred to the Commission, via the Director Secretariat and Scheme Support, which may consider acting on the concerns raised, including conducting its own assessment to determine if a breach has occurred.

Externally managed claims complaints

Some Comcare claims are managed by a third party (**externally managed claims**).

Complaints and Ministerial or parliamentary requests that are within the scope of the Delegated Claims Management Arrangements (DCMA) Business Processes will be managed in accordance with that process, read in conjunction with Comcare’s Complaints Handling Manual. The CCE team is responsible for managing complaints relating to externally managed claims under DCMA. If the CCE team receives an externally managed claims complaint not within the scope of the DCMA Business Processes, the CCE team will triage the complaint with the Claims Management Triage Contact.

Any systemic issues identified when handling an externally managed claims complaint and relevant complaints data will be provided to Director Contracted Claims Services, copying the Claims Management Group Continuous Improvement Contact.

See also ‘Independent medical examination complaints – Externally managed claims’

Complaints about the team

Where a complaint relates to the handling or outcome of complaint by the CCE team, the complainant will be provided with their external review rights with the Commonwealth Ombudsman Office. If a complaint raises concerns about the conduct of the CCE teams, the Director will consult with People, Property and Security team for consideration in accordance with the [Comcare Code of Conduct Procedure](#).

GM Claims Management Group will be copied into the referral and complaint outcome.

Independent medical examination complaints – Comcare managed claims and litigation

Complaints about IMEs are handled differently depending upon whether the complaint concerns:

- A) the conduct of the medical practitioner performing an IME
- B) the use of an IME in a claims management or litigation process.

It is noted that some complaints will be about both medical practitioner's conduct and the use of an IME as claims or litigation process, in which case the complaint will be assessed under both processes.

Any systemic issues identified through complaints about the use of IMEs or the conduct of a medical practitioner will be notified through quarterly reporting provided by the CCE Team to the General Manager Claims Management Group and the General Manager Legal Group.

A) Conduct of the medical practitioner performing an IME

Complaints regarding the conduct of a medical practitioner performing an IME are handled in accordance with different processes depending on the method used to engage the medical practitioner. Medical practitioners can be engaged:

- i) by Comcare through an IME broker service provider
- ii) by Comcare directly
- iii) by a legal service provider either directly or through an IME broker service provider.

i) Medical practitioner engaged through a broker service provider

In the majority of cases, Comcare engages medical practitioners to perform an IME through a broker service provider.

Complaints of this nature are forwarded to the Injury Management and Return to Work Support team which liaise with the IME broker service provider to assess the complaint. The IME broker service provider delivers a written response to Comcare within 7 days. These complaints are handled in accordance with **Flow Chart G – IME Medical Practitioner Conduct Complaints Process - Medical Practitioner Engaged Through a Broker Service Provider**.

If the complaint concerns the conduct of a medical practitioner and the nature of the conduct or behaviour could trigger a mandatory notification, the Injury Management and Return to Work Support team will consider whether the conduct is required to be reported to the Australian Health Practitioner Regulation Agency (AHPRA). Under the AHPRA *Guidelines for mandatory notifications* employers of registered health practitioners are required to notify AHPRA about certain types of concerns associated with a medical practitioner which pose a risk of harm to the public.

ii) Medical practitioner engaged directly

In a small number of cases, Comcare engages medical practitioners directly. When this occurs, complaints made about a medical practitioner are forwarded to the Injury Management and Return to Work Support team for handling. The Injury Management and Return to Work Support team engage with the medical practitioner who is invited to respond to the complaint within 7 days.

The Injury Management and Return to Work Support team consider whether the complaint triggers a mandatory AHPRA notification, as mentioned above. Complaints of this nature are handled in accordance with **Flow Chart H – IME Medical Conduct Complaints Process – Medical Practitioner Engaged Directly**.

iii) Medical practitioner engaged by a legal services provider

Legal services providers engage medical practitioners to perform IMEs during litigation. These medical practitioners may be engaged either directly or through an IME broker service provider.

Complaints about the conduct of a medical practitioner performing an IME are handled by the legal service provider in the first instance in accordance with the *Process for engaging and briefing medical experts in the Administrative Appeals Tribunal*. A copy of the complaint response is provided to the CCE team for inclusion in quarterly reporting.

Where a complainant is not satisfied with the legal service provider's resolution of their complaint it is escalated and managed in accordance with **Flow Chart A – Comcare Complaints Handling Process**.

B) Use of an IME in a claims management or litigation process

Complaints about the use of an IME as part of the claims management process or during litigation are handled in accordance with **Flow Chart A – Comcare Complaints Handling Process**. This process is used for both Comcare managed litigation and litigation handled by a legal services provider. Complaints about the appropriateness of a medical practitioner's qualifications to undertake an IME are also handled in accordance with Flow Chart A.

These complaints are managed by the CCE team who consult with the Injury Management and Return to Work Support team.

Independent medical examination complaints – Externally managed claims

DCMA service providers are required to respond to all IME and medical practitioner complaints in accordance with the DCMA Business Processes.

A copy of the service provider's complaint response or the medicolegal provider's complaint response is provided to Director Contracted Claims Services, and the CCE team for inclusion in quarterly reporting.

Where a complainant is not satisfied by the response provided by the service provider, the complaint is escalated to the CCE and managed in accordance with **Flow Chart A – Comcare Complaints Handling Process**.

Accountability and Responsibility

| | |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Complainant | A person, or their representative or organisation that has lodged a complaint with Comcare. |
| Complaints Officer | Responsible for: <ol style="list-style-type: none">1. Handling complaints in accordance with the Framework2. Records management. |
| Line Area Director | The Director of the line area in which a complaint originated. Responsible for: <ol style="list-style-type: none">1. Co-ordinating and providing responses to the Complaints Officer2. For CEO and General Manager Complaints: Co-ordinating input from the OCEO or General Manager in accordance with Group processes.3. Actioning any complaints outcome4. Escalating within their Group if necessary5. Recording the complaints outcome and relevant correspondence in accordance with Group processes. |

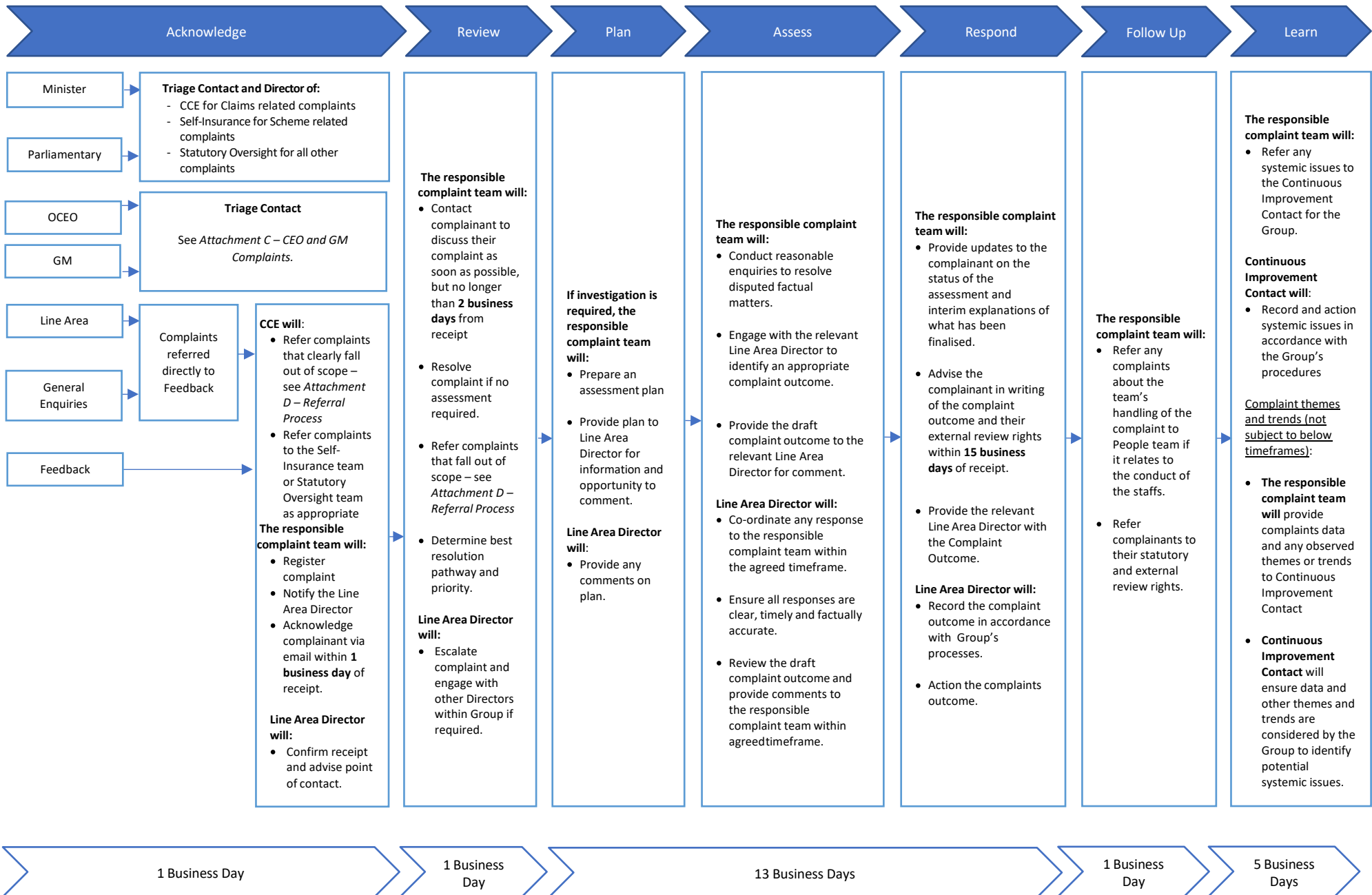
In Claims Management Group the Line Area Director will be either Director Operations – Canberra or Director Operations – Melbourne.

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| Triage Contact | The following positions are the single point of contact to triage complaints received through the Office of the CEO or General Manager, and Ministerial or Parliamentary requests: <ol style="list-style-type: none">1. Claims Management Group: Senior Director Claims Management Group2. Regulatory Operations Group: Executive Officer, Regulatory Operations Group3. Legal Group: General Manager, Legal Group4. Scheme Management:<ol style="list-style-type: none">a. Licensee complaints: Director Self-Insuranceb. Commission complaints: Director Secretariat and Scheme Support Servicesc. All other complaints: General Manager, Scheme Management.5. Strategic Partnerships and Engagement: Executive Officer, Strategic Partnerships and Engagement.6. Corporate: Chief Operating Officer |
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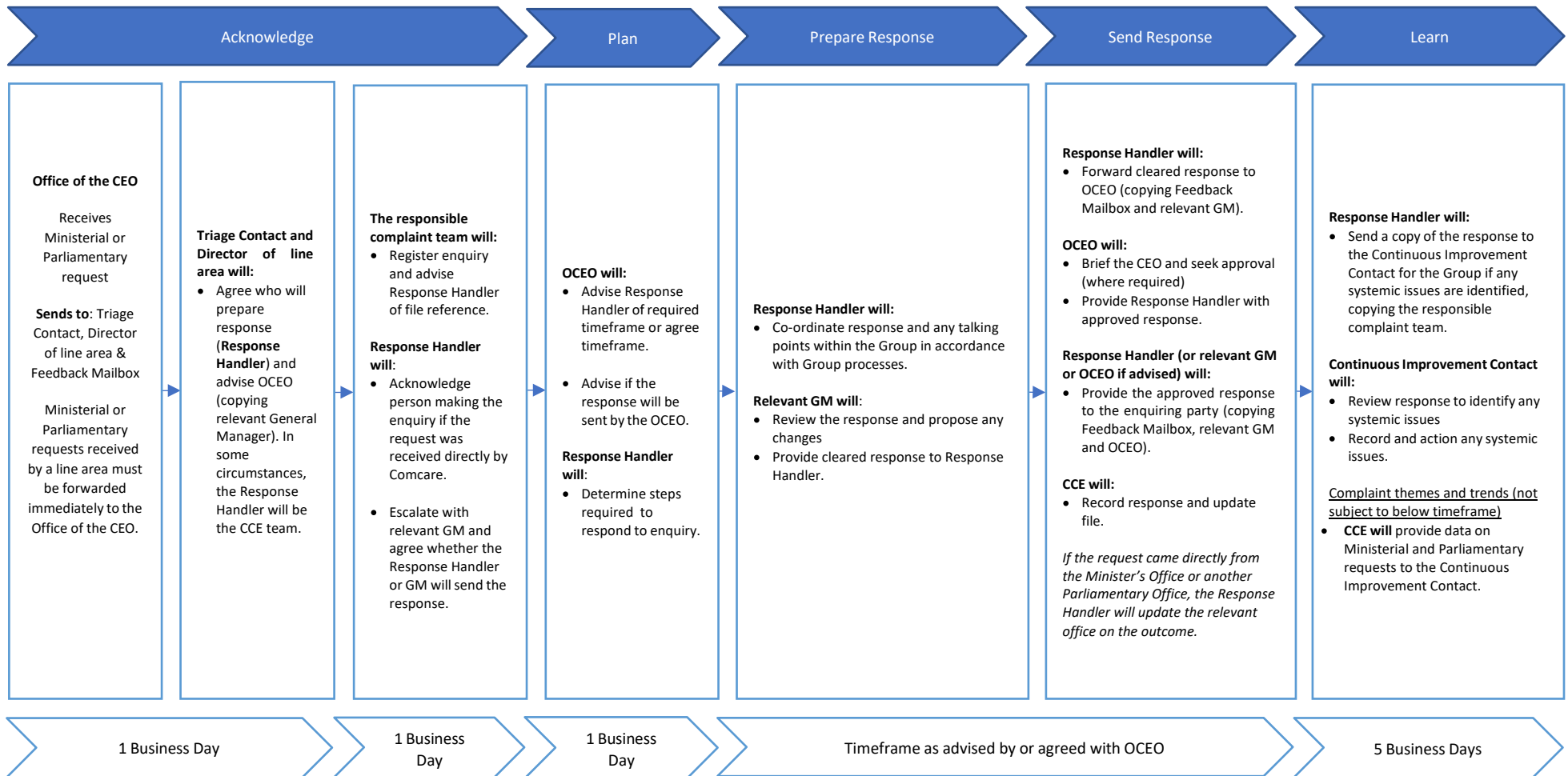
Flow Charts

- Flow Chat A - Comcare Complaints Handling Process
- Flow Chat B - CEO and General Manager Complaints Process
- Flow Chat C - Ministerial and Parliamentary Requests Process
- Flow Chat D - Referral Process
- Flow Chat E - Commission Complaints Map
- Flow Chat F - Comcare Licensee Complaints Process
- Flow Chat G - IME Medical Practitioner Conduct Complaints Process - Medical Practitioner Engaged Through a Broker Service Provider
- Flow Chat H - IME Medical Practitioner Conduct Complaints Process – Medical Practitioner Engaged Directly

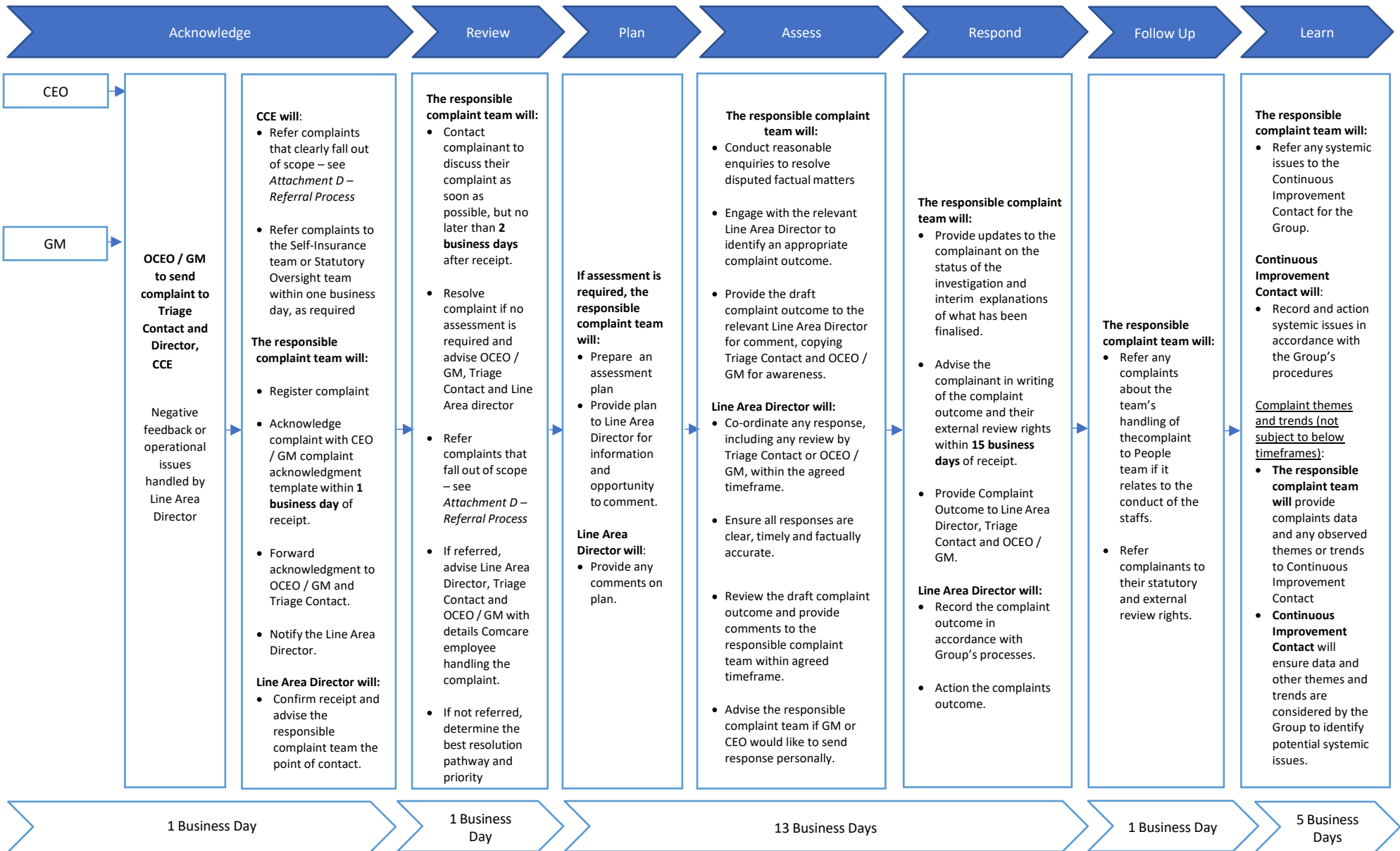
Flow Chart A – Comcare Complaints Handling Process



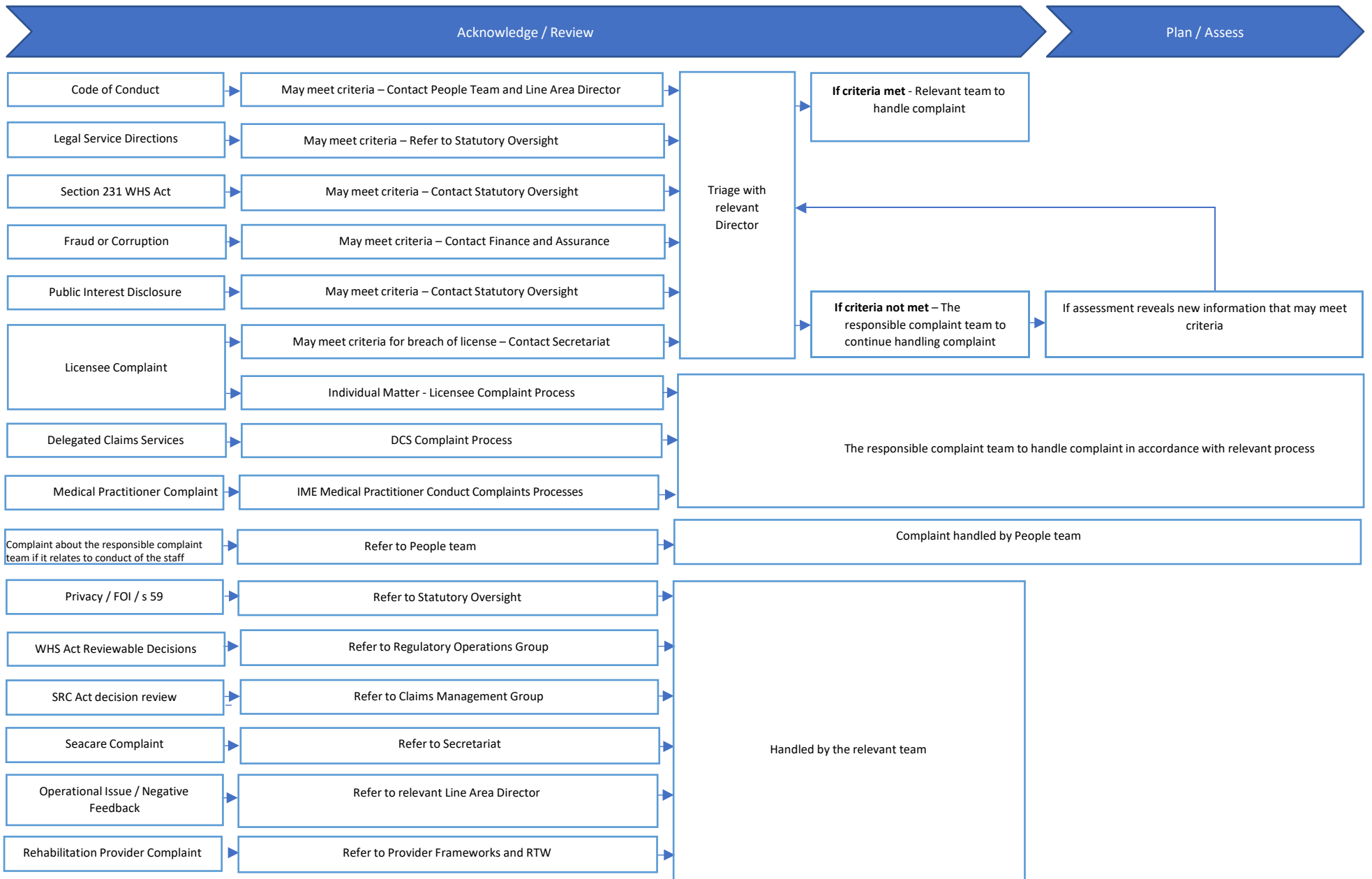
Flow Chart B – Ministerial and Parliamentary Requests



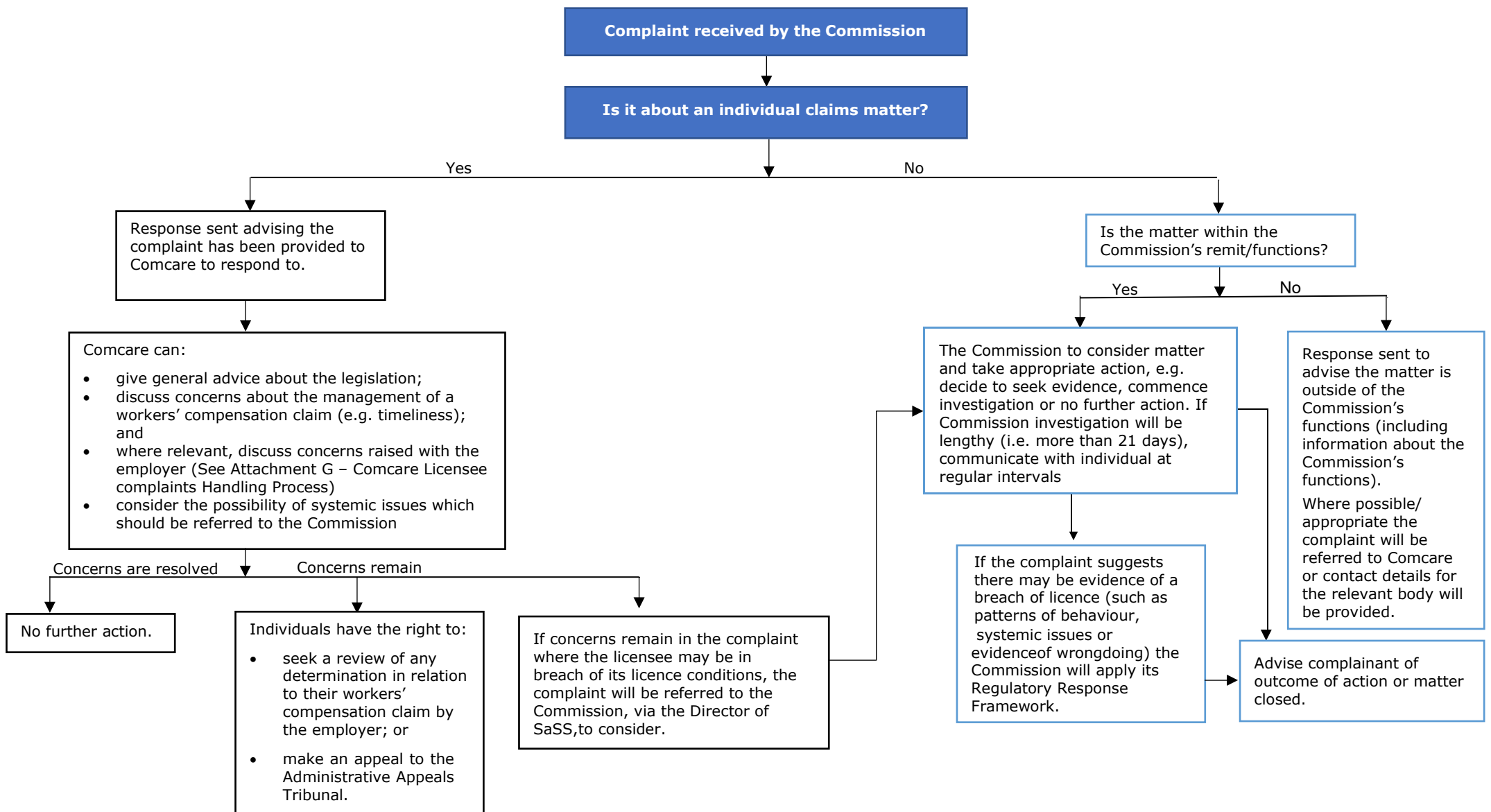
Flow Chart C – CEO and General Manager Complaints Process



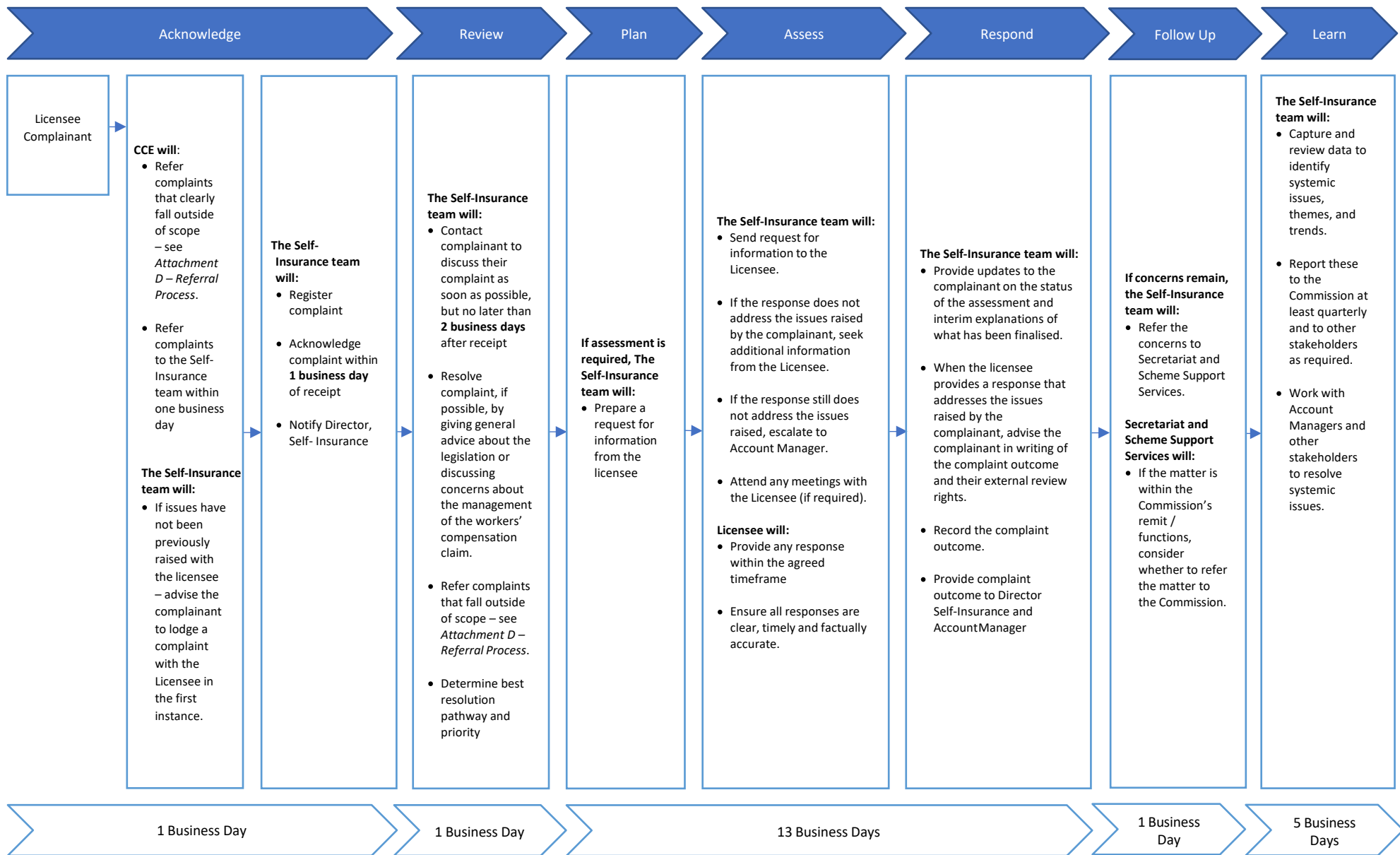
Flow Chart D – Referral Process



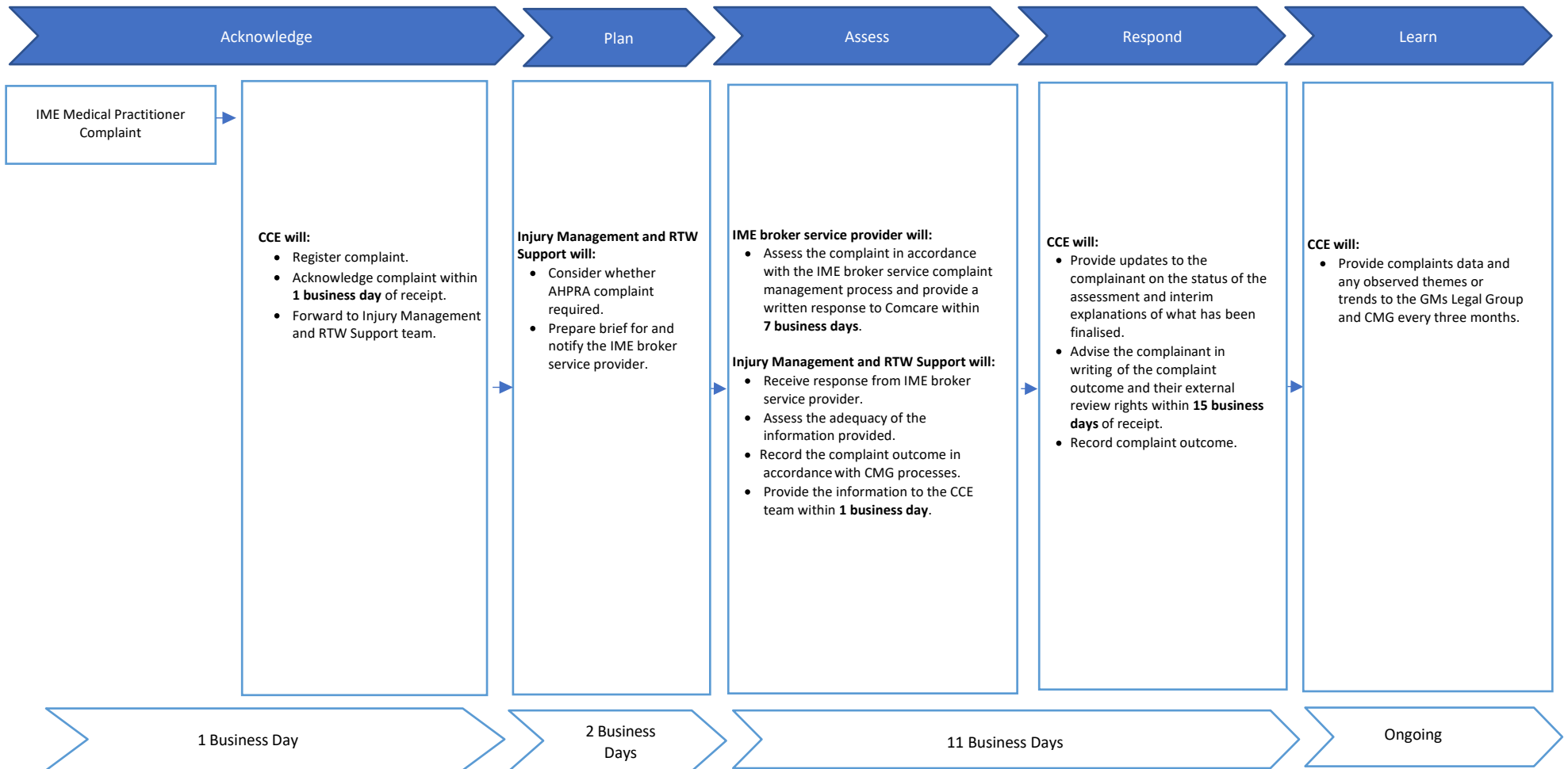
Flow Chart E – Commission Complaints Handling Map



Flow Chart F – Comcare Licensee Complaint Handling Process



Flow Chart G – IME Medical Practitioner Conduct Complaints Process - Medical Practitioner Engaged Through a Broker Service Provider



Flow Chart H – IME Medical Practitioner Conduct Complaints Process – Medical Practitioner Engaged Directly

