



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

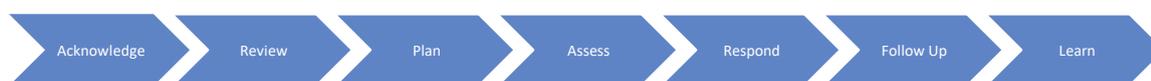
can be dealt with in a prompt and efficient manner. All complaint processes within individual teams align with this Framework. Our approach also ensures that any learnings from complaints can be actioned in the same way.

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 Framework 2. 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 Officer 2. For CEO and General Manager Complaints: Co-ordinating input from the OCEO or General Manager in accordance with Group processes. 3. Actioning any complaints outcome 4. Escalating within their Group if necessary 5. Recording the complaints outcome and relevant correspondence in accordance with Group processes.

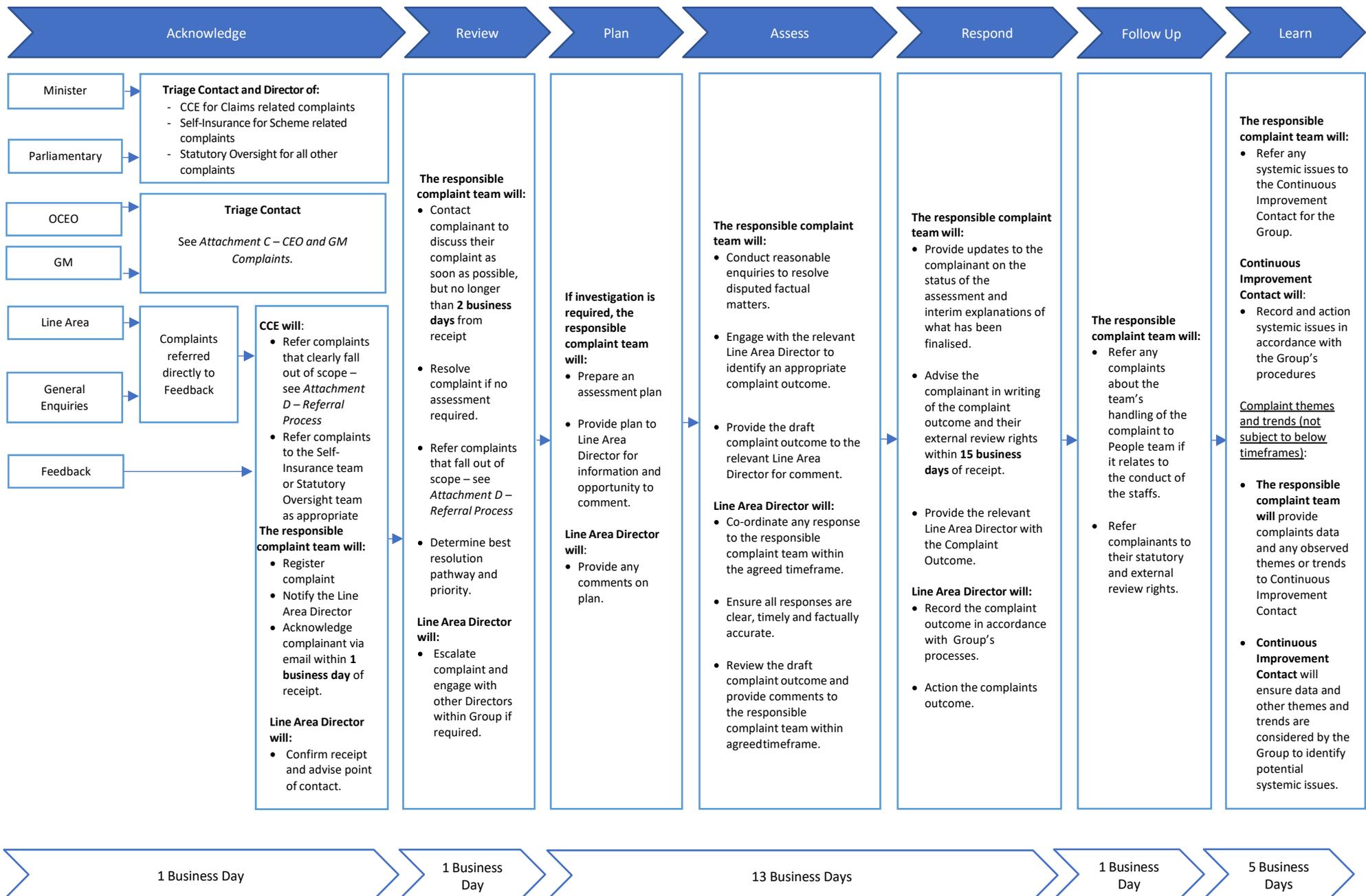
In Claims Management Group the Line Area Director will be either Director Operations – Canberra or Director Operations – Melbourne.

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 Group 2. Regulatory Operations Group: Executive Officer, Regulatory Operations Group 3. Legal Group: General Manager, Legal Group 4. Scheme Management: <ol style="list-style-type: none"> a. Licensee complaints: Director Self-Insurance b. Commission complaints: Director Secretariat and Scheme Support Services c. 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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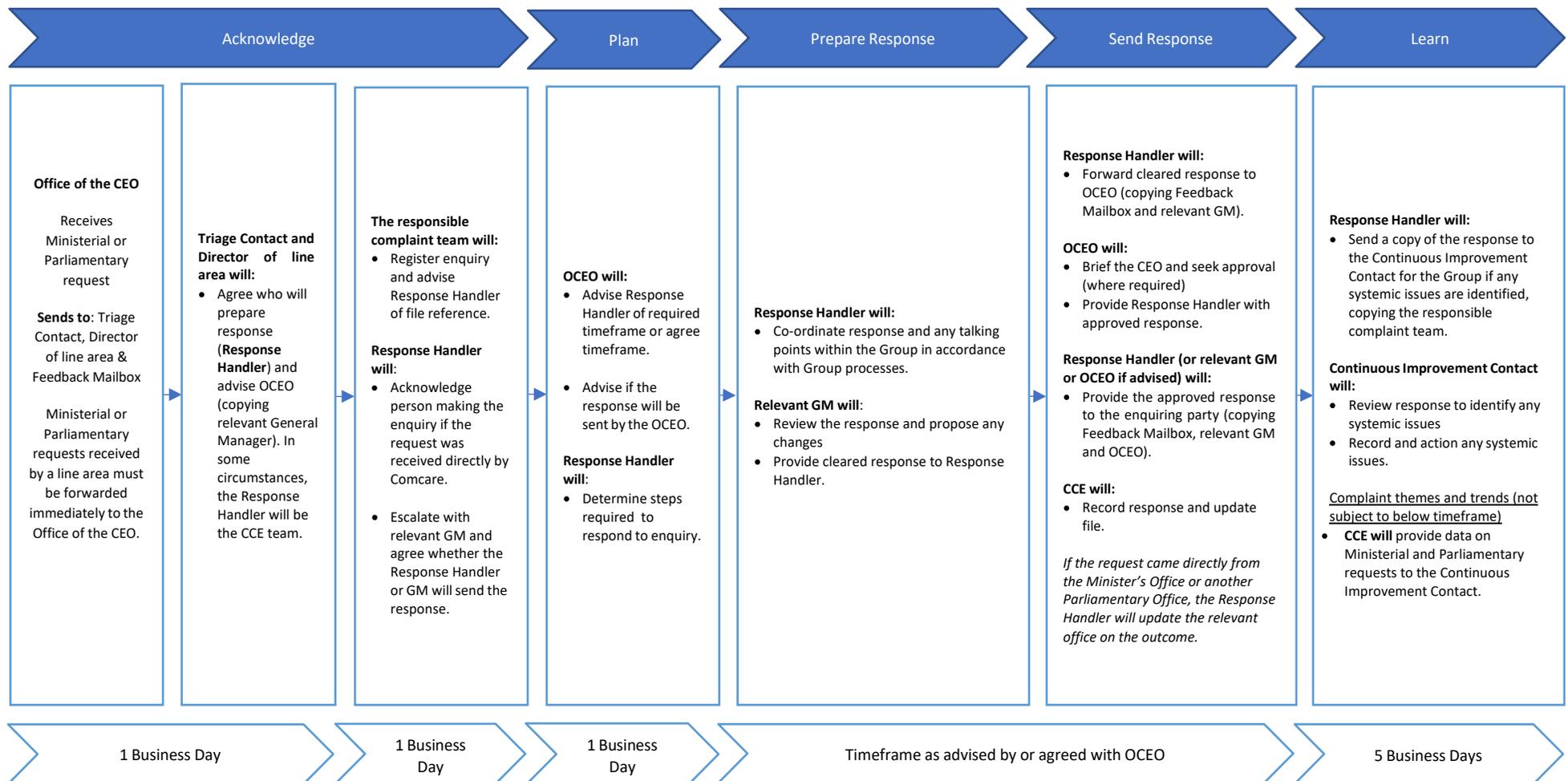
Flow Charts

- 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

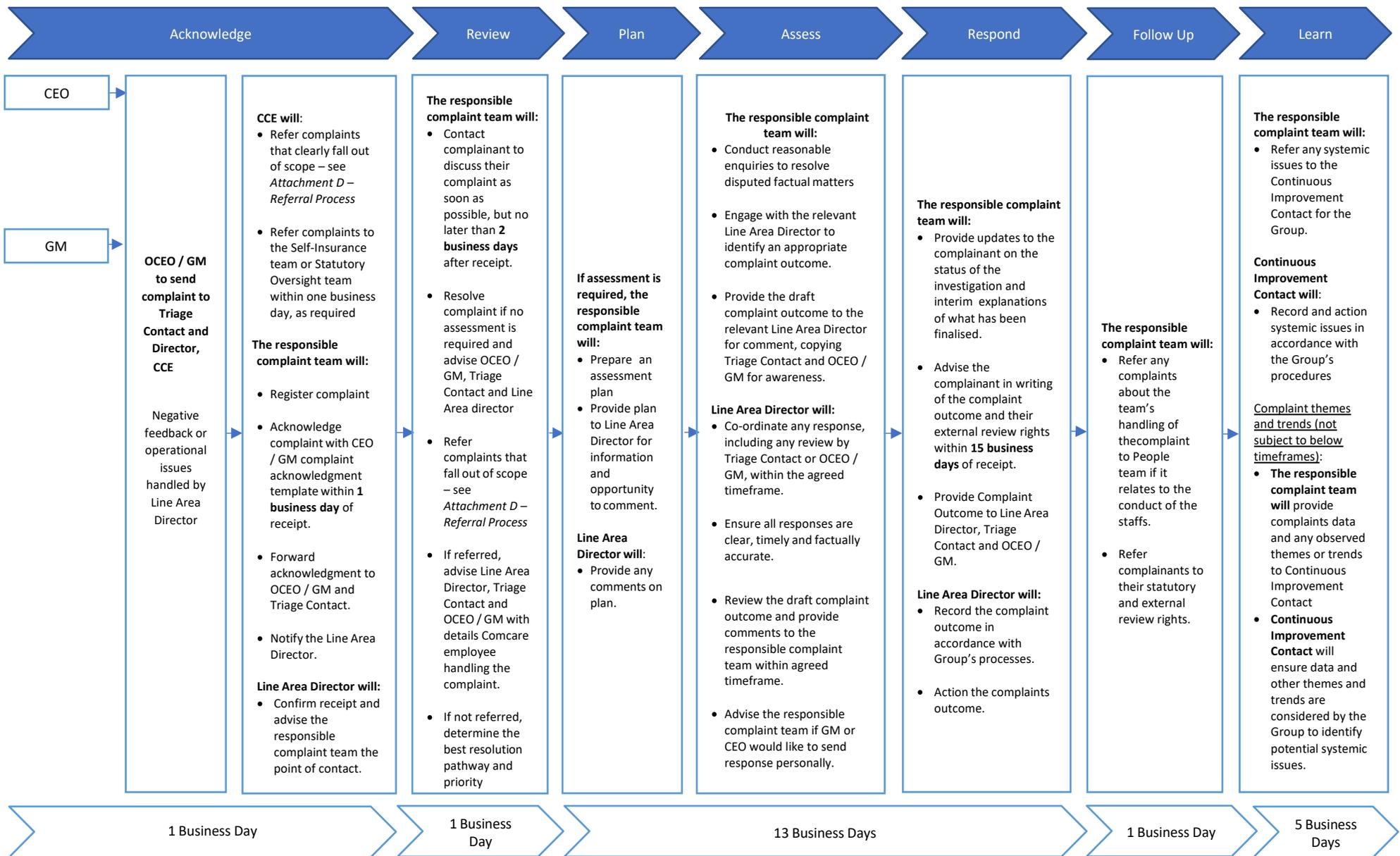
Flow Chart A – Comcare Complaints Handling Process



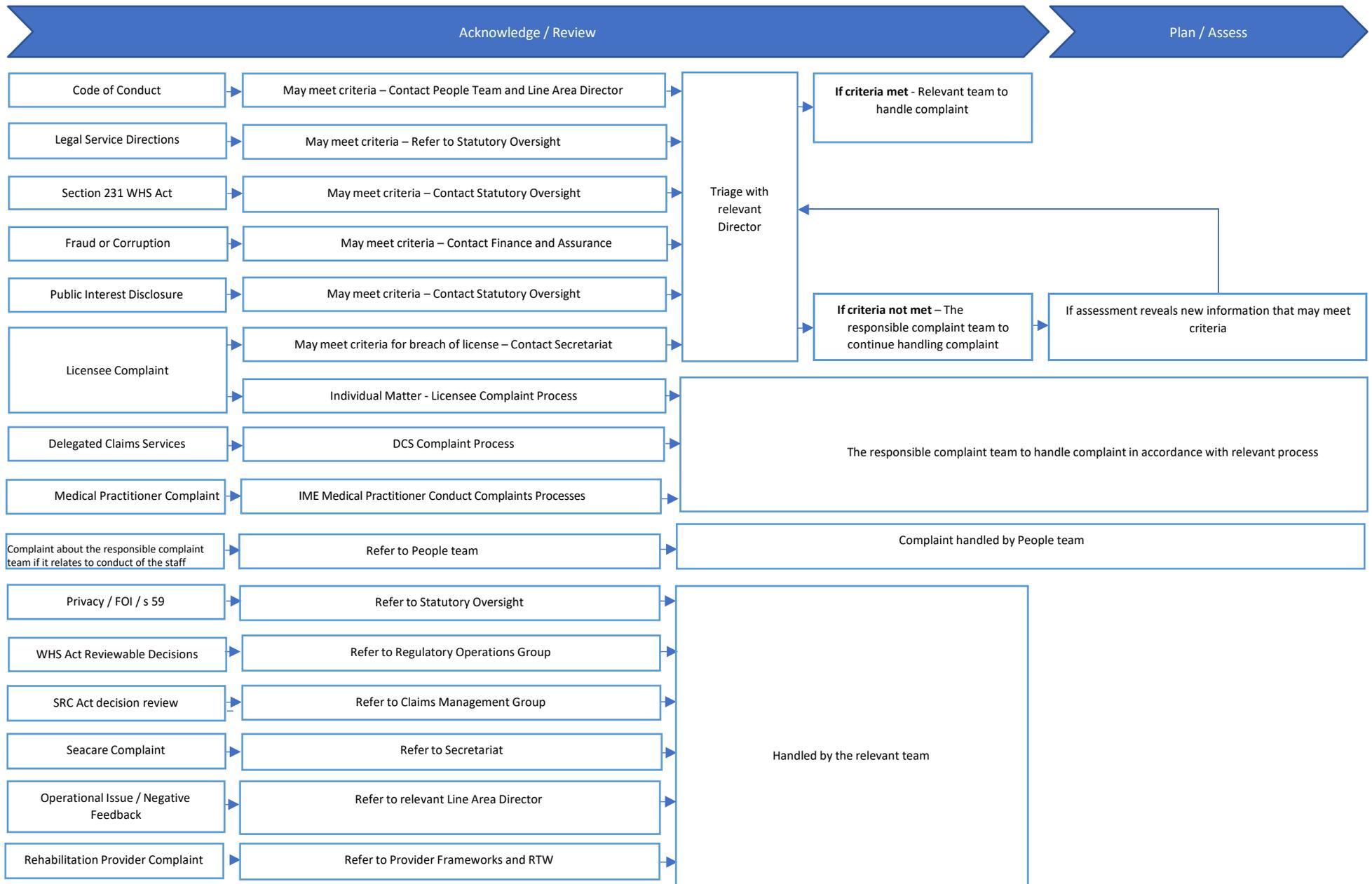
Flow Chart B – Ministerial and Parliamentary Requests



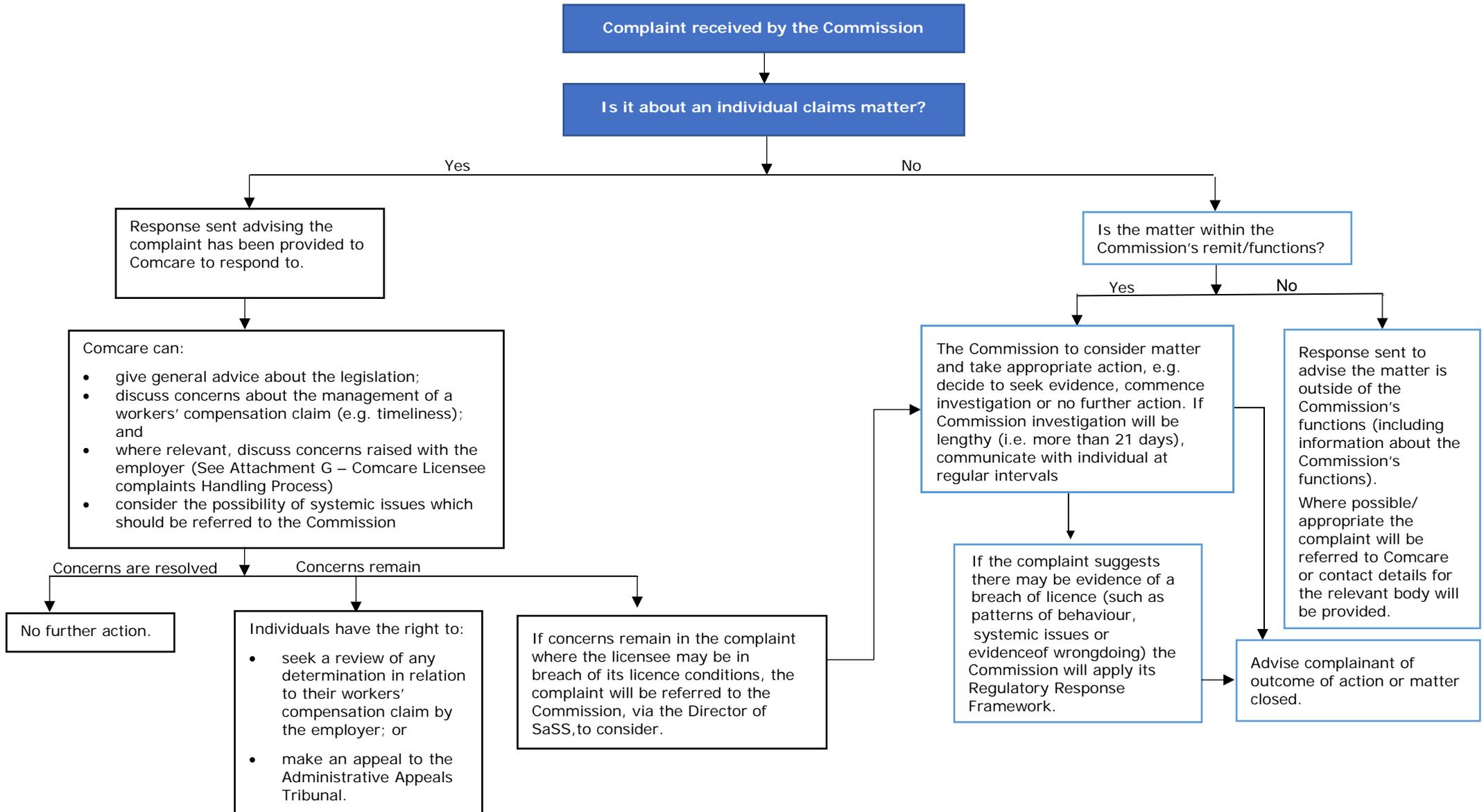
Flow Chart C – CEO and General Manager Complaints Process



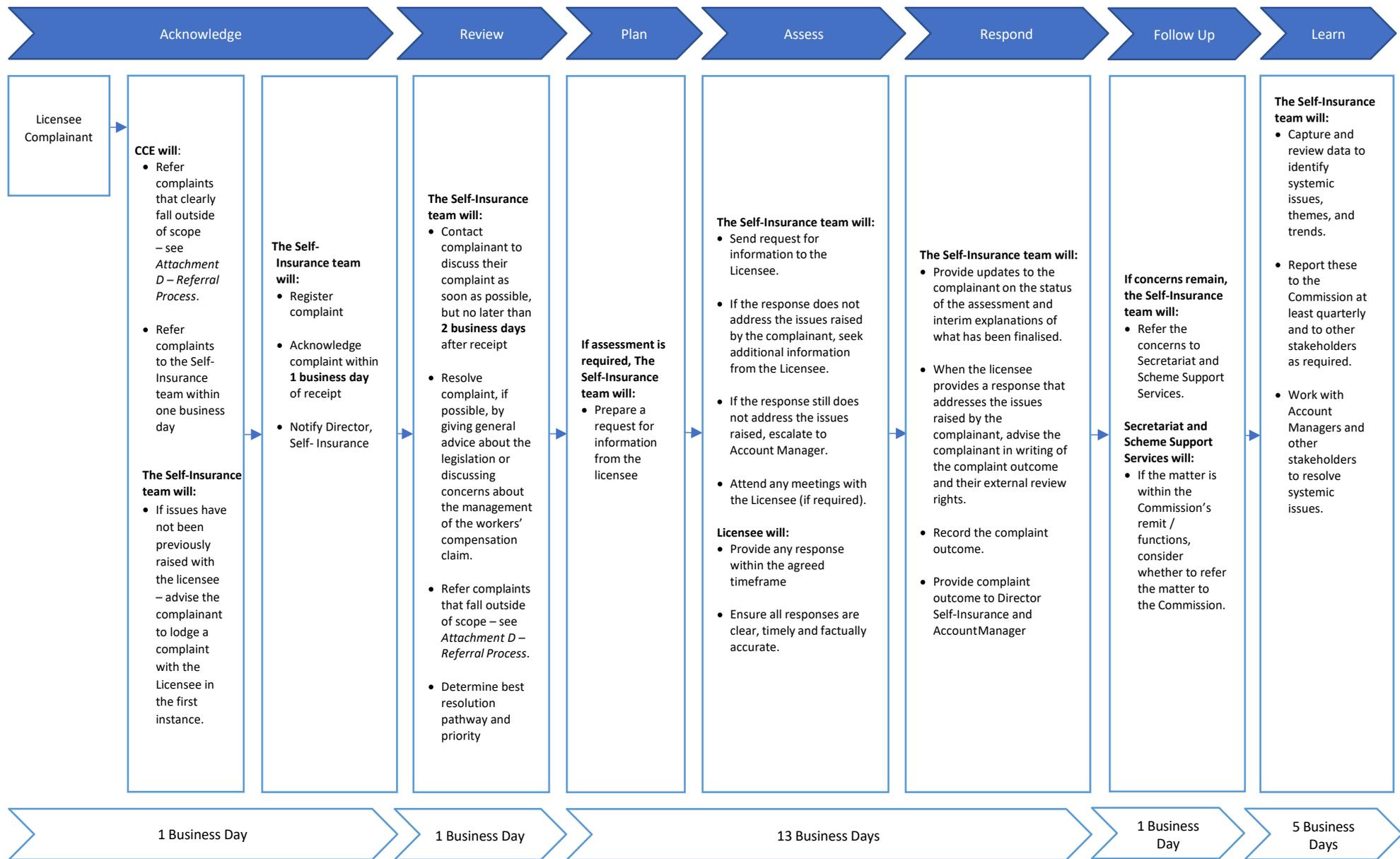
Flow Chart D – Referral Process



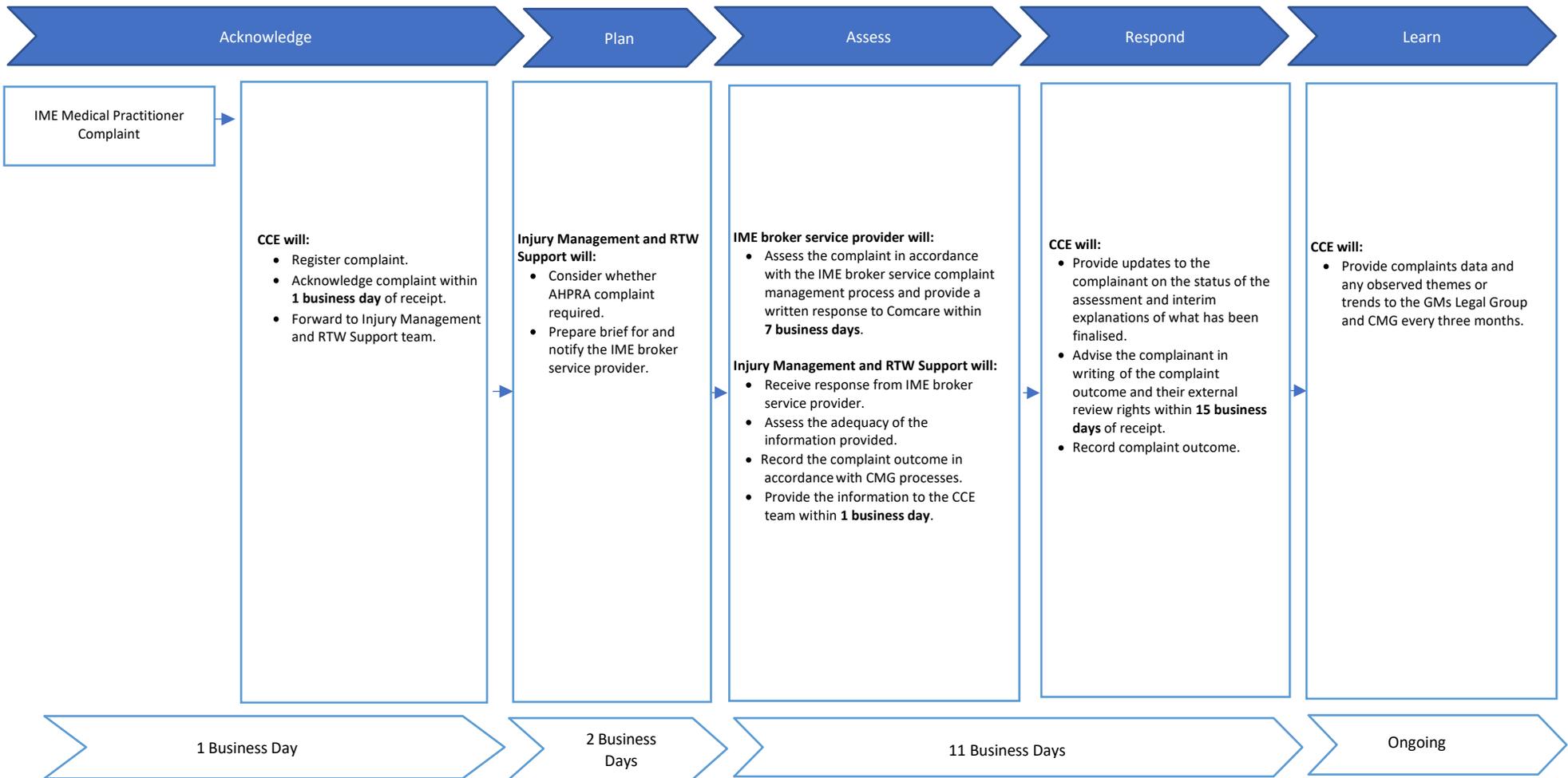
Flow Chart E – Commission Complaints Handling Map



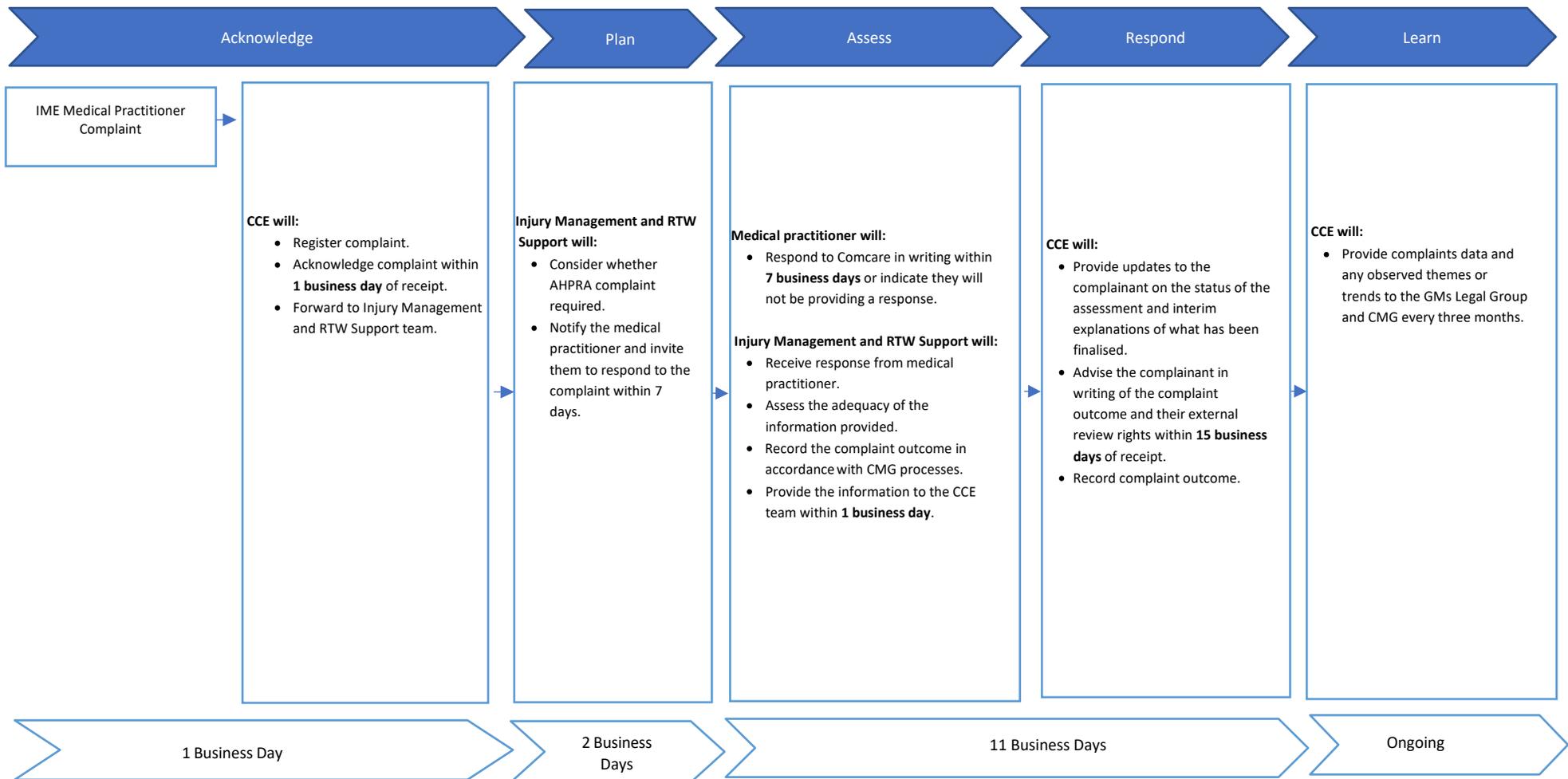
Flow Chart F – Comcare Licensee Complaint Handling Process



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



COMCARE DELEGATED CLAIMS MANAGEMENT ARRANGEMENTS

Business Processes

Complaint's handling

Service provider receives a complaint

The service provider must respond to all complaints received in relation to service delivery on the claim. The service provider will either defer to or consult with the participating agency or Comcare on complaints that refer to or may otherwise impact Comcare or the participating agency. This includes:

- complaints about the DCMA in general, including requests for removal from the DCMA (defer to Comcare)
- complaints about Comcare's handling of the DCMA (defer to Comcare)
- complaints where other regulatory bodies are involved (consult with Comcare)
- complaints about the participating agency as an employer or the rehabilitation authority (defer to participating agency)
- complaints about the service provider's management of a claim where the complainant is not satisfied with the service provider's initial response (defer to Comcare).

NB: Complaints where Ministers are involved or involving an alleged privacy breach are covered under separate topics. Please refer to the process *Ministerial requests* and *Privacy* for additional information.

This process should be followed if the service provider receives a complaint.

Service provider steps

1. Determine whether the complaint should be deferred to Comcare or the participating agency, or if Comcare or the participating agency should be consulted on the response. If so, a copy of the complaint should be emailed to the Comcare Feedback team (feedback.mailbox@comcare.gov.au) or the participating agency contact.
2. For complaints that are not deferred, respond to the complaint in accordance with your internal complaint handling processes. This must include:
 - a. notifying the CCS team that the complaint has been received
 - b. a draft provided to the participating agency contact within five business days of receipt of the complaint
 - c. clearance by the participating agency contact
 - d. response from the service provider operations manager provided to the complainant within 10 business days of receipt of the complaint
 - e. where a response is unlikely to be provided within 10 business days of receipt, the service provider must contact the CCS team and request a revised timeframe
 - f. forward a copy of the final complaint response to the CCS team
 - g. for complaints relating to Independent Medical Examination's (IME's), a copy of the final response/communication with the medical provider must also be provided to the Director, CCS team and Comcare's Feedback team (feedback.mailbox@comcare.gov.au).
3. Details of the complaint response must be added to the PRACSYS claim file (including PRACSYS comments regarding any phone conversations and a copy of any written response).
4. Where a complainant is not satisfied with the response by the service provider and requests further review/action, notify the Comcare Feedback team (feedback.mailbox@comcare.gov.au) and the participating agency contact within one business day of receipt.
Comcare will provide further instructions for dealing with the complainant.
5. Include the complaint in the monthly data that is reported to Comcare. The following information will be included in the reporting as a minimum:

- a. number of complaints received in the month
- b. number of complaints closed/finalised
- c. number of outstanding complaints
- d. subject of complaints
- e. timeliness of response/closure compliance against service levels as set out in the contract.

Participating agency receives a complaint

This process should be followed if the participating agency receives a complaint:

- that refers to or may otherwise impact Comcare (defer to or consult with Comcare).
- about the service provider relating to their management of a claim under the DCMA:
 - where there has not been a previous complaint about the same issue (defer to service provider)
 - where there has been a previous complaint about the same issue (defer to Comcare)
- about the participating agency as an employer or the rehabilitation authority (participating agency responds).
- about the exercise of delegation by the agency delegate (participating agency responds).

Agency steps

1. Determine whether the complaint should be deferred to Comcare or the service provider, or if Comcare should be consulted on the response. If deferring or consulting with Comcare, a copy of the complaint should be emailed to the Comcare Feedback team. (feedback.mailbox@comcare.gov.au).
2. For complaints that are not deferred, respond to the complaint in accordance with your internal complaints handling processes.
3. Where the complaint is about the exercise of delegation by the agency delegate and the complainant is not satisfied with the initial response by the participating agency and requests further review/action, notify the Comcare Feedback team (feedback.mailbox@comcare.gov.au) within one business day of receipt.

Comcare will provide further instructions for dealing with the complainant.

Comcare receives a complaint

Comcare will manage and provide a response for complaints which refer to or may otherwise impact Comcare. Complaints relating to service delivery will be deferred to the service provider for response in the first instance. Where the employee has made a previous complaint about the service provider regarding the same issue, Comcare will respond.

Comcare's Feedback team will consult directly with the agency/service provider as required.

All complaints received directly by Comcare staff, that relate to the DCMA, or a claim managed under the arrangements, should be sent to: feedback.mailbox@comcare.gov.au.

This process should be followed if Comcare receives a complaint in relation to the DCMA or an individual claim managed as part of the arrangements.

Steps

1. Comcare Feedback team receive a complaint in relation to the DCMA or an individual claim managed as part of the DCMA.

If the complaint:

Refers to or otherwise impacts Comcare or the employee has made a previous complaint on the same issue	<ul style="list-style-type: none"> • Comcare Feedback team to review details relating to the complaint on the PRACSYS claim file and draft a response. • If additional information is required from the agency/service provider, Comcare Feedback team will request this, cc'ing the CCS team. • agency/service provider to respond to the Feedback team's queries within one business day of receipt, cc'ing the CCS team. • Feedback team to finalise the response. • Feedback team to provide a copy of the finalised response to the agency/service provider for their records and attach a copy of the complaint and response to the PRACSYS claim file.
Is in relation to service delivery and the employee has not made a previous complaint on the same issue	<ul style="list-style-type: none"> • Comcare Feedback team to acknowledge the complaint and advise that it will be referred to the service provider for response • The feedback team to send a copy of the complaint to the service provider contact, cc'ing the CCS team and the participating agency contact, requesting that the service provider finalise a response. • Service provider to respond following their internal processes. • Service provider to notify the Feedback team of the outcome (feedback.mailbox@comcare.gov.au), whether informally managed or responded to in writing, cc'ing the CCS team. If the response is in writing, provide a copy to the Feedback team and attach a copy to the PRACSYS claim file.

Ministerial requests

Comcare or agency receives a ministerial request

If Comcare or the participating agency receives a ministerial request in relation to a claim that is part of the DCMA, standard agency processes for preparing a response to the request should be followed. In addition:

1. Comcare and the participating agency should advise each other when a ministerial request is received as input may be required from both agencies.
2. A copy of the finalised response should also be provided to each party.

-
-
3. The CCS team should be included on any communication regarding the ministerial request.



- **Comcare delegated claims complaints process**

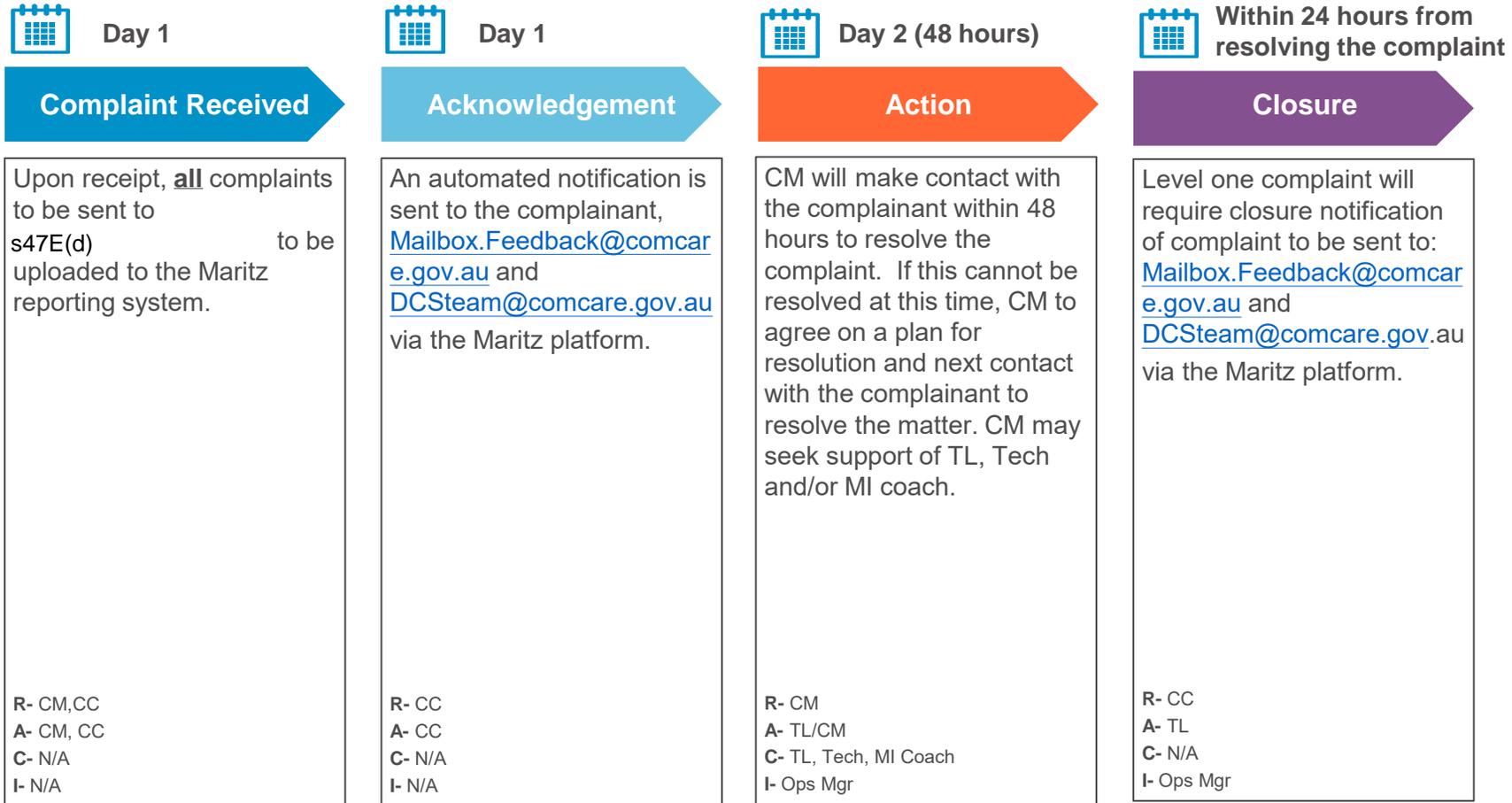
January 2025

we help people get their lives back

Level 1* Claims Complaints Process

CM- EML Claims Manager
CC- EML Customer Care team
TL- FOI documents - SOL EX 12764 EML Team Leader
Tech- EML Technical team
MI Coach- EML Motivational Interactions coach
Ops Mgr- EML Operations Manager

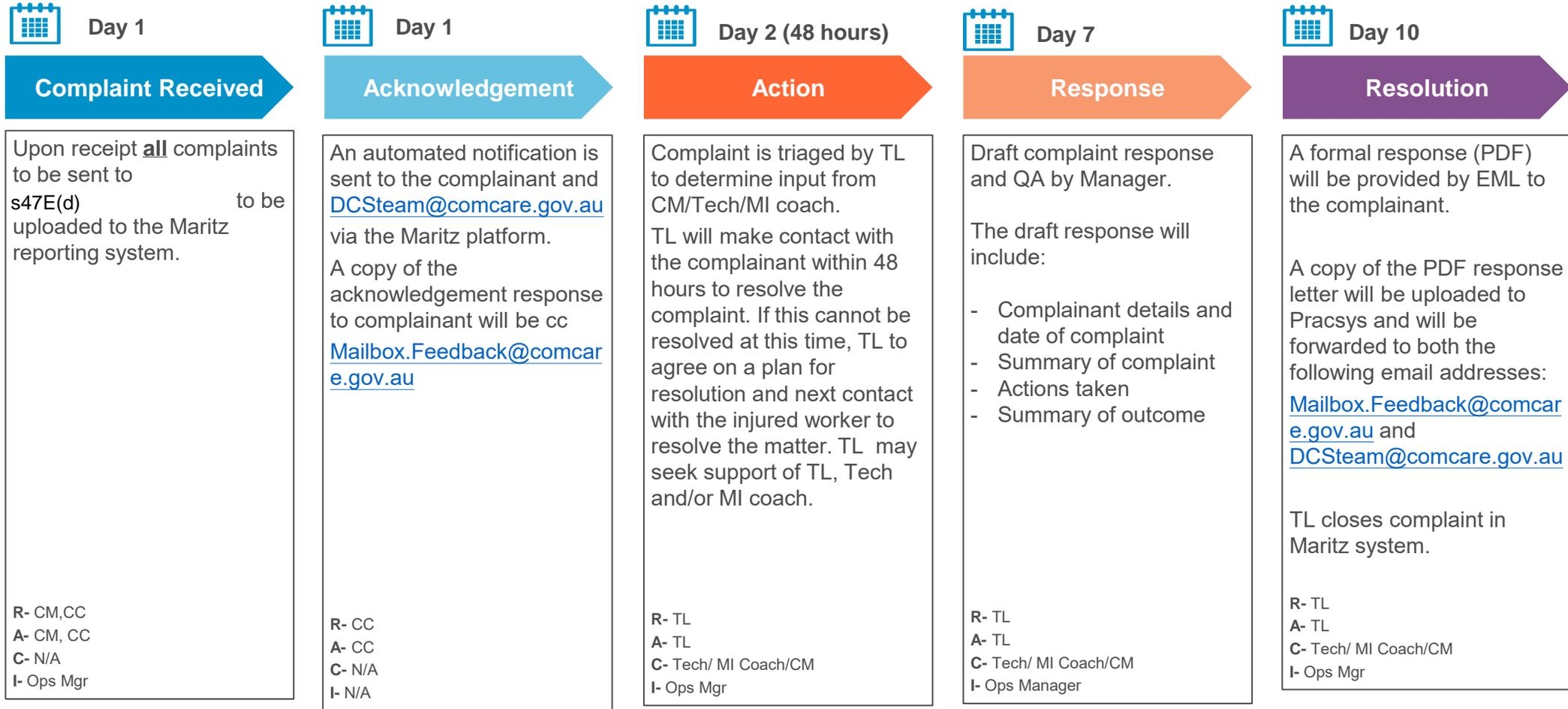
* Level one complaints do not necessarily require a formal response



Responsible (R): The person or people who do the work to complete the task.	Accountable (A): The person who is ultimately answerable for the correct and thorough completion of the task	Consulted (C): Those whose opinions are sought, typically subject-matter expert	Informed (I): Those who are kept up to date on progress
--	---	--	--

Level 2 Claims Complaints Process

CM- EML Claims Manager
CC- FOI documents - SOLEX12764
TL- EML Customer Care team
Tech- EML Team Leader
MI Coach- EML Technical team
Ops Mgr- EML Motivational Interactions
Ops Mgr- EML Operations Manager



Responsible (R): The person or people who do the work to complete the task.
Accountable (A): The person who is ultimately answerable for the correct and thorough completion of the task
Consulted (C): Those whose opinions are sought, typically subject-matter expert
Informed (I): Those who are kept up to date on progress

Roles & Responsibilities

ROLE	NAME	CONTACT DETAILS	RESPONSIBILITY	OPERATIONAL ESCALATION
Claims Operations Manager	s47F	GPO Box 805 Canberra ACT 2601 P s47F E F	<ul style="list-style-type: none"> • Delivery of contracted services • Resource management and delivery • Business Model & Claims Operating Model Stream Lead • Operationalisation and delivery of the claims management model 	<ul style="list-style-type: none"> • Monitoring of Level 2 complaints management. • Escalation point for outstanding responses from the Team Leader/ Team Manager • Escalation for systemic operational concerns. • Escalation for claims operating model and resourcing overview.
Senior Manager- Performance and Assurance	s47F	GPO Box 805. Canberra ACT 2601 P s47F E F	<ul style="list-style-type: none"> • Contract management • Performance delivery • Analysis, reporting and monitoring • Risk/Privacy/Fraud • Quality Assurance • Governance 	<ul style="list-style-type: none"> • Escalation point systemic performance concerns. • Escalation point for systemic concerns on contract deliverables pertaining to the Deed. • Escalation point and overall management of any Risk/Privacy/Fraud incidents • Escalation for monthly performance reporting concerns or feedback.
Program Manager	s47F	GPO Box 805, Canberra ACT 2601 P s47F E F	<ul style="list-style-type: none"> • Contract Delivery support • Performance delivery support • Analysis, reporting and monitoring support • Quality Assurance support • Project management and operational efficiency. 	<ul style="list-style-type: none"> • Initial escalation for isolated contract deliverables pertaining to the Deed. • Initial contact relating to the adherence to reporting and meeting rhythms deliverable under the Deed.
Team Leader*	Vacant	TBC	<ul style="list-style-type: none"> • Accountable for team delivery of services in accordance with the Claims Management Instructions. 	<ul style="list-style-type: none"> • Initial escalation point for isolated service delivery concerns or feedback. • Management of Level 1 and 2 complaints management. • Responsible for the remediation actions of quality assurance results. <p><i>*These responsibilities are currently being undertaken by s47F in her role as Team Manager.</i></p>
Team Manager /Agency Customer Contact	s47F	GPO Box 805, Canberra ACT 2601 P s47F E F	<ul style="list-style-type: none"> • Customer Relationship Stream Lead • Primary service provider contact for Participating Agency • First escalation point for Participating Agency issues • Coordination and facilitation of services to Agency 	<ul style="list-style-type: none"> • Secondary escalation point for systemic service delivery concerns or feedback. • Initial escalation point for systemic operational concerns. • Monitoring and Escalation of Level 1 & 2 complaints management. • Escalation point for any feedback relating to Quality Assurance. • Initial contact for monthly performance reporting concerns or feedback.
Group Manager, Technical	s47F	GPO Box 805, Canberra ACT 2601 P s47F E F	<ul style="list-style-type: none"> • Delivery of technical specialist services for claims management, including but not limited to: <ul style="list-style-type: none"> • Injury Management and Psychological injury support • Reconsiderations • Eligibility • Incapacity 	<ul style="list-style-type: none"> • Escalation point from the client, claims team, claims Team Leader and Group Managers on any issues about a recommendation and point of legislative reference.



Australian Government

Comcare

CARS USER GUIDE

Step-by-step processes

Contents

Introduction.....	1
Purpose	1
Who is it for?.....	1
Key outcomes.....	1
System overview.....	1
Links to related resources.....	2
Navigation basics	2
Logging in	2
System layout.....	2
Setting up a new complaint form	3
Create a new complaint.....	3
Search for or add a new contact.....	3
Recording an anonymous complaint	4
Complaints made on behalf of a person or organisation	4
Recording source	5
Recording claim details	6
Adding case details	7
Recording Origin	8
Adding priority to a complaint.....	9
Selecting a Complexity rating	9
How complexity and priority work together	10
Applying the complaint taxonomy.....	10
Activity, Domain and Sub-domain	10
Recording and editing case category and case issue.....	11
Entering Employer Information	14
Recording the Case Summary	15
Assigning a new Case Owner	16
Adding documents to a complaint case.....	16
Titling standards for documents.....	17
Linking related cases.....	18



Australian Government
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Managing a case	19
Corrective actions	19
Follow up actions	20
Root cause selection	20
Deactivating (closing) a complaint	21
Before you deactivate a complaint.....	21
Selecting a resolution value	22
How to deactivate a complaint.....	22
Reactivating a complaint.....	23
Searching and viewing complaints	23
Global search bar	23
Search bar within a case list.....	25
Filtering and sorting case lists.....	25
Grouping case lists	25
Editing columns.....	26
Cases vs Case Classification Lists	27
Creating and saving new list views	29
Creating a new view.....	29
Locate a Saved View	29
Set a Default View.....	30
Edit a Saved View	30
Delete, Manage and Share Views	31
Reporting and dashboards	33
Accessing reports	33
Understanding the Customer Service Dashboard	33
Recording Ministerial and CEO Complaints	35
Managing duplicate cases	37
Closing a duplicate case	37
Excluding cancelled cases from reporting	37
Appendix	38
Table 1A Complaint category and linked complaint issues	38

Introduction

Purpose

The purpose of this manual is to guide users through the step-by-step process of navigating and using the Complaint and Resolution System (CARS). It provides clear instructions to help staff enter, manage, and resolve complaints within the system effectively and in line with organisational procedures.

Who is it for?

This guide is intended for all staff responsible for recording, managing or resolving or responding to complaints within CARS. It is designed for complaint handlers, team leader or managers and support staff who will work with the system as part of their role.

Key outcomes

By using this guide, staff will be able to:

- Confidently navigate the CARS interface
- Create, view and update complaint records accurately
- Select appropriate values for mandatory fields
- Record key dates and actions, upload and store documents
- Understand how to finalise and close a complaint case
- Access and interpret system-generated information in reporting and dashboard views
- Apply consistent data entry practices
- Know where to find help or escalate technical issues when required

System overview

CARS is the central platform used to record, manage and resolve complaints across the organisation. It supports a consistent and transparent approach to complaint handling by guiding users through key stages of the complaint life cycle – from intake and acknowledgement through to resolution and closure.

By defining mandatory fields, the system provides a consistent approach to minimum enterprise record keeping requirements for complaint handling.

Built on a structured data classification taxonomy, the system ensures complaints are categorised accurately to support reporting, trend tracking, and root cause analysis for service improvement. It also allows staff to track progress, store key documents, monitor follow up actions and access relevant information all in one place.

The system includes the following key features:

- **Unique identifier:** each complaint record has a unique identifier to enable accurate tracking and reporting.

- **Defined enterprise data standards:** to drive insight and consistent operational processes by capturing fields such as date of receipt, priority, ownership, risk rating, outcome and learning.
- **Complaint intake:** record new complaints with predefined fields to ensure consistency, enable checking for prior complaints to reduce risk of duplication and provide a holistic complaint history.
- **Complaint classification:** apply categories, issues and resolution types based on the complaint taxonomy.
- **Case tracking:** monitor complaint progress, due dates, and actions.
- **Record keeping:** keep record of all correspondence and relevant documents.
- **Audit history:** view system generated logs of key updates and changes to records.
- **Search and reporting:** find complaints using filters and access summary view or dashboards.

Links to related resources

[Complaints central](#)

[Using CARS - a one stop shop](#)

[Complaints Management Coordination](#)

[Complaints Community of Practice](#)

Navigation basics

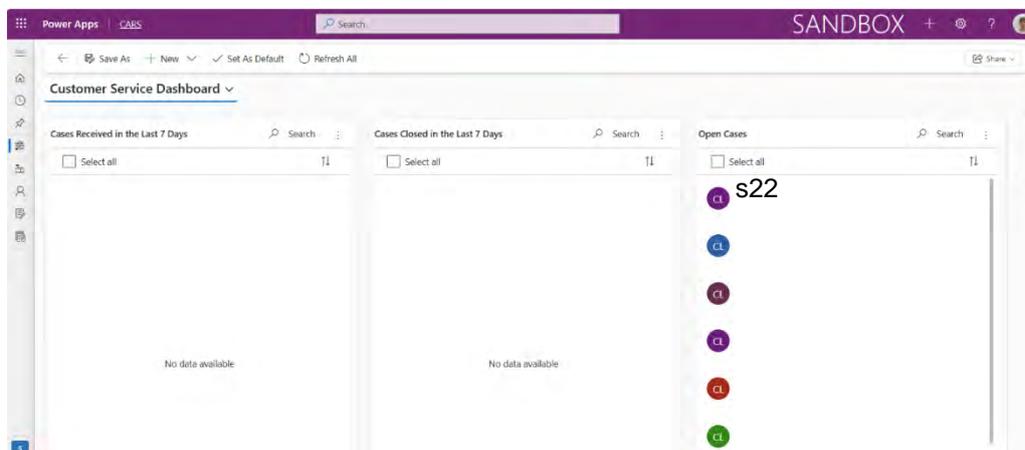
This section outlines how to access and move around CARS. It covers logging in, understanding the system layout, and using key features such as menus, search and filters.

Logging in

- Access the system via [Customer Service Dashboard - Power Apps](#)
- All approved users will have single sign on access

System layout

Upon login, you will see the dashboard which provides a summary of complaint activity.



- The main navigation menu is located on the left-hand side in the grey column.
- System settings and preferences can be viewed or changed from the cog located in between + and ? in the top right corner.
- Key areas for regular use include:
 - Cases – a list of all Active Cases
 - New complaint – create a new complaint record
 - Contacts – search for an existing contact
 - Case search – find and filter
 - Reports/Dashboards - access high-level complaint data

Key navigation tips

- Use the arrow or back button to return to previous views.
- Look for tabs within each case General, Documents, Related (to bring up audit history).
- Mandatory fields are marked with an asterisk (*) and must be completed to save a case.
- Use the global search function to look for case number, contact name or Commonwealth Agency
- Apply filters to case lists to narrow down results (e.g. by complaint category, domain, or owner)

Setting up a new complaint form

This section outlines the key steps involved in managing a complaint in the system from creation to closure. Each step includes system guidance to ensure data is recorded consistently and in line with complaint handling procedures.

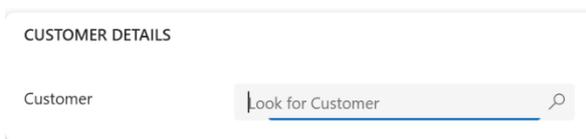
Create a new complaint

- Navigate to the cases icon and select +New from the top menu bar

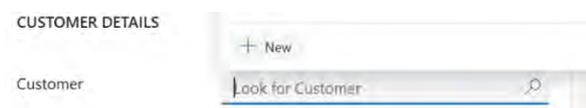


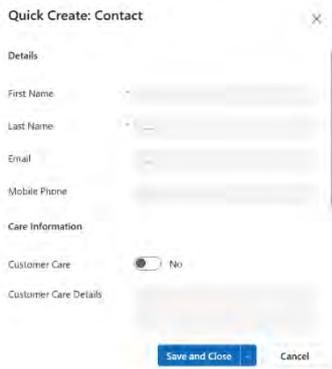
Search for or add a new contact

- Begin typing first or last name of contact into the field. A dynamic list of results will appear. Select the correct customer.



- If contact record does not appear, select + New to create a contact. Enter all known details before selecting Save and Close.

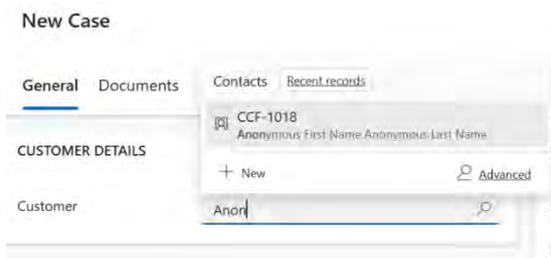




Recording an anonymous complaint

If the complainant chooses to remain anonymous:

- Begin typing 'anonymous' into the customer search field. Select CCF-1018 as the contact.



- Record any available contextual information to support assessment and resolution.
- Proceed with completing mandatory fields as with any other complaint case.

Complaints made on behalf of a person or organisation

If a complaint is submitted by a third party (e.g. a family member, legal representative, union or advocate), it is important to capture both the individual or organisation they are acting for and their own name and confirm whether they have the appropriate authorisation to receive information about the case.

When a complaint is submitted by a representative on behalf of an injured worker, the injured worker's name should be entered as the contact to ensure all complaint case history remains linked to the name on the claim file.

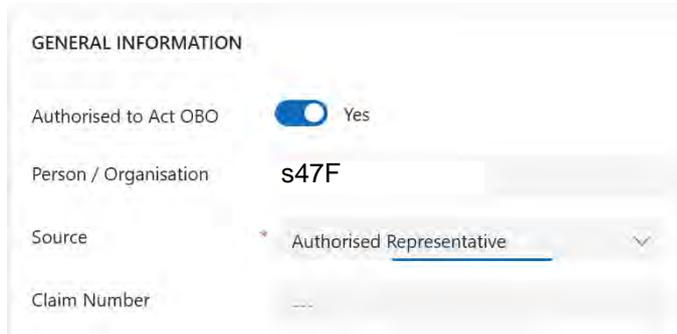
When a complaint is submitted by someone representing an organisation (such as an employer, service provider or Commonwealth agency), record the organisation name in the **Contact** field so that all complaints from the organisation can be archived together, and enter the individual's name in the **Person/Organisation** field.

Scenario one: authorised representative acting for an injured worker

- Enter the injured worker's name and details in the **Contact** field
- Enter the name of the authorised representative in the **Person/Organisation** field.
- If authority is confirmed in line with Comcare policy, slide the **Authorised to Act OCO** button.
- Select the appropriate option in the Source field.

Scenario two: individual representing an organisation

- Enter the organisation name and details in the Contact field.
- Enter the individual's name in the Person/Organisation field.
- If applicable and/or authority is confirmed, slide the Authorised to Act OBO button.
- Select the appropriate option in the Source field.



The screenshot shows a form titled "GENERAL INFORMATION". It contains the following fields:

- Authorised to Act OBO:** A toggle switch is turned on, with the text "Yes" next to it.
- Person / Organisation:** A text input field containing the value "s47F".
- Source:** A dropdown menu with "Authorised Representative" selected.
- Claim Number:** A text input field with a dashed line indicating it is empty.

If the person is not authorised to act on behalf of someone else

If a complaint is lodged by someone and no authority has been confirmed or provided, the following steps should be taken.

To record this:

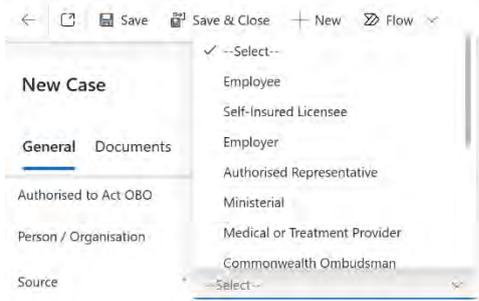
- Enter the complainant's details as usual.
- **Do not mark them as an Authorised to Act OBO**, unless authority has been verified.
- In the **Case Summary**, document that the complaint was received without formal authority.
- Proceed to assess the complaint to the extent possible based on the available information.
- If required, request verification or supporting documentation before progressing further or disclosing sensitive information and update fields as appropriate.

Tip: Clearly distinguish between complaints about a matter and complaints made on behalf of someone, especially where privacy or consent is involved.

Recording source

The Source field is mandatory and must be selected from a drop-down list. It identifies who has raised the complaint to Comcare.

- Select the most appropriate source based on the complainant's role or relationship to the matter. This ensures accurate classification and reporting.
- If the source cannot be confidently determined – such as an anonymous complaint or unclear submissions – select **Unknown**.



Note on using Source vs Origin

While both **Source** and **Origin** are mandatory fields used to capture how a complaint enters the system, they serve distinct purposes.

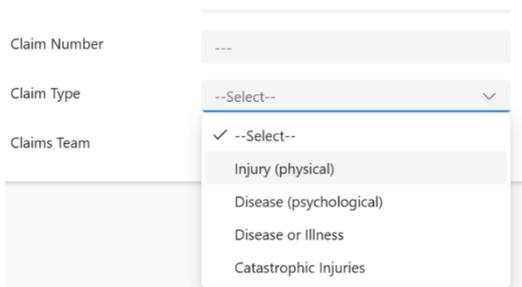
- **Source** refers to who submitted the complaint (e.g. employee, employer, legal representative, member of the public).
- **Origin** refers to how the complaint was received (e.g. email to direct to staff member or shared inbox, phone call, in person).

Recording claim details

If the complaint relates to a specific claim, the system includes three fields to capture key claim information. These fields should only be completed where relevant and where the user has access to Pracsys.

Claim fields:

- **Claim number** – enter the full claim number as recorded in Pracsys.
- **Claim type** – select the appropriate type from the drop-down list.



- **Claims team** – select the team responsible for managing the claim from the drop-down list.

The screenshot shows a 'New Case' form with a 'Claims Team' dropdown menu open. The menu lists several options: CCF, Claims Team 1, Claims Team 3, Claims Team 4, Claims Team 5, Comcare Staff Claims, DCMA: EML, and DCMA: Gallagher Bassett. The 'Claims Team' field is currently set to 'Select--'.

Tip: If access to Pracsys is not available or the complaint is not claim – related, leave these fields blank.

Adding case details

This section of the complaint record capture key information about the complaint case. These fields provide the foundation for tracking, managing and reporting on complaints.

Case number

- Automatically generated by the system once the complaint record is first saved.
- Cannot be edited
- Used as the unique reference number for all complaint correspondence and reporting.

Case type:

- Select from Complaint (default) or enquiry in the drop-down list

The screenshot shows the 'CASE DETAILS' section of the form. The 'Case Number' field is empty. The 'Case Type' dropdown is set to 'Complaint'. The 'Date Lodged' dropdown is also set to 'Complaint'. The 'Acknowledgement Date' field is empty.

- Use *Complaint* when the concern relates to dissatisfaction with a service, decision or process (as per definition).
- Use *Enquiry* when the matter is a question, request for information, or general contact that does not require a review or resolution under the complaint management framework.

Date lodged:

- This field is mandatory (red asterisk) and editable.
- Should reflect the date the complainant **first raised the issue with Comcare** (e.g. date an email was sent by a complainant), not the date it was entered into the system.

Acknowledgement date:

- Record the date the acknowledgement was sent or issued to the complainant.
- Standard KPI is two-calendar days.

- If acknowledgement is not required (e.g. anonymous complaint), leave the field blank.

Example below of completed case details:

CASE DETAILS

Case Number *

Case Type *

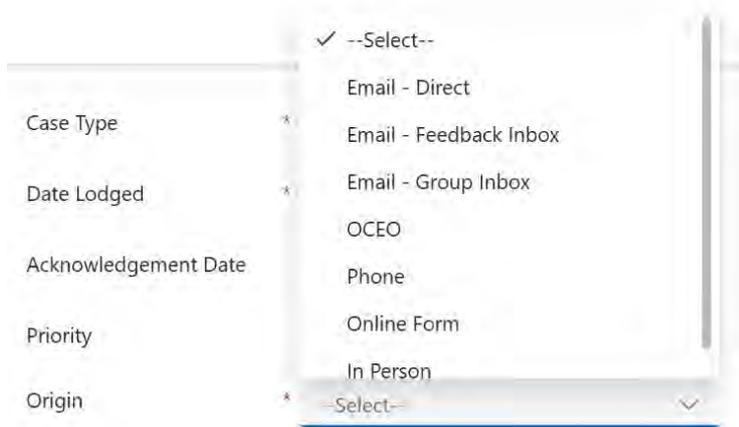
Date Lodged *

Acknowledgement Date

Recording Origin

The origin field is mandatory and selected from a drop-down list. It captures how the complaint was received by Comcare.

- Choose the option that best reflects the method or channel through which the complaint was submitted.



See the table below to help with the selection of the correct email lodgement

Lodgement type	Description	Example
Email - (direct)	Sent directly to a staff member's individual inbox	s47E(d)
Email – (Feedback inbox)	Received via feedback@comcare.gov.au	Feedback@comcare.gov.au
Email – (Group inbox)	Sent to a shared team or business area inbox	Whs.help@comcare.gov.au

Tip: For any complaint that originates from the OCEO regardless of format – will be OCEO.

Adding priority to a complaint

The priority field is a slide button used to indicate that a complaint requires accelerated or specific handling due to heightened risk or urgency.

Typical triggers for activating **Priority** include:

- Immediate and significant risk to the wellbeing, safety or financial stability of an individual
- Escalations through a Parliamentarian or their office, media interest or reputational risk to Comcare.

Turning on the priority toggle helps ensure these cases are triaged, escalated, and actioned appropriately.

A screenshot of a form with the following fields:

- Priority: A toggle switch is turned on, labeled 'Yes'.
- Origin: A dropdown menu showing 'Email - Feedback Inbox'.
- Activity: A dropdown menu showing 'Claim Lodgement'.
- Complaint Category: A dropdown menu showing 'Service Quality'.

Tip: you can sort complaint lists by the Priority field, and then Yes to No, to easily monitor and manage high-priority cases.

A screenshot of a table header with the following sorting options:

- Priority ↓
- Case Number
- Case Type
- Customer N...
- Customer
- Claim Num...
- Date Lodged

Selecting a Complexity rating

The **Complexity** field is a drop-down selection used to assess the expected level of effort and coordination required to resolve the complaint. It supports triage, resourcing and oversight.

A screenshot of a form with the following fields:

- Activity: A dropdown menu showing 'Change in Claims Manager'.
- Complaint Category: A dropdown menu with an asterisk.
- Complaint Issue: A dropdown menu with a checkmark next to 'Level 2'.
- Complexity: A dropdown menu with an asterisk showing 'Level 2'.

Select one of the following levels:

Level	Complexity	Description
1	Low	The complaint is straight-forward with a clear resolution path that can be actioned either on the spot by the officer or without stakeholder involvement.

2	Moderate	The complaint requires some analysis, coordination across team or additional information to resolve.
3	High	The complaint involves multiple parties, significant risk, high sensitivity or legal/technical complexity. Will require senior oversight.

How complexity and priority work together

- Priority indicates urgency or risk – such as safety or wellbeing concerns and reputational issues.
- Complexity reflects the efforts and coordination required to resolve the issue.

These fields are independent but complementary:

- A complaint can be a high priority but low complexity (e.g. urgent Ministerial response required with a simple fix)
- Or without a priority but high complexity (e.g. complex policy concern with no immediate risk).

Applying the complaint taxonomy

The complaint taxonomy helps us consistently classify complaints across the organisation. It ensures we understand what the complaint is about, where it sits within our business, and who might need to respond. After a matter is resolved, it also supports trend analysis and reporting by enabling us to identify pinpoint recurring issues, target service improvements and monitor the effectiveness of complaint handling over time.

This section will guide you through how to accurately and consistently apply the complaint taxonomy when entering complaint data into the system.

It includes:

- High level guidance on how to classify complaints using the correct category, issue and resolution.
- Tips to support accurate data entry, including selecting options that best reflect the nature of the complaint
- Reminders to check for alignment across the fields to ensure consistency in reporting.

Further detail, including field descriptions, examples and decision support is available on [Using CARS - a one stop shop](#)

Activity, Domain and Sub-domain

When recording a complaint, start by selecting the appropriate **Activity**. If known, it helps to identify the point in the customer’s journey where the complaint arose.

- Activities are displayed in alphabetical order (not grouped by core function area)
- Each **Activity** is related to a **Domain** – which reflects the core business function

Review each Domain and related Sub- Domain and Activity on [Using CARS - a one stop shop](#)

Example complaint: An employee emailed general.enquiries@comcare.gov.au reporting their dissatisfaction with having three months pass without an update or outcome on a Reconsideration submission.

Example selection to represent complaint: Domain – Claim Management; Sub-domain – Comcare; Activity – Initial Liability Determination.

Origin	* Email - Group Inbox
Activity	Initial Liability Determination
Complaint Category	* ---
Complaint Issue	* ---
Complexity	* ---
Domain	* Claims Management
Sub-domain	Comcare

Cross-cutting Activities

In addition, to domain-specific activities, the following options can be selected with *any* domain or sub-domain when relevant to the nature of the complaint:

- **Complaint management** – issues relating to how the complaint was handled.
- **Policy/procedure** – concerns with the fairness, appropriateness, clarity or application of a policy or procedure.
- **Staff conduct** – allegations or concerns relating to the behaviour or actions of an individual staff member or contractor.

Recording and editing case category and case issue

These fields help classify the nature of the complaint.

- **Case category:** broad issue the complaint relates to (e.g. *service quality, decision making, timeliness*)
- **Case issue:** specific concern within the selected category (e.g. under *communication quality: lack of empathy, complaint issue not understood*).

When recording a complaint:

- Select a **Case Category** by placing cursor in the field and hit enter to return a list of options or start typing in the field and the system will dynamically display options matching the text.

- Then, choose the most relevant **Case Issue** from a pre-defined list associated with that category. Options will appear if you place your cursor in the field and hit enter or start typing.
- At this stage, a user can only enter one complaint category and issue. See below steps for recording multiple complaints strings.
- Refer to [Using CARS - a one stop shop](#) or Table 1A in the Appendix for detailed table reflecting the relationship between each **Case Category** and the associated **Case Issues**.
- Definitions for each complaint issue are provided in a separate document to support accurate and consistent classification. Users should consult the [Complaint User Definition Guide](#) to ensure the issue selection reflects the core of the complaint.
- **Case Issue** options appear alphabetically in the system.

Example:

A screenshot of a form with the following fields and values:

- Priority: No
- Origin: * Email - Group Inbox
- Case Activity: Initial Liability Determination
- Case Category: * Timeliness and Responsiveness
- Case Issue: * Delay in Decision Making
- Complexity: * Level 2
- Domain: * Claims Management
- Sub-domain: Comcare

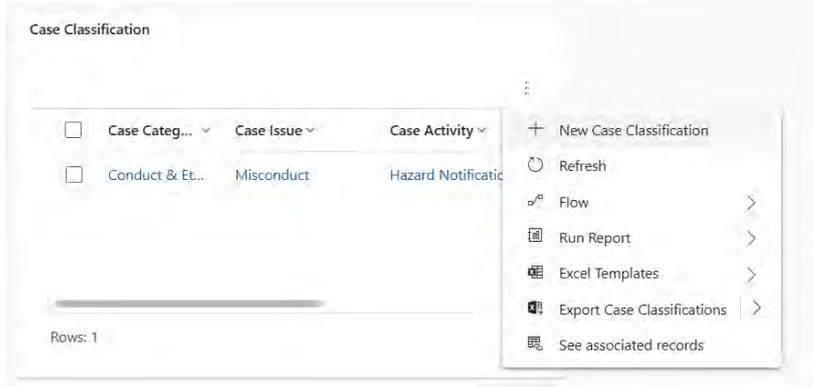
- Once the record has been saved, the fields Case Activity, Case Category, Case Issue and Case Resolution will be displayed in the Case Classification Panel.

A screenshot of the Case Classification Panel in a system. It shows a table with columns for Case Category, Case Issue, Case Activity, and Case Resolution. The first row contains the following values:

- Case Category: Timeliness an...
- Case Issue: Delay in Decision ...
- Case Activity: Initial Liability Det...
- Case Resolution: (empty)

There are three dots to the right of the first row, indicating that more rows can be added.

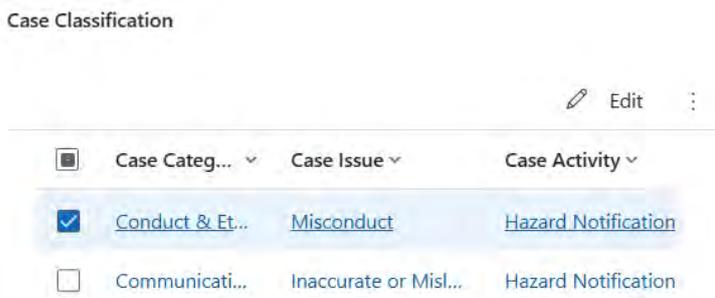
- To add additional complaint strings, click on the three dots and select **+ New Case Classification**.



- Select the relevant options to complete the fields within the complaint string.



- Click Save and Close at the bottom of the panel to return to the complaint form.
- **To edit** a complaint string, check the tick box next to the row that will be updated and select edit.



- Click on the X next to the field that you wish to edit and replace with updated value.
- Note: if a user removes a Case Category value, the system will also clear the Case Issue Field.

General Related ▾

Case Activity Hazard Notification ×

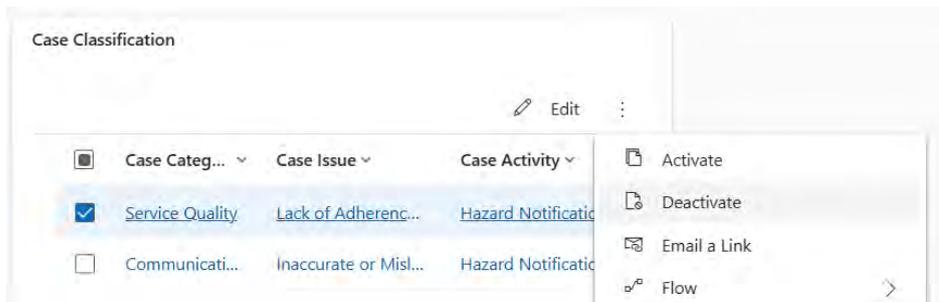
Case Category * ---
⊗ Case Category: Required fields must be filled in.

Case Issue * ---
⊗ Case Issue: Required fields must be filled in.

Case Resolutions ---

Case * 🔒 s22

- Select Save and Close from the top menu to return to the complaint form.
- **To deactivate** (records cannot be deleted) a complaint string on a complaint form, check the tick box of the string to be removed. Click on the three dots and select Deactivate from the list.



- There will be not prompts once Deactivated is clicked and the complaint string will disappear from the Case Classification panel immediately.
- Cases require at least on Case Category and Case Issue to be recorded for the case to save.
- To complete the complaint, string a Resolution value must be added when a review of the complaint has been undertaken, and the action to resolve taken.

Entering Employer Information

The Employer field is used to identify the agency or entity responsible for the injured worker or individual associated with the complaint.

- Record the employer if the complainant is employed by a specific agency, even if the complaint is about Comcare’s service delivery as a claims manager, or a delegated insurer.
- To locate the correct Employer value, click into the field and hit enter or commence typing the start of the agency or entities name. A list of values will appear and update dynamically in alphabetical order.
- Click on the correct Employer to populate the field

The screenshot shows a software interface with a dropdown menu open over a form. The dropdown menu is titled 'Accounts' and has a sub-tab 'Recent records'. It lists several agencies: 'Aboriginal Hostels Limited Agency', 'Administrative Review Tribunal Agency', 'Aged Care Quality and Safety Commission Agency', and 'Asbestos and Silica Safety and Eradication Agency'. Below the list is an 'Advanced' search icon. The form below has the following fields: 'Complexity' (with a red asterisk), 'Domain' (with a red asterisk), 'Sub-domain', 'Employer' (with a search icon and the text 'Look for Employer'), 'Created By' (with a lock icon and the value 's47F'), 'Outcome Due Date' (with a lock icon and the value '16/09/2025'), and 'Outcome Actual Date' (with a plus icon and a date picker icon).

Recording the Case Summary

Case Summary is a free text, mandatory field used to provide a short, factual overview of the complaint. As well as clarifying triage and handling details, it is essential for reporting and future reference. It should be written in a professional, objective tone, reflecting customer sentiment and language where appropriate and should not include unnecessary detail to the handling of the complaint or personal opinions.

Include:

- A brief narrative summary of the complaint
- Five keywords that reflect that highlight the core of the complaint that may not be covered by the taxonomy, or other fields in the complaint form. This is an opportunity to deepen an understanding of the client's concerns, feelings or experience.
- Clearly state what the complainant has asked for – explicitly or implicitly.
- A power quote drawn from the complainant's own words to highlight frustration, sentiment or expectations.
- Handling advice and actions linked to a date
- Related cases that have been linked Example: *"Case s22 linked for same complainant and issue regarding medical reimbursement delays that has been previously responded to."*

Avoid:

- Acronyms or shorthand (e.g. CM, EE, BoM, GM)
- Internal jargon (e.g. refer to R&A)
- Vague summaries (e.g. "complaint about process")
- Large block text (cut and paste of full email)
- Judgemental or emotional language (e.g. the worker was being difficult)
- Click the Case Summary field and commence typing.

SUMMARY

Case Summary *

##Narrative Summary

An employee from the Department of Agriculture, Fisheries and Forestry lodged a complaint about Gallagher Bassett's delays in processing medical reimbursements and lack of clear communication. The complaint relates to delegated claims management. The employee has contacted their claims manager multiple times with no result.

Keywords

cannabis oil, lack of trust, poor relationship, avoidance, impact on sleep

Power Quote

>"I've followed every step and still haven't been paid. It's like I'm invisible."

Complainant Expected Outcome

Employee would like Comcare to have oversight over the issue and make sure Gallagher Bassett are following through on timeframes.

Assigning a new Case Owner

When a complaint needs to be reassigned to another officer follow these steps to update the Case Owner.



- To change a Case Owner, click on the arrow in the top right-hand corner next to the current case owner's name.
- Click the X next to the name to clear the field
- Commence typing the name of the system user to assign the case
- Select the new owner from the list
- Click on the down pointing arrow to close the field

Adding documents to a complaint case

Supporting documents such as emails, letters, review notes and material should be uploaded to the complaint record to provide context, evidence and support auditability. All documents should be relevant, not duplication of files saved in other systems and appropriately named.

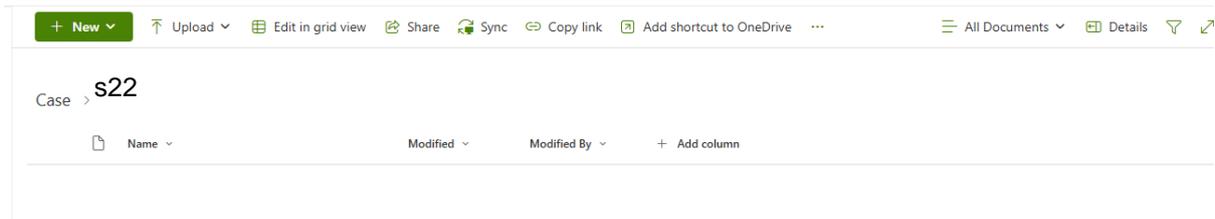
- Documents uploaded to the complaint case are hosted in a location on SharePoint.
- To add a file to a complaint case, click on the **Documents** tab



- Click on the arrow next to **Open Location**, and then select **Documents on Default Site 1**



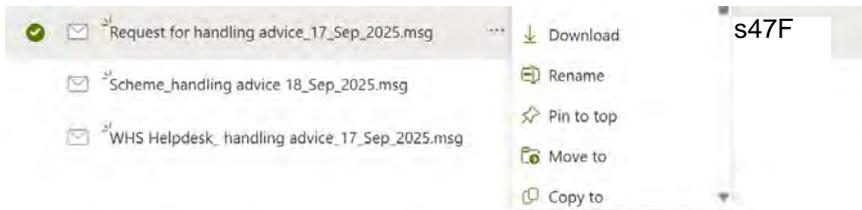
- This will open the file location on SharePoint



- Drag and drop the file into the SharePoint – this works for emails and documents stored in other SharePoint locations.

System users can also use the SharePoint functionality to:

- **Copy To** or **Move To** the CARS folder location
- **Rename** files to follow the titling standards for documents in the next section



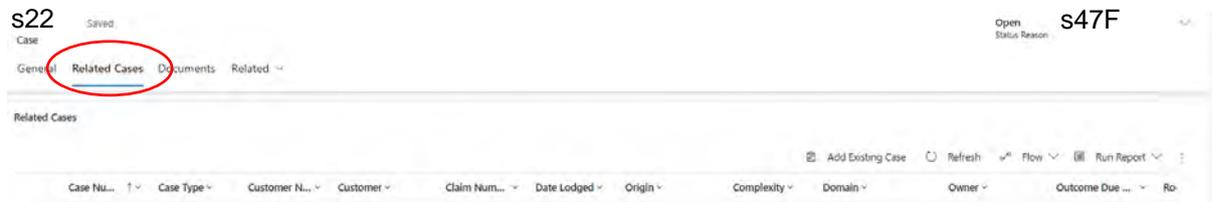
- If a document is uploaded to a record in error, a system user can move the file to the correct location (or back to its source) within the library using the Move To function, as an alternative to deleting.

Titling standards for documents

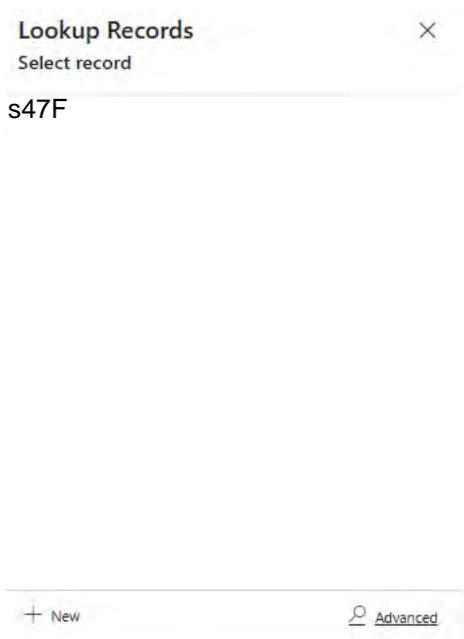
- Use plain English descriptive words to make titles meaningful and easily understood by other system users
- Provide sufficient information to make titles meaningful.
- Good file examples:
 - Acknowledgementletter_delayinprocessing_12_Sep_2025
 - Responseletter_delayinprocessing_25_Sep_2025_final
 - Requestforhandlingadvice_OCEO_17_Sep_2025
 - WHShelpdesk_handlingadvice_18_Sep_2025

Linking related cases

Use the Related Cases function to connect complaints that are related to a complainant, particularly where a response to a matter raised has been previously provided; to an escalated complaint that is sitting with the OCEO and the history of the complaint is useful to have at hand, or similarly from an external authority such as the Commonwealth Ombudsman and it is pertinent to have an overview of the management history of the complaint to inform a response.



- Click on the **Related Cases** tab
- To link a related case, click **Add Existing Case**
- Search for the record by typing the case number (if known), or a contact first name. This will return a dynamic list of results



- Select a case or multiple cases directly from the list and then click **Add**.
- To preview a case before selecting. Click on **Advanced** to open a pane of the listed cases with a hyperlink to each case.
- The case will appear under the list

s22 · Saved Open Status Reason s47F

General **Related Cases** Documents Related

Related Cases

<input type="checkbox"/>	Case Num...	Case Type	Customer N...	Customer	Claim Num...	Date Lodged	Origin	Complexity	Domain	Owner	Outcome Due...
<input type="checkbox"/>	s22	Complaint	s22	s47F		2/06/2025	Phone	Level 2	Regulation	s47F	23/06/2025

- Reflect the linking action in the Case Summary to maintain a clear record. Using the following structure:
Related Cases
"Related to: s22"

Managing a case

Once a complaint has been created and classified, you can manage it by recording actions taken, tracking follow-ups, and selecting the root cause. Keeping these fields up to date ensures accurate reporting and visibility of complaint outcomes.

Corrective actions

Use the corrective actions free text field to describe what was done to address or resolve the complaint.

- Type directly in to the corrective actions field.

Examples:

- "Process updated to ensure customer notifications are sent automatically."
- "Staff provided refresher training on documentation requirements."

ACTIONS

Corrective Actions

Staff provided refresher training on documentation requirements

Tips:

- Keep entries concise and action-focused.
- Avoid repeating the complaint summary – focus on what changed as a result.
- This field supports free text, so plain language is best for clarity and reporting.

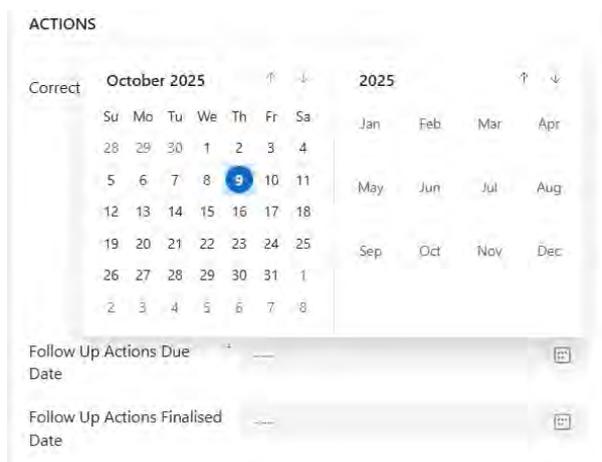
Follow up actions

Follow up actions refer to any additional steps that must be completed to resolve the complaint before finalising and closing the case.

Due date

Use this field to record when the follow up action must be completed.

- Select the calendar icon and choose the appropriate date.
- Ensure due dates are realistic and align with service standards, both internally and to ensure the complaint is resolved in a timely manner.



The screenshot shows a software interface with a calendar. At the top, it says 'ACTIONS' and 'Correct'. The calendar is for 'October 2025'. The date '9' is selected. Below the calendar, there are two input fields: 'Follow Up Actions Due Date' and 'Follow Up Actions Finalised Date'. Both fields have a calendar icon to their right.

Finalised date

Record the date the follow up action was completed.

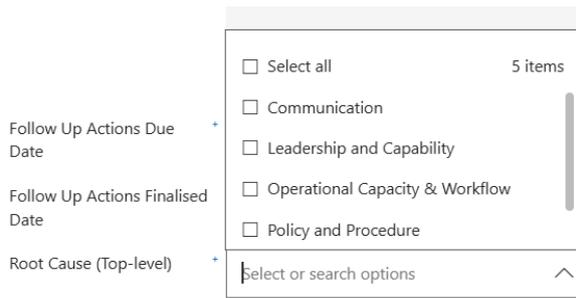
- Leave blank until the action has been verified as complete.
- Once entered, this confirms the case follow up is finalised.

Root cause selection

Recording the root cause helps to identify systemic issues and supports trend analysis.

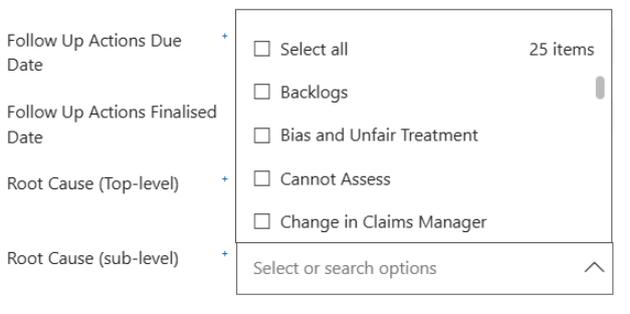
Top-level root cause

- Represents the broad area contributing to the complaint (e.g. process, people, communication, system).
- Choose the most relevant top-level cause from the drop-down menu.



Sub-level root cause

- Provides more specific detail beneath the top-level category.
- Options will not dynamically filters based on the top-level selection
- Descriptions and alignment for each top and sub level root cause can be found at [Using CARS - a one stop shop](#)
- Please only select a sub-level root cause that is aligned with the top-level.



Tip: descriptions for each root cause can be found at [Using CARS - a one stop shop](#)

Best practice: update corrective and follow up actions as the case progresses, then finalise root cause details once the outcome is confirmed. This ensures both the operational record and reporting insights are complete and consistent.

Deactivating (closing) a complaint

In the system, complaints are **deactivated** rather than ‘closed.’ Deactivation has the same practical meaning – it indicates that no further work is required, and the case is complete – but the term reflects how the system manages the record status.

Once all actions have been completed and the outcome confirmed, the complaint can be closed. Closing a complaint indicates that an outcome response has been provided to a client, or there is no further work to be done, and allows the case to be included in reporting.

Before you deactivate a complaint

Check that all key fields are complete:

- **Outcome Actual Date** - has been entered
- **Resolution** – accurately reflects how the complaint was resolved
- **Case summary** - includes all structured fields for analysis

- **Root cause** – both top-level and sub-level causes selected
- **Corrective Actions** – clearly and succinctly describes what was done to address the issue

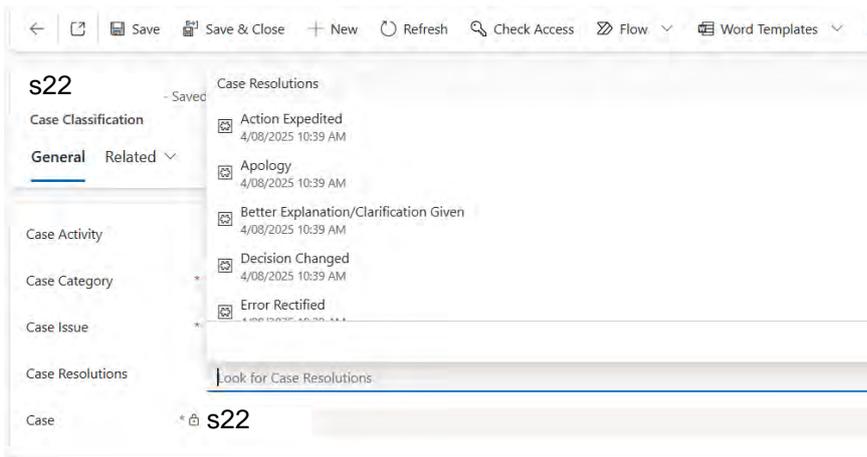
Selecting a resolution value

The **Resolution** field records the outcome of the complaint. It must be selected before the complaint can be deactivated.

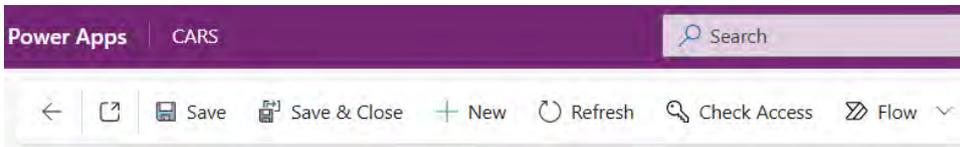
- Open the complaint record.
- Select the first Case Classification string by checking the box and select Edit.



- Click in the Case Resolution field and hit enter to display the values in alphabetical order
- Select the most accurate option from the drop-down list (e.g. Apology, Error Rectified)



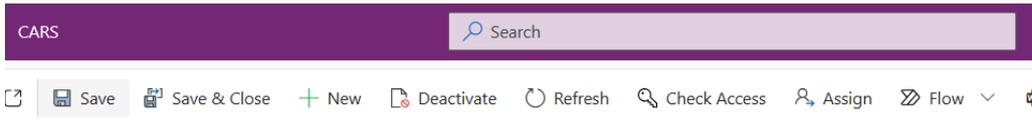
- Select Save or Save & Close from the top menu bar to return to the main complaint form.



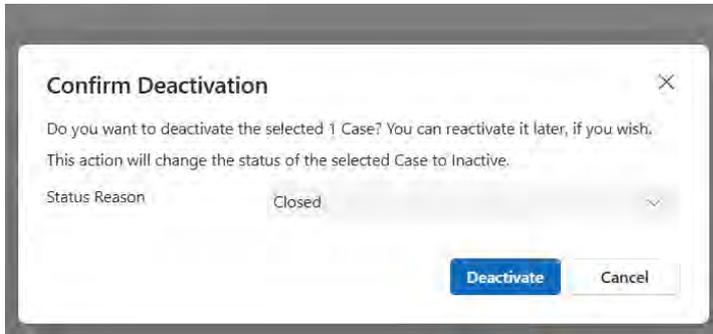
- If multiple issue strings exist, ensure each string has its own resolution recorded.

How to deactivate a complaint

- Open the complaint record.
- Confirm all required fields have been completed.
- Select the Deactivate button on the top menu bar



- Confirm case deactivation by keeping default Status Reason as Closed
- Click Deactivate

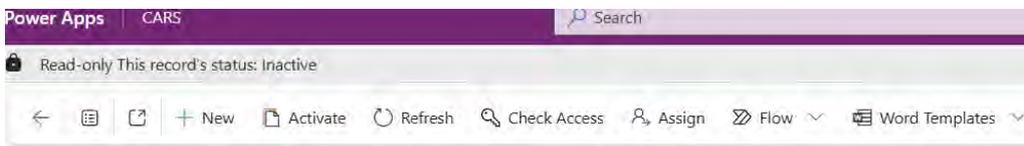


The complaint will move from the Active Case Lists and appear in reporting as Inactive.

Reactivating a complaint

If further information or correspondence is received regarding a matter or issue that has been resolved previously:

- Open the relevant complaint case
- Select Activate from the top menu bar

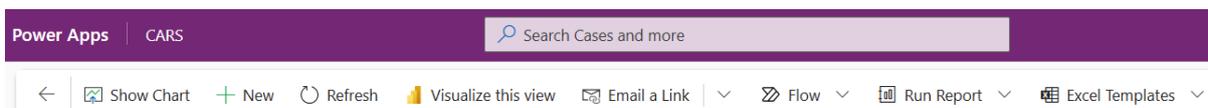


- Update any relevant details, including noting in Case Summary if further correspondence was received and if it is for noting only and no further action is required.
- Once complete, Deactivate the case again.

Best practice: if the new correspondence raises any new or materially different information that need to be addressed, please create a new complaint case.

Searching and viewing complaints

Global search bar

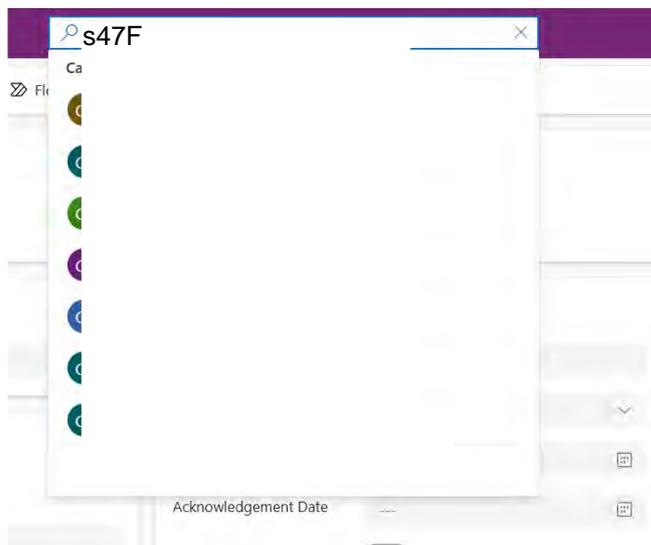


Use the global search function bar at the top of the screen to find complaints and contacts by:

- Complainant name (first and/or last name)
- Case Number
- Claim Number
- Person/Organisation (where there is someone acting on behalf of a stakeholder)
- Keywords from the Case Summary
- Keywords from Corrective Action
- Created By (the system user who created the case)

To begin search:

- Enter the search term either partially or completely into the search bar
- Browse the dynamically matching cases and use the cursor to select the appropriate result or hit enter for a complete list



- After selecting 'show more results' a list of matching cases will appear in a new window and will be sorted by **Top Results, Cases** and **Contacts**
- For the most comprehensive list, select **Cases** or if you are looking for the customer record, select **Contacts**

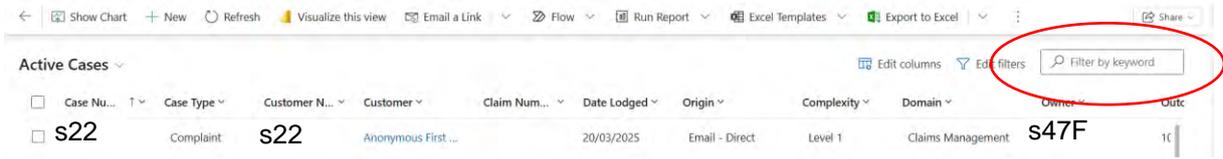


- Locate the record required and click the blue hyperlinked information to view the record in full.

Search bar within a case list

The system provides a search bar within each case list so you can quickly find complaints without leaving the page.

When viewing a list of cases (e.g. Active Cases, All Cases – Last 24 Months):



- Locate the search bar above the case list
- Type a keyword, such as:
 - Complainant name (partial or complete first and/or last name)
 - Case ID if known
 - Keyword from the case summary
- Press enter and the list will refresh to show only cases matching your search.

Filtering and sorting case lists

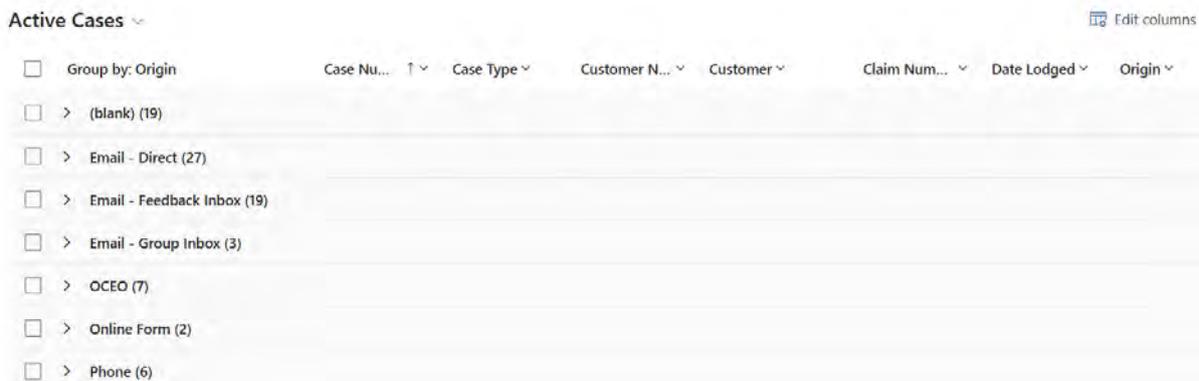
In addition to the search bar, you can refine the list view:

- Filter by column (e.g. status, case owner, domain)
- Sort by column header (e.g. newest to oldest, alphabetical order)
- Select Clear Filters and return to the full list.

Grouping case lists

You can group cases to organise the list by a specific field. This helps to see related complaints together without running separate searches.

- In the case list view, click on the column header you want to group by (e.g. origin, domain)
- Select **Group by** (for this example: Origin)
- The list will automatically collapse into headings



- Expand the desired group by clicking on the arrow to perform further refinements by filtering by another column header.

Active Cases* Edit columns Edit filters Filter by keyword

Group by: Origin	Case Nu...	Case Type	Customer N...	Customer	Claim Num...	Date Lodged	Origin	Complexity	Domain
<input type="checkbox"/> Email - Direct (2)	s22	Complaint	s22	s47F		5/06/2025	Email - Direct	Level 3	Regulat
<input type="checkbox"/>		Complaint				10/06/2025	Email - Direct	Level 2	Regulat

*In this example, the list was filtered by Domain – Regulation

Tips

- Use grouping when you need to quickly compare volumes within a given field
- You can collapse or expand each group to make the list easier to navigate
- To remove grouping, locate and select the column header and then select **Ungroup**

Active Cases* Edit columns Edit filters

Group by: Origin	Case Nu...	Case Type	Customer N...	Customer	Claim Num...	Date Lodged	Origin	Co...
<input checked="" type="checkbox"/> Email - Direct (2)	s22	Complaint	s22	s47F		5/06/2025		
<input type="checkbox"/>		Complaint				10/06/2025		
<input type="checkbox"/> Email - Feedback Inbox (1)								
<input type="checkbox"/> Email - Group Inbox (1)								
<input type="checkbox"/> OCEO (2)								

↑ A to Z
↓ Z to A
Ungroup
Filter by
Column width
Move left
Move right

Editing columns

System users can customise which columns appear in your case list to focus on the information most useful to you.

If you are editing a view that is within the **Case** list apply the following instructions:

- In the **Case** list view, select Edit Columns next to the search bar.

Active Cases Edit columns Edit filters Filter by keyword

Case Nu...	Case Type	Customer N...	Customer	Claim Num...	Date Lodged	Origin	Complexity	Domain	Owner	Ou
<input type="checkbox"/> s22	Complaint	s22	Anonymous First ...		20/03/2025	Email - Direct	Level 1	Claims Management	s47F	TC

- A list of the columns on display will appear
- Select Add Columns to view a list of fields that can be added

Edit columns: Cases

+ Add columns Reset to default

- Case Number
- Case Type
- Customer Number (Customer)
- Customer
- Claim Number
- Date Lodged
- Origin
- Complexity
- Domain

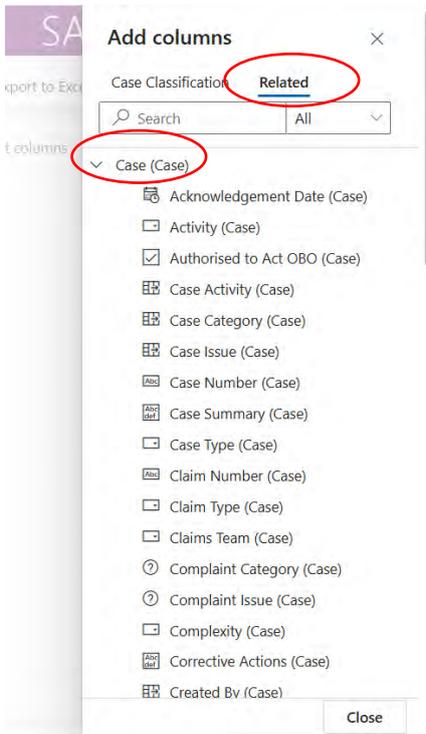
- Select the desired fields, and then click close.
- The newly added fields will appear at the bottom of the Edit columns: Cases pane.
- Use the drag handles to reorder the columns to your preferred sequence.
- Click **Apply** to save changes.

Tip: Views will reset each time, Learn to Save as new view following the instructions in the next section.

If you are editing a column with **Case Classification** list apply the following instructions:



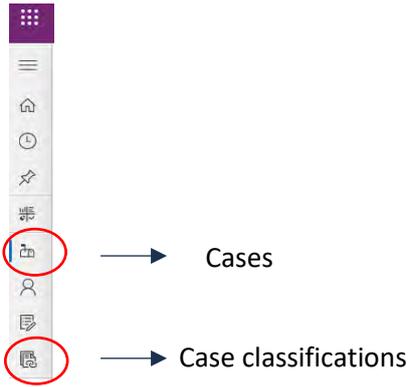
- In the **Case Classification** list view, select Edit Columns next to the search bar.
- Select **Add Columns**.
- Select **Related**, then expand **Case** by clicking on the arrow next to it.



- Select the desired fields, and then click close.
- The newly added fields will appear at the bottom of the Edit Columns: Case Classification pane.
- Use the drag handles to reorder the columns to your preferred sequence.
- Click **Apply** to save the changes.

Cases vs Case Classification Lists

The system has two ways to view complaints: via **Cases** and **Case Classification**. Both display complaint records but behave differently because of how the complaint string logic is set up in the system.



Why two entry points?

Because of how the complaint string logic functions:

- The **Cases** view is case-centric (one row per complaint).
- The **Case Classifications** is string centric (one row per complaint string).

This means that the Case Classifications panel is more powerful for trend analysis, while the Cases icon keeps case management at the forefront.

Cases	Case Classification
Shows a straightforward list of Active Cases (default) as well as other pre-devised lists (All Cases – Last 24 Months, Cases Closed Last 7 Days)	Displays complaints according to complaint string logic
Each case record is displayed once	A single complaint may appear multiple times in the panel if it contains more than one classification string (e.g. multiple issues or categories recorded against the same complaint)
Best Used for:	Best Used for:
Day to day case management	Analysing complaints by Activity, Category, Issue or Resolution
Quickly reporting or updating a case	Editing columns applying filters, grouping and saving customised views for reporting
Running a simple search on a complaint	Generating reports that reflect the classification details of complaints

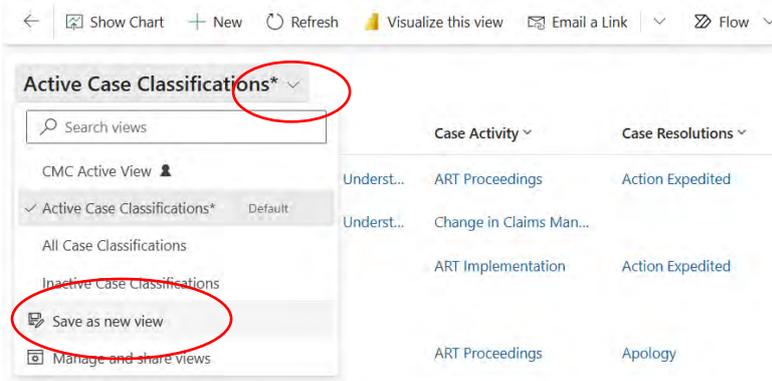
Creating and saving new list views

List views allow users to customise how cases are displayed and save these settings for future use. This helps you to quickly return to the same view without reapplying filters, grouping or column changes each time.

In CARS this can be done from the Case or Case Classification view.

Creating a new view

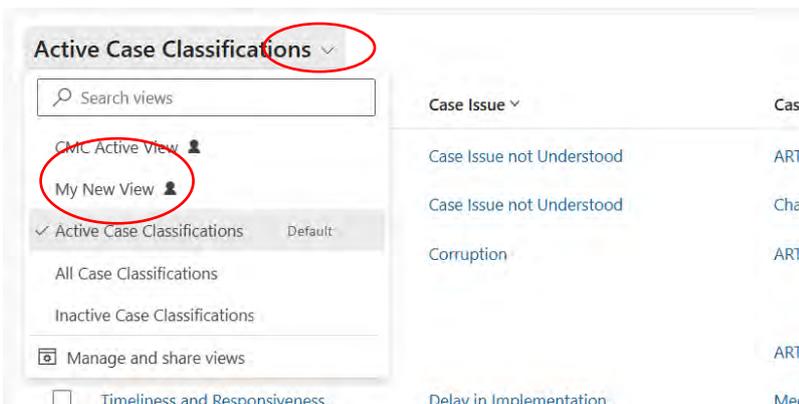
- Open any case list
- Apply the customisations you need, such as:
 - Edit columns (add, remove, reorder)
 - Adding filters (narrow results)
 - Grouping and sorting
- Once you have your preferred view, click on the arrow next to the list view header (in this case 'Active Case Classifications') and **Save as new view**



- A dialog box will appear to record **Name** and **Description**
- Complete details and select **Save**

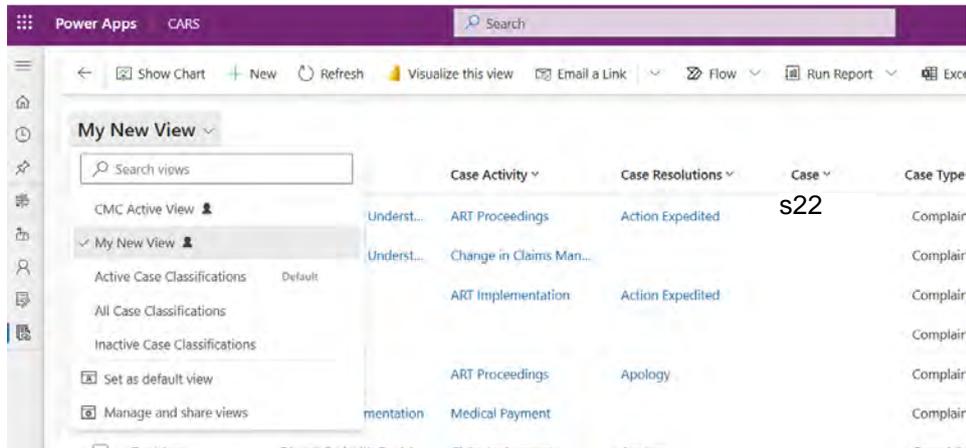
Locate a Saved View

- Select the arrow to display options
- Select the name of the required view to display the view

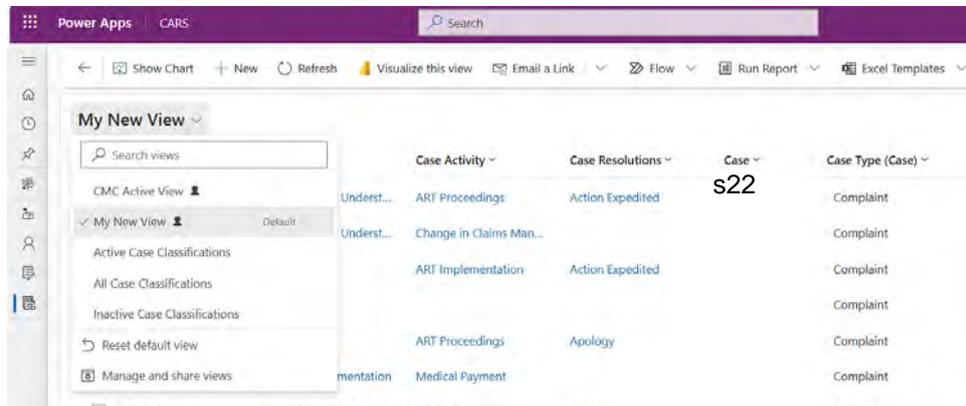


Set a Default View

- Select the view to use as a default (e.g. My New View)
- The selected view will then appear on screen
- Open the drop down menu again and select My New View
- Select **Set as default view**

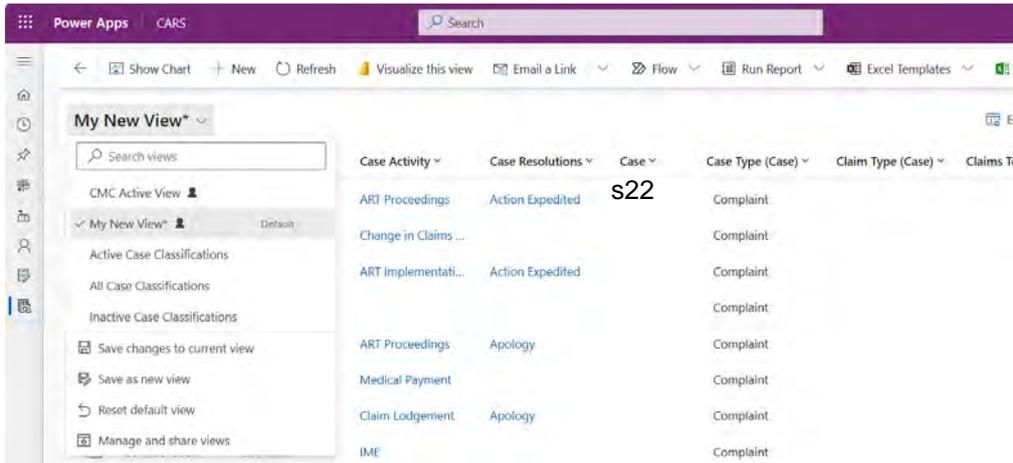


- The selected view will now appear in the drop-down menu as 'Default'
- You can reset this action to the previous default view; by opening the drop-down menu and selecting **Reset default view** and it will revert to Active Case Classifications

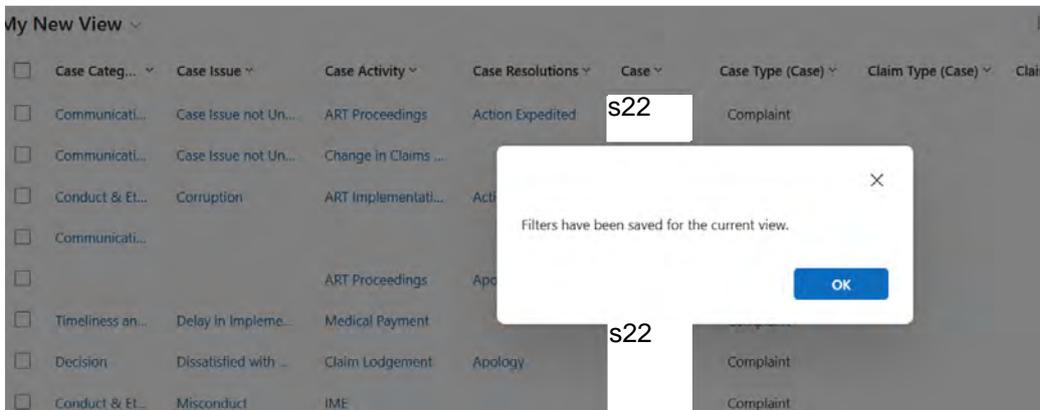


Edit a Saved View

- Select a saved view to edit (e.g. My New View)
- Manage columns via the Create a New View instructions
- Open the drop-down menu and select **Save changes to current view**
- *Note: There is also an option to Save as a new view*

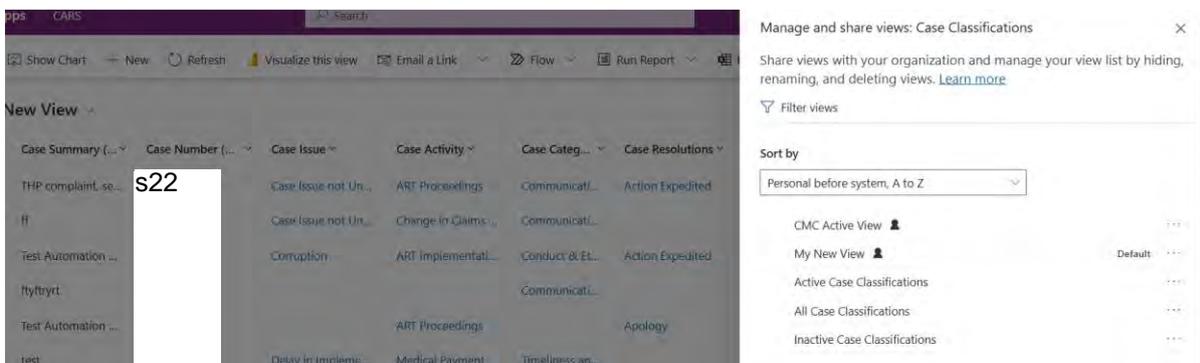


- A dialog box should appear to confirm the changes



Delete, Manage and Share Views

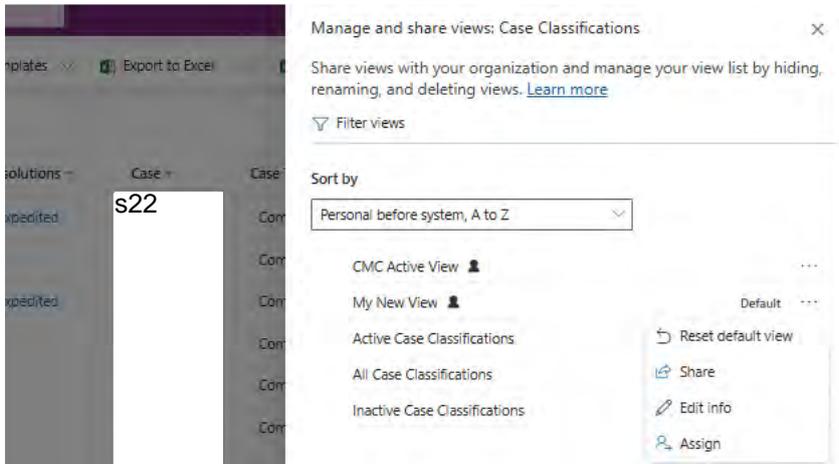
- Select a saved view to update (e.g. My New View)
- The selected view will appear
- Open the drop-down menu and select **Manage and share views**
- A panel to the left-hand side of the screen will display



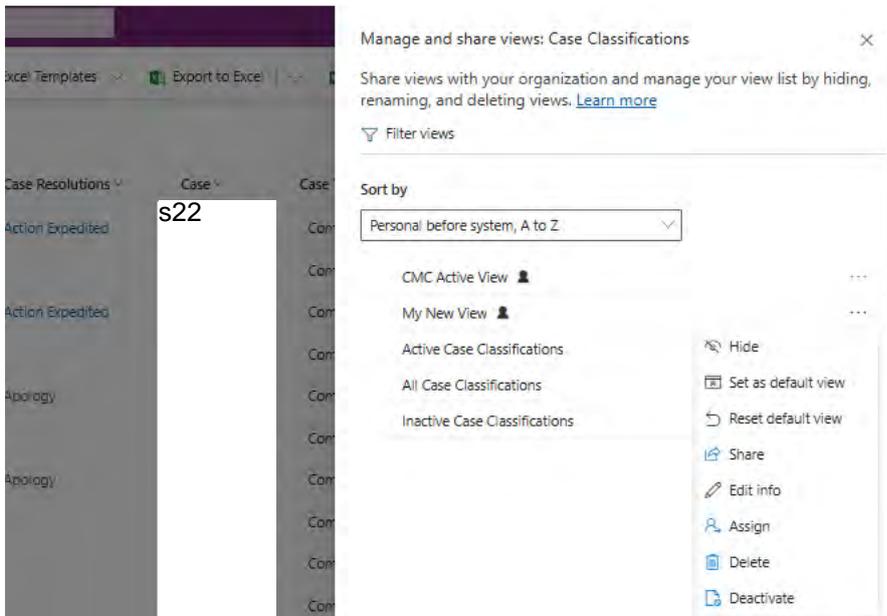
- Select the ellipsis (the three dots) to display the options

To delete a view:

- Firstly, reassign default view by selecting **Reset default view**



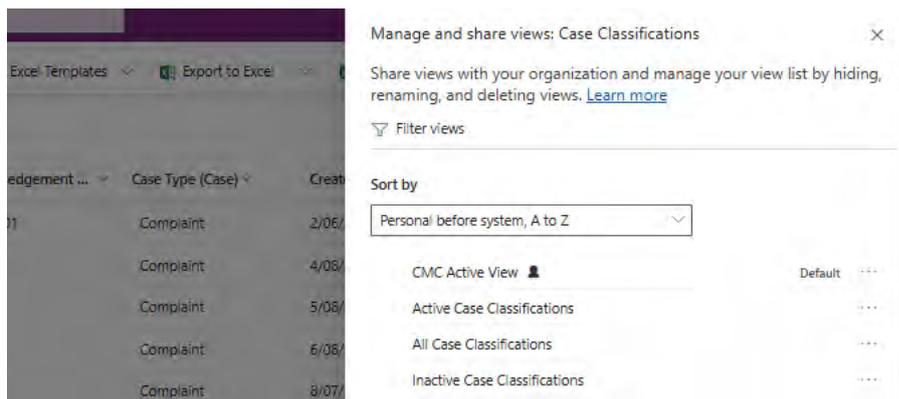
- Select the Ellipsis next to **My New View** again and additional options will be displayed.



- Select **Delete** and a confirmation dialogue box will appear. Select **Delete** again to continue.
- Deleted view will disappear from options menu. This may take a few minutes to appear.

To Share a view:

- Open the drop-down menu and select **Manage and share views**. The following menu will be displayed.



Reporting and dashboards

CARS captures information entered through complaint records and classification fields. This data is used to generate dashboards and reports that help identify trends, monitor performance, and support continuous improvement across the organisation.

Accurate and complete data entry is essential - the quality of the reporting depends on how well complaints are recorded and finalised in the system.

Accessing reports

System users can access reporting through the **Case Classification** section or from the **Customer Service Dashboard** section of the main navigation panel.

- Case Classification: provides on-screen list of complaint cases, allowing users to apply filters and export the results
- Customer Service Dashboard: present summary data and visual trends from all complaint records in the system.

For detailed information on how to prepare data in the case classification list view for exporting (filtering, grouping etc), refer to section [Searching and viewing complaints](#).

Understanding the Customer Service Dashboard

The Customer Service Dashboard provides an interactive view of complaint activity and trends across the organisation. It draws directly from data entered in CARS, updating automatically as cases are created, classified and deactivated.

The dashboard currently supports ongoing visibility of complaint volumes; this is due to be enhanced with additional project work being undertaken for future release 2026.

Overview of Available Views

The dashboard currently includes the following views:

- Cases Received in the Last 7 Days
- Cases Closed in the Last 7 Days
- Open Cases

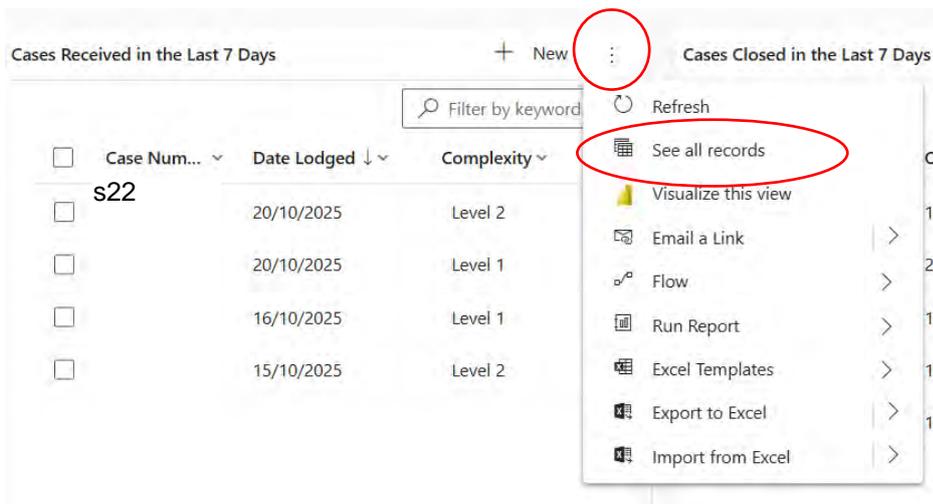
- All Cases – Last 24 Months
- Open Cases by; Date Lodged, Case Owner and Complexity
- Cases Closed – Last 24 Months

Users can access dashboard views from the main navigation panel

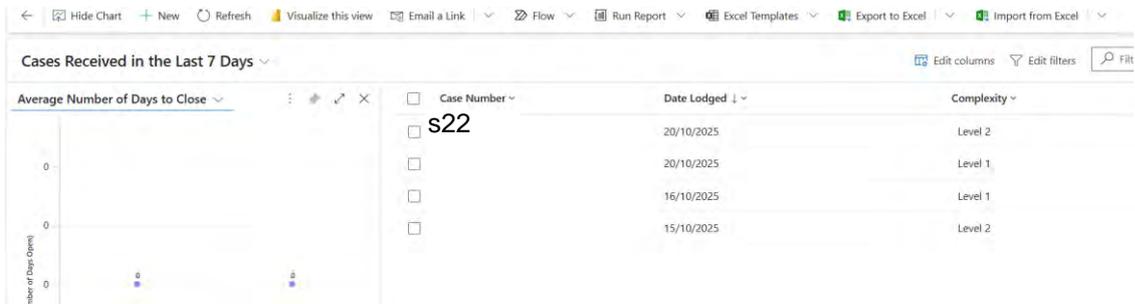


Filtering and Interaction

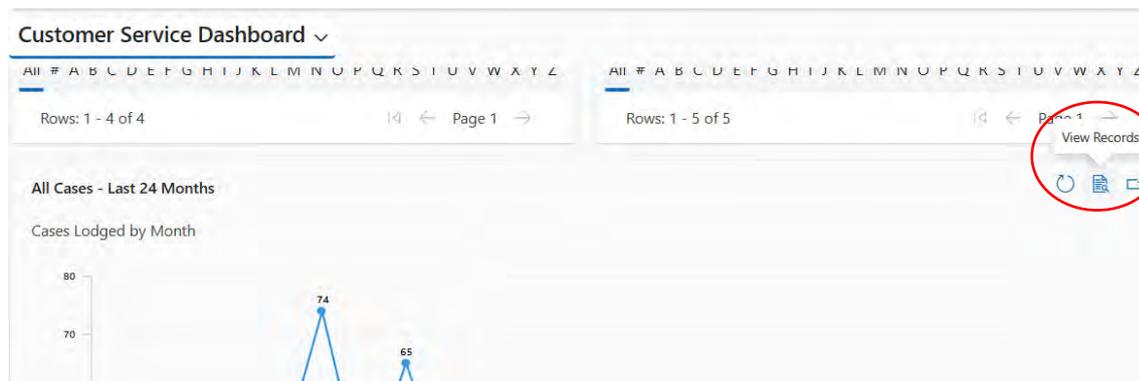
You can filter dashboard views by clicking on the ellipses (three dots) and selecting **See all records**



From here a user can add or edit columns and apply filters to refine the view.



Other dashboards will have a **View Records** icon that will open a window with the same view.



Recording Ministerial and CEO Complaints

Ministerial and CEO complaints often involve escalated or sensitive matters. It is essential to record these complaints accurately in the system to enable appropriate triage, reporting, executive oversight and in line with risk requirements.

Definition

Term	Description
Ministerial complaint	A complaint raised directly by a Minister of Parliament, Minister’s Office or Department on behalf of a constituent or stakeholder. These are typically received via the Parliamentary Document Management System (PDMS) and coordinated by the OCEO.
CEO complaint	A complaint directed to the Chief Executive Officer. These are typically received via email the CEO inbox.

How to record in CARS

Field	Guidance
Source	Select the option that relates to the person who submitted the complaint (e.g. Employee or Ministerial). Note: if from a Member of Parliament or Minister’s Office, always select Ministerial – even if on behalf of constituent.
Origin	Select OCEO in all instances.
Priority	Slide to ‘Yes’ for all Ministerial complaints, and CEO complaints that typically have a safety, political, reputational or media risk and require a GM clearance.

<p>Complexity</p>	<p>Generally, Level 3 for all Ministerial as they pose a political and reputational risk and require a CEO clearance.</p> <p>For CEO complaints, consider whether Level 2 or 3 for multiple stakeholders, reputational risk, issue sensitivity and align with level of Executive oversight required.</p>
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Here are two examples to support the accurate recording of Ministerial and OCEO complaints

Ministerial:

A Member of Parliament contacts the Minister’s Office raising concerns on behalf of an injured worker about delays in the implementation of an ART decision of which liability for a compensable condition was determined. The Minister’s Office forwards this via PDMS to the Office of the CEO who then records the matter in CARS.

The screenshot shows a 'General' tab in a case management system. Under 'GENERAL INFORMATION', the 'Source' is set to 'Ministerial'. The 'Case Issue' is 'Delay in Decision Making', and the 'Complexity' is 'Level 3'. Other fields include 'Case Type: Complaint', 'Date Lodged: 26/08/2025', 'Priority: Yes', and 'Origin: OCEO'.

CEO:

A stakeholder emails the CEO directly about a perceived conflict of interest in a regulatory decision.

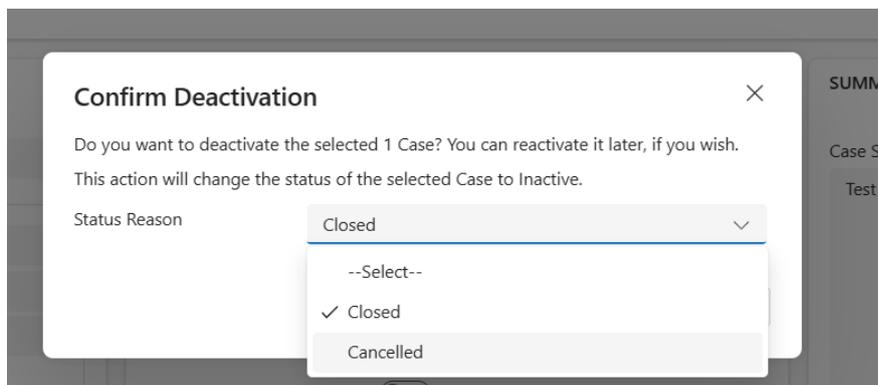
The screenshot shows a 'General' tab in a case management system. Under 'GENERAL INFORMATION', the 'Source' is set to 'Employer'. The 'Case Issue' is 'Misconduct', and the 'Complexity' is 'Level 3'. Other fields include 'Case Type: Complaint', 'Date Lodged: 26/08/2025', 'Priority: Yes', and 'Origin: OCEO'.

Managing duplicate cases

Occasionally, duplicate cases may be created in CARS due to multiple submissions or data entry errors. Handling these duplicates correctly and consistently ensures accurate reporting. These cases need to remain in the system for audit purposes and in line with record keeping practices but can be marked as cancelled so they are clearly identified and can be excluded from reporting.

Closing a duplicate case

- Identify duplicate records and confirm duplication by checking key identifiers (e.g. contact name, date and case category/issue).
- Open the duplicate case record
- In the Case Summary field, add a note explaining:
 - Why the case was cancelled (e.g. Duplicate of case CL-02676).
 - Any relevant details for auditing purposes.
- Select **Deactivate**
- Open the Status Reason drop down menu and select **Cancelled**



- Select Deactivate (blue button)

Once the case is marked as cancelled, the next steps focus on making this status visible for sorting and ensuring these cases are excluded from reporting.

Excluding cancelled cases from reporting

Add status reason to column to list view

- Navigate to relevant view (e.g. Active Case view or Case Classification view)
- Click **Edit Columns**.
- Add **Status Reason** as a column, or if in Case Classification view select **Related**, then open up the options under **Case** to find status reason.
- Select **Close**.
- Reorder the fields based on preference.
- Click **Apply**.
- This allows easy sorting and filtering before exporting data.

Steps to ensure cancelled cases are excluded

- When exporting or running reports:
 - Apply a filter to exclude cases where **Status Reason = Cancelled**
 - Confirm that these cases do not appear in dashboards or analytics.
- If using saved view or Power BI reports, update filters to include only open or closed cases, excluding cancelled status reason.

Appendix

Table 1A Complaint category and linked complaint issues

Case Category	Case Issue
Communication Quality	<ul style="list-style-type: none"> • Complaint issue not understood • Inaccurate or misleading information • Inadequate explanation for decision • Lack of available information • Lack of empathy • Lack of plain English
Conduct and Ethics	<ul style="list-style-type: none"> • Corruption • Discrimination or bias • Fraud • Misconduct • Model Litigant obligations breach • Rudeness or unprofessional behaviour
Decision	<ul style="list-style-type: none"> • Denial of request • Denial or reductions in benefits • Denied natural justice • Dissatisfied with decision • Unfair or inconsistent decision making
Licensee Management	<ul style="list-style-type: none"> • Employer discouraging or obstructing process • Employer not adhering to obligations • Return to work plan not meaningful • RTW/injury management plan impractical or unrealistic
Service Quality	<ul style="list-style-type: none"> • Employer not adhering to obligations • Failure to meet expectations • Incomplete or incorrect service • Lack of accessibility • Lack of adherence to policy/procedure/framework • Lack of assistance/support • Lack of cooperation • Limited self-help • Privacy breach • Provider availability • Provider location • Quality of medical reports • Service/system not working as expected

Case Category	Case Issue
	<ul style="list-style-type: none">• Unclear or complex processes• Unreasonable administrative burden on employee
Timeliness and Responsiveness	<ul style="list-style-type: none">• Delay in decision making• Delay in implementation• Delay in responding• Failure to act/action not taken• Failure to contact/contact not made• Failure to meet timeframes/timelines not met• Failure to provide updates/updates not provided



Using CARS - a one stop shop

s47F
Assistant Director Complaints Management

Welcome to the **CARS One Stop Shop** - your central hub for guidance, resources and support for using the Complaint and Resolution System (CARS). Here you'll find information on each stage of the complaints process, data entry requirements, and system tips to help you record, manage and report complaints consistently across the organisation.

s47E(d)

		
<p>Working with cases</p>	<p>Case classification</p>	<p>Case actions</p>

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> • Complaint intake • Searching for cases • Attaching documents | <ul style="list-style-type: none"> • Applying the complaint taxonomy • Complaint Strings • Complexity rating and priority status | <ul style="list-style-type: none"> • Assigning case ownership • Handling advice • Updating case outcomes |
|--|---|---|

System overview

Complaint and Resolution System (CARS)

CARS is the central platform used to record, manage and resolve complaints across the organisation.

Built on a structured classification taxonomy, the system ensures complaints are categorised accurately to support reporting, trend tracking, and root cause analysis for service improvement.

Benefits	Description
Consistency and standardisation	Ensures all complaints are handled using a consistent framework, with clear processes for intake, triage, resolution, and closure
Improved timeliness	Enables faster resolution by guiding users through priority setting, task tracking, and deadline monitoring.
Support for complex and priority complaints	Enables users to apply complexity ratings, flag high-priority matters, and escalate where appropriate.

It also allows staff to track progress, store key documents, monitor follow up actions and access relevant information all in one place.

The system includes the following key features:

- **Complaint intake:** record new complaints with predefined fields
- **Complaint classification:** apply categories, issues and resolution types based on the complaint taxonomy
- **Case tracking:** monitor complaint progress, due dates, and actions
- **Audit history:** view system generated logs of updates and changes
- **Search and reporting:** find complaints using filters and access summary view or dashboards.

Read the table on the right to understand key benefits of implementing a centralised, electronic complaint management system.

Benefits	Description
Data-driven insights	Centrally captures structured complaint data to support reporting, trend analysis, and service improvement.
Accountability and visibility	Assigns clear ownership and allows teams and leaders to monitor progress, follow-up actions, and overdue items.
Enhanced compliance and record-keeping	Supports adherence to policy and quality standards by capturing necessary information systematically.
Comprehensive complaint overview	Enhanced visibility of complainant history, a complete audit trail of case changes, and a comprehensive view of actions taken — including review steps, corrective actions, and follow-up.
Knowledge sharing and learning	Facilitates organisational learning through trend analysis, root cause tagging, and corrective action tracking.

^ CARS system guide

The information on this page is designed to support the consistent and accurate use of the complaint taxonomy and case fields when recording and managing cases.

Please refer to the [CARS step-by-step guide](#) for system instructions.

^ CARS access and support

To access the CARS system, staff require a current licence. Access is granted on based on role responsibilities and business need.

CARS URL: [Customer Service Dashboard - Power Apps](#)

Requesting access

Staff can request access by emailing TechnologyServiceDesk@comcare.gov.au and copying in s47E(d)

Approval will need to be given by Director, Complaints Management Coordination and reporting Director.

Your request should include:

- Your name and role
- Business area
- Reason for access (complaint recording, data and reporting, escalation and oversight etc).

Once submitted, your request will be reviewed by the Applications Support Team who will liaise with Complaint Management Coordination. You'll be notified once access is approved and your licence is activated.

Who typically receives a licence?

Licences are limited and are generally granted to staff in roles that involve:

- Complaint intake and triage
- Case management and resolution
- Oversight and reporting

- Legal, or Ministerial liaison
- Quality assurance and service improvement.

If you're unsure whether your role requires access, speak with your team leader or contact the Complaint Management Coordination team for guidance.

System support and taxonomy updates

If you experience technical issues with CARS or notice a problem with system functionality, please contact: TechnologyServiceDesk@comcare.gov.au and copy in **s47E(d)**

Include a brief description of the issues, screenshots if relevant and any error messages.

For suggestions or requests to update the complaint taxonomy (for example, new case activities, sub-domains or resolution types), please email: **s47E(d)**

Include:

- The proposed change
- Rationale or example
- Any supporting documentation or data-driven insights.

All feedback is reviewed regularly to ensure the system remains fit for purpose and aligned with Comcare's Complaint Management Framework.

^ Roles and permissions

The Complaints Management Coordination Team governs the CARS system and the data it holds. The team ensures that CARS is used cc across the organisation and supports business areas in applying the complaint management process in practice.

There is one level of user access in CARS. All users with permission can view, create and manage complaint records relevant to their busi

^ Extra support

Need extra support?

Click on the images below for help with creating reports, tracking insights, or finding answers to common system question.



Troubleshooting and help



Reporting and insights

Working with cases



s47F

Assistant Director Complaints Management



This page provides practical guidance on how to manage case

The system is used to record and manage:

- **Complaint cases** - where dissatisfaction is expressed, and complaint definition
- **Feedback cases** - including both negative and positive feedback
- **Enquiries** - requests for information and clarification

Note: while the taxonomy is currently designed for complaint change the case type from Complaint to Enquiry where appropriate.

Case lifecycle overview

Each case follows a structured lifecycle:

Create a new case

Start a new record by selecting the correct case type and completing mandatory fields

Attach relevant documents

That provide context or evidence to support the complaint record.

Classify the case using the taxonomy

Classify the complaint under the appropriate taxonomy category based on its nature raised.

Assign ownership and complete case

Allocate the complaint to the person responsible for the response, and complete the case summary in a structured format.

Update actions and resolution outcomes

Record any corrective or follow up actions taken and select the final resolution that best reflects how the case was resolved.

Finalise and close the case

Ensure all actions are completed, outcomes recorded and supporting documents attached before marking the complaint as closed.

^ Complaint intake

Record new complaints in CARS by entering key details about the issue, customer, and source, ensuring the information is accurate and the start.

Complaints should be entered into the system promptly upon receipt to ensure timely follow-up and resolution. Before logging a new case in the system to confirm whether it has already been recorded or if the complainant has previously raised the same or similar issue. This helps to avoid duplication and supports consistent complaint management.

Minimum data capture

To ensure complaints are managed effectively, the following fields must be completed at intake:

Field	Description
Source	Identifies who has raised the complaint
Case type	Type of case being recorded (default is set to complaint)
Origin	Method or channel the complaint was received by Comcare
Case category	Broad issue the complaint relates to
Case issue	specific concern raised within the selected category
Complexity	Level of effort or risk involved
Domain	Reflects core function or service impacted
Case summary	Structured overview of the complaint

Required prior to closing a case (not mandatory at intake):

Field	Description
Acknowledgement date	When the acknowledgement was issued to the client
Outcome actual date	When the case outcome response was sent to the client
Case resolution	Indicates how the complaint was finalised
Root cause (top level)	Represents the broad area contributing to the complaint
Root cause (sub-level)	Detailed underlying cause

Completing these fields as a minimum helps to support accurate reporting and analysis of Comcare's complaint data. To understand more about selecting accurate values for these fields, please see [Case classification](#)

^ Privacy, confidentiality and anonymous complaints

Privacy

CARS will contain personal information of contacts for employees and employers in the Comcare Scheme. Comcare staff must adhere to [Privacy Policy](#) in the use and recording of personal information in CARS.

Confidential complaints

Staff are advised to not lodge complaints relating to Comcare staff claims in CARS.

In the event a client requests that their complaint be lodged with their contact details kept confidential, please note that without system support it cannot be considered confidential, and another mode of managing the complaint may need to occur. Please seek advice from s47E(d) for advice on appropriate complaint handling.

Anonymous complaints

In line with the Privacy Principles under the Privacy Act 1988, complainants have the right to lodge a complaint anonymously. However, to remain anonymous may limit Comcare's ability to fully investigate or resolve the concerns raised. This information is published on our website as best practice to inform complainants of this at the time the complaint is made if they indicate they wish to remain anonymous.

Please read [Guidance on access to and recording of information in CARS](#) for further information on appropriate use of the system.

If the complainant chooses to remain anonymous, this can be recorded in CARS. In the customer field, begin typing 'Anonymous' and see that appears as Anonymous First Name Anonymous Last Name. This will populate the contact details appropriately. You can then continue the intake process as usual.

^ Authorised to act OBO or not

This field records whether the complainant is authorised to act on behalf of another person, such as an injured worker, client or third party. Capturing this information ensures that the complaint is managed appropriately and that communication is directed to the correct representative.

Complaint handlers should confirm the authorisation at intake and document any supporting evidence provided.

GENERAL INFORMATION

Authorised to Act OBO Yes

Person / Organisation

Source * 

Authorised to act on behalf of as displayed in CARS

Complaints made on behalf of someone else

If a complaint is submitted by a third party (for example, a family member, legal representative, union or advocate), both the **complainant** and the **person affected** should be captured in the system where possible.

- Enter the contact details of the person making the complaint (for example, representative of an injured worker)
- Select the appropriate option in the **Source** field (for example, authorised representative, legal representative, union representative)
- Record the person affected (injured worker) in the **Person/Organisation** free text field.

- Upload or note any consent documentation to the complaint record, if it is not already recorded on another system (for example, Pracsys),
- If authorisation is verified, slide the **Authorised to Act OBO** button.

Complaints lodged on behalf of an organisation

When a complaint is submitted by someone representing an organisation (such as an employer, service provider, or Commonwealth agency), the system should capture both the individual's details and the organisation they represent.

- Enter the individual's details as the complainant (for example, name, contact information).
- Include the organisation name in the **Person/Organisation** field.
- In the **Source** field, select the appropriate option (for example, employer, medical or treatment provider)
- If applicable, slide the Authorised to Act OBO to reflect their role.
- Note any relevant authority or context in Case Summary (for example, acting as workplace contact, claims agent, contracted provider).

If the person is not authorised to act on behalf of someone else

If a complaint is lodged by someone and no authority can be provided or verified, the following steps should be taken:

- Enter the complainant's details as usual.
- Do not mark them as Authorised to Act OBO, unless verified.
- In the Case Summary, document that the complaint was received without formal authority.
- Proceed to assess the complaint to the extent possible based on the available information.
- If required by procedure, request verification or supporting documentation before progressing further or disclosing sensitive information.

Tip: Clearly distinguish between complaints about a matter and complaints made on behalf of someone, especially where privacy or consent is involved.

Notifying the complainant (when not authorised to act)

Where someone submits a complaint on behalf of another person or organisation without confirmed authority, complaint handlers should:

- Record the complaint and assess it internally where appropriate.
- Acknowledge receipt to the complainant (if contact details are available).
- Clearly advise that:
 “Your concerns have been recorded and will be reviewed. However, as you are not an authorised representative, we are unable to provide you with any further information about the review process or outcome due to privacy obligations.”
- If required, request verification or supporting documentation in line with procedures to further correspond with complainant regarding the complaint or outcome.

^ Case summary

Case summary is a free text, mandatory field used to provide a short, factual overview of the complaint. In addition to triage and handling essential for reporting.

Information should be written in a professional, objective tone, reflecting the client's sentiment and language where appropriate and should include unnecessary detail or personal opinion.

Importantly the information must follow standard rules to optimise the use of the data for analysis of trends and themes. Unfortunately, can't be added to CARS, but you are welcome to cut and paste the following headings to insert into the case summary field:

##Narrative Summary

Commence typing here....

Keywords

(insert word), (insert word), (insert word), (insert word), (insert word)

Power Quote
>"(insert quote)."

Complainant Expected Outcome
Commence typing here....

Case Management Notes
DD/M: (insert details here)

Case summary elements - descriptions and usage.

Field	Description
Narrative summary	A brief overview of the complaint, including who is involved, the nature of the issue and relevant context.
Keywords	Include up to five key terms that reflect emerging themes, client sentiment or notable aspects of the complaint. These should not duplicate existing taxonomy terms, but instead highlight patterns or language that may be useful for trend analysis or storytelling. Look for words that capture tone, emotion or recurring issues that help build a holistic picture of the complaint.
Power quote	A direct quote from the complainant that strongly conveys their experience or concern.
Complainant expected outcome	What the complainant hopes will happen as a result of raising the issue.
Case management notes	Chronological notes on actions taken, advice received and progress updates related to managing the case. Put the most recent at the top.

When to update the case summary:

- On complaint intake
- When actions or decisions are agreed
- When there has been contact with the complainant (either sent or received)
- On finalisation, any closing notes regarding handling and outcome

Case summary example

##Narrative Summary

An employee from the Department of Agriculture, Fisheries and Forestry lodged a complaint about Gallagher Bassett's delays in process reimbursements and lack of clear communication. The complaint relates to delegated claims management. The employee has contacted manager multiple times with no result.

Keywords
cannabis oil, lack of trust, poor relationship, avoidance, impact on sleep

Power Quote
>"I've followed every step and still haven't been paid. It's like I'm invisible."

Complainant Expected Outcome
Employee would like Comcare to have oversight over the issue and make sure Gallagher Bassett are following through on timeframes.

Case Management Notes

26/8: Draft response in progress.

24/8: Advice received (insert detail). CCF to draft response.

20/8: CCF have escalated to Delegated Claims Team for urgent advice. Acknowledgement sent.

^ Recording employer information

The employer field is used to identify the agency or organisation responsible for the injured worker or individual associated with the complaint.

Recording this information helps identify patterns or trends and supports engagement with the relevant parties.

Users should search for and select the correct employer record from the system. If the employer is not listed, please inform the Complaints Management Coordination team, as there is no system capability to add a new record.

Situation	Action
The complaint is about a Self-Insurance employer	Select the name of the self-insured entity (for example Australia Post, Telstra, etc.)
The complaint is about Comcare's claim management process, service, action or decision (not self insured)	Even if the complaint relates Comcare's management of claim, record the injured worker's employer at the time the complaint is made for context and trend analysis
The injured worker or their representative is raising a complaint about the service, timeliness, communication or decision making of the claim's delegate (for example, GB or EML), who manages the claim on behalf of the agency, not the employer	Still record the employer (for example, Services Australia) to maintain case context. The delegated insurer will also be captured in the Claims

^ Attaching documents to a case

Supporting documents such as emails, letters, review notes and material should be uploaded to the complaint record to provide context evidence and support auditability. All documents should be relevant, no duplicates and appropriately named.

To ensure all documents linked to a complaint case are easily identifiable and searchable, it is important to follow consistent naming star when attaching files in the system.

Effective titles improve the searchability and support consistent record-keeping across the system.

Document titling standards

Use plain English descriptive words to make titles meaningful and easy to understand for all system users.

Titles should:

- Clearly reflect the content or purpose of the document
- Include enough detail to be useful at a glance
- Avoid jargon or abbreviations that may not be widely recognised
- Avoid copying email subject lines which are often vague or not tailored to the documents content.
- Good file examples include:
 - Acknowledgmentletter_delayinprocessing_12_Sep_2025
 - Responseletter_delayingprocessing_26Sep2025_final
 - Requestforhandlingadvice_OCEO_17_Sep_2025
 - WHShelpdesk_handlingadvice_18_Sep_2025

For details on how to upload documents to the case see [CARS Step-by-Step Guide](#) for guided instructions.

^ Linking cases

Linking related cases helps build a clearer picture of the complainant's experience and ensures continuity in case management.

Use the Related Cases feature to link complaints that share relevant context or history. This is particularly useful when:

- A response to a similar or related matter raised has already been provided to the complainant.
- A complainant has escalated their matter to the CEO and access to the complaint management history supports informed decision r
- A complaint was received from an external body such as the Commonwealth Ombudsman and a connected overview of the previous important for preparing a response.
- Complaints involving the same service provider, where linking cases can support systemic issue identification or trend analysis.
- Cases with a shared subject matter, such as multiple complaints about a specific policy change, system roll out or communication br

Case classification

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Accurate case classification is essential for reporting, trend analysis, and identifying systemic issues across the organisation.

Each complaint must be classified using the fields provided in the system to ensure consistency and data integrity.

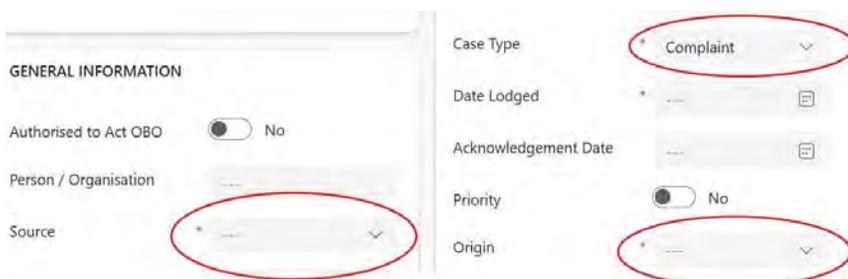
^ Applying the complaint taxonomy

The complaint taxonomy helps us consistently classify complaints across the organisation. It ensures we understand what the complaint sits within our business, and who might need to respond. After a matter is resolved, it also supports trend analysis and reporting by pinpointing recurring issues, target service improvements and monitor the effectiveness of our complaint handling over time.

Each complaint case includes a number of mandatory fields that must be completed before the case can be saved. Most of these fields have options to ensure consistency.

This section will guide you through the purpose of each field and how to select the most accurate option when entering a complaint.

^ Source, case type & origin



The screenshot shows a form with the following fields:

- GENERAL INFORMATION**
- Authorised to Act OBO: No
- Person / Organisation:
- Source: (highlighted with a red circle)
- Case Type: Complaint (highlighted with a red circle)
- Date Lodged:
- Acknowledgement Date:
- Priority: No
- Origin: (highlighted with a red circle)

These fields help capture how the complaint came to us, what kind of case it is, and who raised it.

Source

Definition: who raised the complaint

The table below lists the pre-defined options available in the system to identify the individual submitting the complaint.

Source	Description
Authorised Representative	The complaint has been submitted by someone acting on behalf of another person, such as a legal representative, family member, union official, or support person. Ensure there is documented consent or a clear indication that the complainant has authorised this person to represent them.
Commonwealth Ombudsman	The complaint was received from, referred by, or involves communication with the Commonwealth Ombudsman. This helps meet our obligations for oversight and transparency.
Employee	If the person lodging the complaint is employed by a Commonwealth Agency or vessel covered under Seacare, particularly where the complaint relates to injury management, compensation, return to work, or workplace safety.
Employer	The complaint is raised by someone acting on behalf of an agency—such as a human resources officer, case manager, or return-to-work coordinator—regarding their role, responsibilities, or interactions with the Comcare or the Scheme.
Legal Representative	The complaint has been submitted by, or is being managed through, a legal representative acting on the complainant's behalf. Ensure appropriate authority or documentation has been received before releasing any personal or case-related information.
Medical or Treatment Provider	A healthcare professional or service provider involved in delivering treatment, rehabilitation, or medical assessments related to a worker's claim or injury.
Member of the public	An individual who is not an employee, employer, or authorised representative, but a general external person or stakeholder who submits a complaint.
Ministerial	A complaint or enquiry received from a government minister or their office, including those made on behalf of a constituent.
OAIC	A complaint or enquiry received from the Office of the Australian Information Commissioner, typically relating to privacy, freedom of information, or data protection matters.
Self-insured Licensee	An organisation granted a license to manage its own workers' compensation liabilities under the Comcare Scheme.
Supplier	An external vendor or service provider that delivers goods or services to Comcare, through Procurement, and may submit complaints related to contracts, service delivery, or payments.
Union Representative	An external individual representing employees or union members, who may submit complaints on their behalf regarding workplace issues or conditions.
Workplace Rehabilitation Provider	An external service provider specialising in supporting injured workers' recovery and return-to-work processes.

Case type

Indicates whether the submission is a complaint or an enquiry. Select the appropriate case type from the 2 available options.

Complaint - when the individual is expressing dissatisfaction (meets definition of complaint).

Enquiry - when the individual is seeking information or clarification.

Origin

Identifies through what channel the complaint or enquiry was received by Comcare.

Channel	Description
Email (direct)	Sent directly to a staff member's individual inbox
Email (feedback inbox)	Received via the feedback@comcare.gov.au designated email address
Email (group inbox)	Sent to a shared team or business area inbox
Email (OCEO)	Received through the Office of the CEO
In person	During an in person or onsite meeting
Phone	Received via a phone call

Channel	FOI documents - SOLEX12764 Description
Online form	Submitted through Comcare's Anonymous online feedback form
SRCC	Received via the secretariat@comcare.gov.au designated email

^ Complaint strings

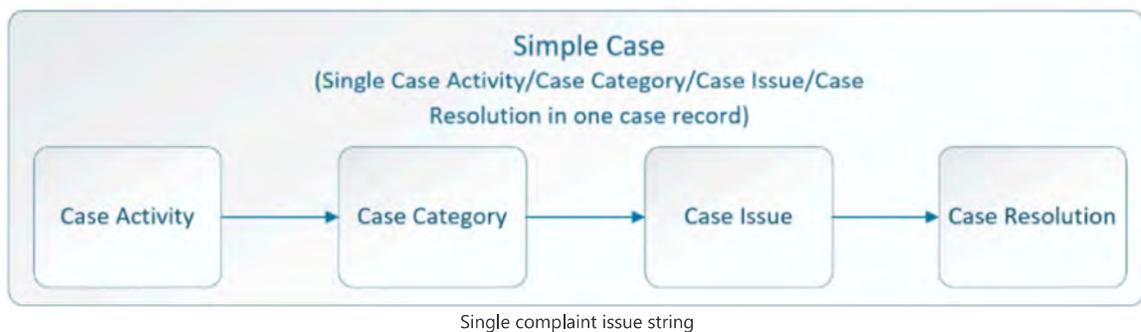
A complaint string represents the structured relationship between the key elements used to describe a complaint - from the activity who occurred through to the way it was resolved. This structure ensures a consistent and meaningful approach to classifying and analysing cc across the organisation.

Purpose of complaint strings

- Provides a standardised way to describe complaint themes and outcomes.
- Supports consistent reporting and comparison across domains.
- Helps identify emerging trends and systemic issues.
- Supports continuous improvement by linking complaints to specific parts of the client journey.

Structure of complaint string

Each complaint strong follows a four-level hierarchy:



Level	Description	Example
Activity	The part of the client journey or interaction where the complaint arose.	Initial liability determination
Category	The broad theme or type of complaint.	Service quality
Issue	The specific concern within the selected category.	Lack of adherence to policy/procedure/fram
Resolution	How the complaint was finalised or addressed.	Better explanation/clarification

Recording multiple complaint strings

Some complaints may involve more than one issue or part of the client journey. The system allows users to record multiple complaints a case to ensure all aspects of the complaint are captured accurately.

For example, a complaint may include both:

- a delay in decision making (timeliness and responsiveness, and
- unfair or inconsistent decision making (decision).

Each of these should be recorded as a separate complaint string within the same case.

<input type="checkbox"/>	Case Category ▾	Case Issue ▾	Case Activity ▾	Case Resolutions ▾	Case ▾	<input type="checkbox"/>
<input type="checkbox"/>	Communication Qu...	Inaccurate or Misleadin...	Hazard Notification	Apology	s22	<input type="checkbox"/>
<input type="checkbox"/>	Timeliness and Res...	Delay in Responding	Enquiry	Apology		<input type="checkbox"/>

Example of multiple complaints recorded in CARS.

Tips for good practice

- Select the most accurate and specific values for each level
- Values may be updated during the complaint management process if the assessment of the complaint evolves.
- Confirm each resolution reflects the actual outcome at case closure.
- Avoid leaving case activity blank where possible
- Review all complaint strings before closing the case to ensure they accurately reflect the full scope of the customer's experience.
- If there is an activity or issue that is not sufficiently covered by the taxonomy, include it as one of the 5 key words in the case summary; the potential data gap with the Complaints Management Coordination team.

^ Case activity, domain & sub-domain

The activity, domain and sub-domain fields work together to describe where in the client journey and organisational service a complaint arose.

The screenshot shows a form with the following fields and values:

- Case Activity:** Claim Lodgement (highlighted with a red circle)
- Case Category:** *
- Case Issue:** *
- Complexity:** *
- Domain:** Claims Management (highlighted with a red circle)
- Sub-domain:** Comcare (highlighted with a red circle)

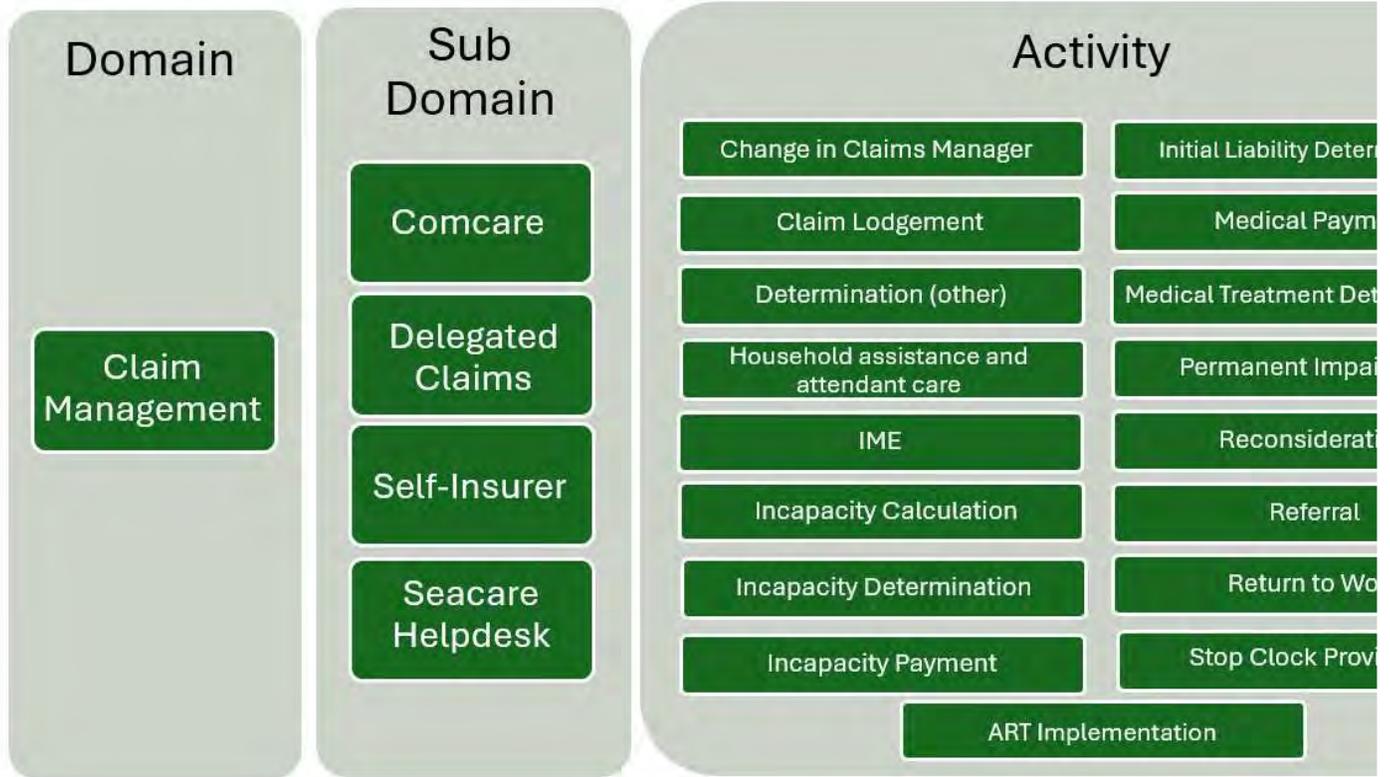
Case Activity, Domain and Sub-domain as displayed in CARS

Field	Description	Example
Domain	Reflects the core function impacted by the complaint - not the group or team responsible for managing it. It provides a high-level view of which business function or service area the complaint relates to.	<ul style="list-style-type: none"> • Claims Management • Regulation • Procurement
Sub-domain	Identifies the specific service impacted within the selected domain. It gives a more detailed view of the service point affected. Note: a subdomain may not always be relevant or available for every domain. If no sub-domain applies, leave this field blank.	<ul style="list-style-type: none"> • Delegated Claims • WHS Helpdesk
Case Activity	Describes the part of the client journey or interaction where the complaint arose. It links the complaint directly to the client experience, highlighting where in the service pathway the issue occurred.	<ul style="list-style-type: none"> • Claim lodgement • Hazard notification • Contract management

When recording a complaint, start by selecting the appropriate **activity** - if known, it helps identify the point in the customer's journey where the complaint arose. Activities are displayed in alphabetical order in the system, however each is related to a **domain** - which reflects the core business function involved, and should be selected accordingly.

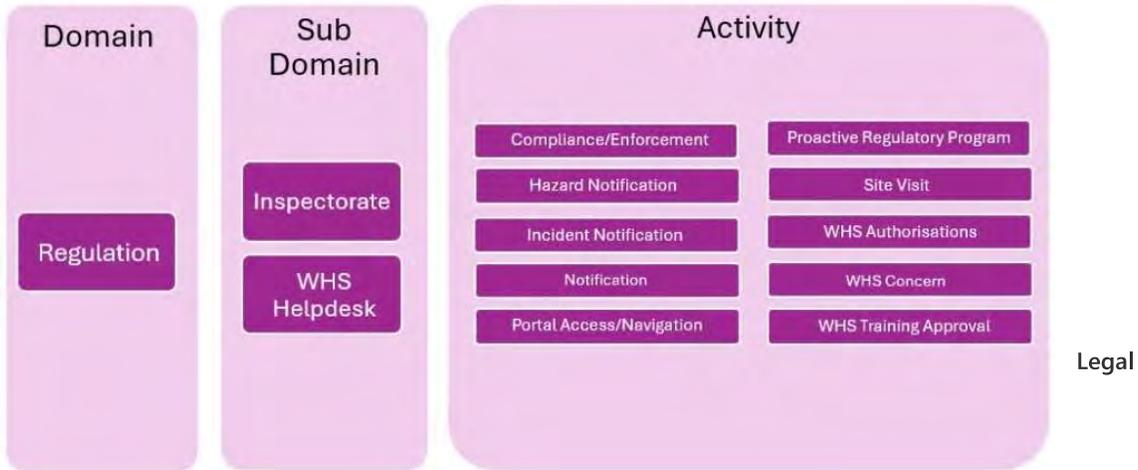
Use the tables below to become familiar or use as a reference when selecting activity based on domain. Where relevant, add a sub-domain to provide more context. FOI documents - SOLEX12764

Claim Management



Claim Management (domain, sub-domain and case activities)

Regulation

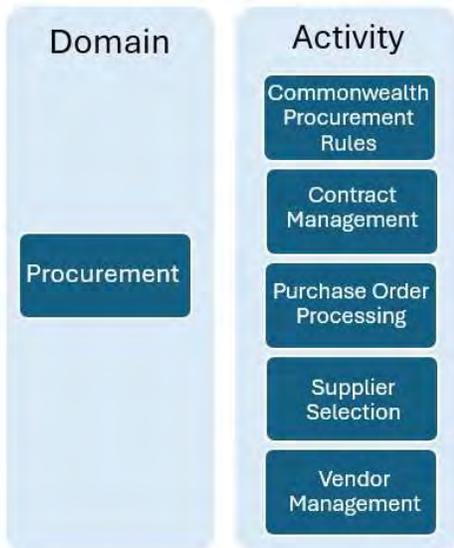


Regulation (domain, sub-domain and case activities)



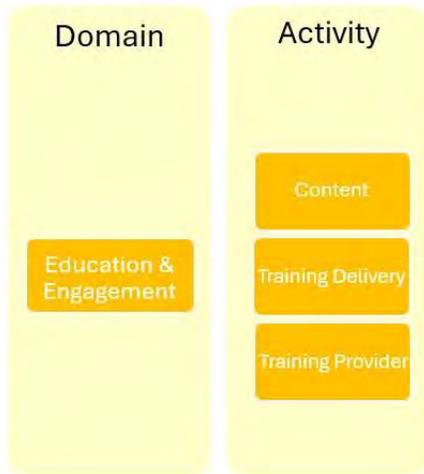
Legal (domain, sub-domain and case activities)

Procurement



Procurement (domain, sub-domain and case activities)

Education and Engagement



Cross-cutting activities

In addition to domain-specific activities, the following options can be selected with *any* domain or sub-domain when relevant to the nature of the complaint:

Education and Engagement (domain, sub-domain an...

- **Complaint management** - issues relating to how a complaint was handled
- **Policy/procedure** - concerns with the fairness, appropriateness, clarity or application of a policy or procedure
- **Staff conduct** - allegations or concerns relating to the behaviour or actions of an individual staff member or contractor.

^ Case category and case issue

These fields capture what the complaint is about. Together they form the core of the complaint string and are essential for reporting and identifying key complaint themes across Comcare.

- **Case Category** - represents the broad type or theme of the complaint (e.g. service quality, decision)
- **Case Issue** - provides more detail about the specific issue raised within that category (e.g. under service quality, the issue may be lack of accessibility)

The screenshot shows a form with four fields: 'Case Activity' (empty), 'Case Category' (selected 'Service Quality'), 'Case Issue' (selected 'Lack of Accessibility'), and 'Complexity' (empty). The 'Case Category' and 'Case Issue' fields are circled in red. Each field has a magnifying glass icon on the right and an asterisk on the left.

Case category and issue as displayed in CARS

Users should select the category and issue that best describes the customer's concern based on the information available at intake. If multiple issues are identified, additional complaint strings can be recorded. These selections can be adjusted throughout the complaints process if further assessment provides clarity or identifies new issues.

Definitions for each Complaint Issue are outlined in a separate guide to ensure accurate and consistent classification. Please consult the [Complaint Issue Definition Guide](#) for clarification.

Case category and linked case issues

The table below lists each case category and its corresponding case issues, These options are available from the system dropdowns and help ensure consistent classification and reporting of complaints.

Complaint category	Complaint issues
Communication Quality	<ul style="list-style-type: none"> • Complaint issue not understood • Inaccurate or misleading information • Inadequate explanation for decision • Lack of available information • Lack of empathy

Complaint category	Complaint issues
	<ul style="list-style-type: none"> Lack of plain English
Conduct and Ethics	<ul style="list-style-type: none"> Corruption Discrimination or bias Fraud Misconduct Model Litigant obligations breach Rudeness or unprofessional behaviour
Decision	<ul style="list-style-type: none"> Denial of request Denial or reductions in benefits Denied natural justice Dissatisfied with decision Unfair or inconsistent decision making
Licensee Management	<ul style="list-style-type: none"> Employer discouraging or obstructing process Employer not adhering to obligations Return to work plan not meaningful RTW/injury management plan impractical or unrealistic
Service Quality	<ul style="list-style-type: none"> Incomplete or incorrect service Lack of accessibility Lack of adherence to policy/procedure/framework Lack of assistance/support Lack of cooperation Limited self-help Privacy breach Provider availability Provider location Quality of medical reports Service/system not working as expected Unclear or complex processes Unreasonable administrative burden on employee
Timeliness and Responsiveness	<ul style="list-style-type: none"> Delay in decision making Delay in implementation Delay in responding Failure to act/action not taken Failure to contact/contact not made Failure to meet timeframes/timelines not met Failure to provide updates/updates not provided

^ Complexity and priority

These fields help assess the level of effort, risk and responsiveness required to manage the complaint. They support triage, resource planning, and oversight.

- Complexity - reflects how challenging a complaint is to resolve. Factors influencing complexity may include the number of issues raised, the level of oversight required, the sensitivity or risk associated with the matter, and the need for input from multiple areas of the organisation.
- Priority - indicates the urgency of the complaint and how quickly it needs to be addressed. Considerations may include potential harm to the complainant, statutory timeframes, reputational risk, or ministerial request.

Note: while related, 'complexity' and 'priority' are distinct. A complaint may be low in complexity but high in priority (for example, simple issue raised by a Minister's office), or vice versa.

Complexity

A complexity rating should be assigned when a new complaint is recorded. The rating may be updated as more information comes to light or as a further assessment is undertaken.

Each complexity rating has a typical time handling indicator however, in line with best practice, complaints should be resolved at the earliest opportunity and at the lowest operational level.

Please use the table below to correctly assign a complexity rating based on the nature and handling requirements of the complaint.

The guidance supports consistent assessment across the organisation.

Complexity rating	Description	Features	Handling requirements
Level 1 Straightforward (Low)	Straightforward matters where a resolution is reasonably expected without significant review or coordination.	<ul style="list-style-type: none"> • Expression of dissatisfaction or request for action/response • Can be raised anonymously • Single issue, no prior complaint history • Typically resolved quickly with standard procedures • Response or action is reasonably expected and within scope • May include simple referrals (for example, to another external body) • Minimal risk or impact (for example, to safety, reputation, or service delivery) 	<ul style="list-style-type: none"> • Can be handled by frontline or first-level staff • Standard response templates may be used • No escalation required • Typically resolved within 1–5 days
Level 2 Requires follow-up (Medium)	Moderately complex complaints that require some review or coordination but are relatively contained in scope and risk.	<ul style="list-style-type: none"> • Clear-cut complaint, even if it includes one or more issues • Moderate service impact or potential for dissatisfaction if not addressed appropriately • No significant disagreement over the facts • May involve internal consultation or coordination across one or two business areas • Outcomes sought are generally realistic, straight forward and within the agency's control, for example, an explanation, a decision or action to be taken, or an apology 	<ul style="list-style-type: none"> • Typically handled by complaint officers or team leaders • Sign off no higher than Director level • May require tailored but non-complex responses • Limited review may be needed • Typically resolved within 14 days
Level 3 Complex or high-risk (High)	Involve multiple or cross-functional issues, may be escalated via the CEO or Ministerial channels, and often require SME input or senior oversight. They may carry legal, reputational or operational risk, and can involve complex behaviour requiring a communication plan.	<ul style="list-style-type: none"> • Complex or multiple issues raised • May span more than one business area • Dispute over key facts or responsibilities • Referred by a Minister, MP or the CEO's office • Subject to media attention or other external scrutiny • May require legal advice or is before a court or tribunal • Involves a vulnerable complainant or escalated/unreasonable behaviour • Requires a communication protocol or management plan • History of past or unresolved complaints • Unable to be resolved at Level 2 	<ul style="list-style-type: none"> • Strategic oversight (for example, EL1 or above), with escalation to executive as required • Longer resolution timeframe; regular progress updates to complainant and stakeholders • May require legal or media/communications input • Internal briefings, ministerial responses or public accountability measures may be triggered • High need for defensible decision-making and clear documentation • Resolved within 15-21 days (may be longer)

Priority

A complaint is tagged a 'priority' if it requires accelerated action due to risk to individual wellbeing, urgency, or organisational sensitivity.

Rather than replacing the SLA for complaint handling, marking a complaint with priority adds early-stage handling expectations. Acknowledgement should be same day (this could be a simple receipt), with risk-triage and complaint handling advice confirmed within 5 days.

Please use the table below to correctly assign a priority rating based on the urgency and sensitivity of the complaint.

Trigger	Examples	Response implications
Immediate risk to wellbeing, safety, or financial stability	<ul style="list-style-type: none"> • Risk of self-harm, suicidal ideation or acute psychological distress • Family/domestic violence disclosures • Immediate financial hardship (i.e. at risk of homelessness) 	<ul style="list-style-type: none"> • Fast tracked response • Involve welfare/safety protocols • customer care flag application • Prioritise within 5 calendar days • Identify whether interim or remedial actions are required while complaint is under review
Ministerial, media or reputational-risk escalations	<ul style="list-style-type: none"> • Ministerial complaint or MP referral • Media coverage or threat of media attention • Raised about executives or sensitive public interest cases • Likely to generate organisational, reputational or political consequences if mishandled 	<ul style="list-style-type: none"> • Fast track response • Prioritise within 5 calendar days • Ministerial handling protocols • Escalation to media comms team for potential public interest matters • May require input or clearance from multiple areas (legal, comms, OCEO) • Identify whether interim or remedial actions are required while complaint is under review • Senior oversight

Case actions

 s47F
Assistant Director Complaints Management

The case actions section captures the key management activities throughout the life of a complaint. Recording these actions ensures accountability, supports consistent handling, and allows effective monitoring and reporting of progress.



^ Assigning case ownership

In a federated model, each business group is responsible for recording and managing complaints related to its own operations. This ensures accountability, accurate tracking and timely resolution.

The screenshot displays the CARS interface for case s22. The 'CASE DETAILS' section includes fields for Case Number (s22), Case Type (Complaint), Date Lodged (26/08/2025), Acknowledgement Date (26/08/2025), Priority (Yes), Origin (OCEO), Complexity (Level 3), Domain (Regulation), Sub-domain (Inspectorate), and Employer (Department of Agriculture, Fisheries and Forestry). The 'Created By' field is circled in red and shows 's47F'. The 'SUMMARY' section includes a Case Summary, Narrative Summary, Keywords (cannabis oil, lack of trust, poor relationship, avoidance, impact on sleep), Power Quote ('I've followed every step and still haven't been paid. It's like I'm invisible.'), and Complainant Expected Outcome. The 'ACTIONS' section shows 'Corrective Actions'.

Created by and Case Owner as displayed in CARS

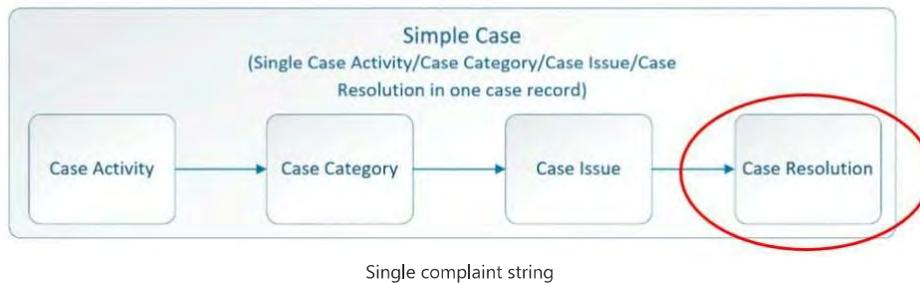
- Initial assignment - at intake, the complaint will be assigned by default to the person who created the case (**Created By**).
- Responsibility - each business group manages the review, communication with the complainant, and resolution within their remit. How this is handled may vary depending on resources and system licences:
 - In some cases, an individual may coordinate the process and manage the system side while outsourcing the review and response to others in the area.

- In other cases, where there are larger or focused complaint handling teams, complaints may be reassigned to other staff members to manage the entire process.
- Reassignment - case ownership can be re-assigned at any time. This will be necessary when a complaint is received via the OCEO, or spans multiple business groups.

Tip: users can **filter by case owner** or **set up a list view** in the system to easily monitor all cases assigned to them. This helps maintain visibility of your workload, ensures no complaint slips through and supports timely follow up and resolution.

^ Case resolution

The resolution field captures how the complaint has been addressed or resolved, and must be completed before a complaint case is closed.



It draws on pre-defined options from the complaint taxonomy to standardise how outcomes are recorded. Where there are multiple complaint strings, each string must have a case resolution.

Predefined resolution options

Resolution	Description
Action expedited	The requested or required action was brought forward in response to the complaint. This may occur where the complainant raised a perceived delay or had an expectation that an activity should have occurred sooner.
Apology	A formal apology was issued to acknowledge the issue or impact.
Better explanation/clarification given	Further information or context was provided to address misunderstanding or confusion.
Decision changed	The original decision was modified or amended (outside of review under appeal rights).
Error rectified	A mistake or administrative error was corrected.
Feedback recorded	The complaint was noted and recorded as feedback.
Information provided	Relevant facts, policies or advice were supplied in response to the concern or request.
Insufficient evidence	The complaint could not be substantiated due to lack of available evidence.
No basis for action	The concern raised did not justify further action.
No remedy possible/available	The complaint was valid but no practical resolution or remedy could be provided.
Process/policy changed	The complaint led to a change in process or policy.
Staff training/coaching	The outcome included training or professional development for staff involved, or more widely for assurance.
Vexatious/misconceived or lacking in substance	The complaint was determined to be unfounded, frivolous or without merit.
Withdrawn	The complainant chose to withdraw the complaint.

^ Corrective and follow up actions

Corrective actions

The corrective actions field is a free-text field used to record any actions taken to address the cause of the complaint and prevent similar occurring in the future. This may include service recovery steps, procedural improvements, system fixes, or staff support. Capturing this i supports organisational learning and continuous improvement.

The screenshot shows a form titled 'ACTIONS' with a 'Corrective Actions' text area containing the text: 'Internal referral processes reviewed and updated to prevent missed handovers. Claim escalated for urgent processing.' Below this are two date fields: 'Follow Up Actions Due Date' with the value '20/11/2025' and 'Follow Up Actions Finalised Date' with the value '4/11/2025'. A caption below the form reads: 'Corrective actions and follow up actions date fields as displayed in CARS'.

Principle	Description
Purpose	Use this field to describe what has been done (or will be done) to correct the issue identified through the complaint. This mig process changes, staff training, communication improvements, or system enhancements
Clarity	Write concise, action focused descriptions that clearly outline what was implemented and by whom. Avoid general statement 'issue addressed' or 'process reviewed.'
Accountability	Use the Follow Up Actions Due Date field to indicate the timeframe for completion. This helps monitor timeliness and follow
Review	Update the field if further corrective measures are identified or following an evaluation of outcomes.

Follow up actions due date (*date field*)

Enter the date by which the corrective actions or follow up action is expected to be completed. This helps monitor timeliness and follow

Follow up actions finalised date (*date field*)

Enter the actual date the action was completed.

Note: if no follow up is required, these fields can remain blank.

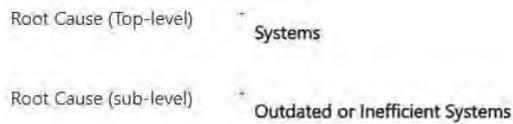
^ Root cause

The root cause fields enable Comcare to identify and categorise the underlying reason(s) for the complaint, beyond the presenting issue root cause information helps to identify systemic issues, supports trend analysis, and informs targeted improvement activities.

There are 2 levels of classification:

Root cause (top-level): identifies the broad category that captures the primary driver of the complaint (for example, leadership and capa

Root cause (sub-level): more specific cause nested under the selected top-level category (for example, under systems: software or system of system integration, etc.).



Root cause values as displayed in CARS

System note:

The sub-level list does not dynamically update based on the top level selection. Users should therefore refer to the root cause values and table to select the most accurate combination. This helps maintain consistent and reliable data across all complaints.

Root cause taxonomy table

Root Cause (top-level)	Root Cause (sub-level)	Description
Communication	Poor internal communication	Failures in coordination or information sharing within teams, leading to inconsistent delays.
	Lack of transparency	Failure to provide clear, open, and honest communication, causing confusion or loss of trust.
	Miscommunication with external stakeholders	Incorrect, unclear, or conflicting communication with customers, claimants, or other sources.
	Incomplete or outdated information	Refers to missing, inaccurate, or unclear content on digital platforms.
Leadership and Capability	Bias and unfair treatment	Discriminatory practices or unconscious bias influencing decisions.
	Lack of expertise or training	Insufficient skills, knowledge, or development opportunities impacting effectiveness.
	Lack of accountability	Failure to take responsibility, provide guidance, or engage with workers/procedure requirements effectively.
	Human error	Individual level failure. The issue stems from an employee's action or inaction, rather than a system or policy failure.
	Poor decision making or oversight	Errors in judgment, risk assessment, or governance leading to negative outcomes.
	Insufficient employee support, resources or information	Limited access to support, tools, data, or systems needed for informed decision-making (including changes to policy/processes).
Operational Capacity & Workflow	Change in Claims Manager	A change in the assigned claims manager contributed to the issue, leading to disrupted service continuity, communication breakdowns, or delays in progressing the matter.
	Lack of prioritisation	Accumulation of unresolved tasks due to lack of prioritisation.
	Backlogs	Staff have large workloads, leading to delays, errors, or decreased service quality.
	Staff vacancies	There were unfilled roles or ongoing recruitment gaps that impacted the team's capacity to deliver services, respond to enquiries, or complete required actions within expected timeframes.
Policy and procedure	Inefficient process	The process in place lacked clarity, consistency, or efficiency, leading to delays, duplicated effort, or a poor experience.
	Unfair or Discriminatory Policy	The policy was considered to be inequitable, discriminatory, or to have had a disproportionate impact on certain individuals or groups, resulting in unfair treatment.
	Unclear or poorly defined policy	The policy was considered to be ambiguous, lacking in detail, or open to multiple interpretations, which contributed to confusion, inconsistent application, or misinterpretation.

Root Cause (top-level)	Root Cause (sub-level)	Description
	Lack of standardisation or complexity in processes	Inconsistent, overly complex, or unaligned processes made it difficult for staff or c understand, follow, or apply procedures effectively.
	Incorrect or inconsistent policy application	The policy was not applied as intended or was applied inconsistently across simila leading to confusion, errors, or perceived unfairness.
	Overly complex or burdensome processes	The complaint was attributed to processes that were unnecessarily complicated, re time-consuming, creating barriers to access or resolution for complainants or staff

Occasionally, duplicate cases may be created in CARS due to multiple submissions or data entry errors.

Handling these duplicates correctly and consistently ensures accurate reporting.

These cases need to remain in the system for audit purposes and in line with record keeping practices but can be marked as cancelled sc clearly identified and can be excluded from reporting.

Key points to remember:

- Duplicate cases should be **deactivated** and marked as **Cancelled**.
- Add a note in the **Case Summary** explaining why (for example, "Duplicate of Case #12345").
- Cancelled cases remain visible for audit purposes but will need to be **excluded from reporting**.

Key steps:

1. Identify and confirm the duplicate case.
2. Reference the reason in the **Case Summary**.
3. Deactivate the case and set **Status Reason = Cancelled**.
4. Add **Status Reason** as a column for sorting before exporting data (can also be done in Excel).
5. Apply filters to exclude cancelled cases from reports.

📄 Full SOP is available here: [CARS Step-by-Step Guide.docx](#)

^ Filing 'not for action' correspondence

Some correspondence received may not require a complaint to be created but should still be recorded for transparency, reference and a

When to use:

- the correspondence does not raise a new complaint, issue or request for action.
- the matter has been referred elsewhere (for example, Commonwealth Ombudsman) and the client has been advised there is not fur Comcare can take on the matter.
- where Comcare have been copied into correspondence and it has been determined it is for awareness only and does not require fol response.

There are 2 ways to file not for action correspondence in the system:

Option 1 - File as a standalone case

Use this when the correspondence or matter is not materially linked to an existing record and does not require action under the complai

1. Create a new enquiry case.
2. Enter mandatory details as best possible using the taxonomy.
3. In case resolution, select 'no basis for action'.
4. Attach all correspondence and complete case summary with reason for handling decision.
5. Deactivate the case to finalise.

Option 2 - Attach to a relevant case

Use this when the matter has previously been recorded in the system and the correspondence received is a relevant extension or continuation of a case. Additionally, it would make sense for auditing purposes on the matter to keep the correspondence in one location.

1. Open the relevant case.
2. Attach correspondence to the documents tab.
3. Add a note in the case summary field under case management notes citing when the additional correspondence was received, and v classified as 'no basis for action'.
4. Save the updates.