

<b>1. Purpose</b>	<p>Our aim is to ensure issues are addressed in the most careful and appropriate manner, upholding both the rights of service participants, and complying with all regulations, standards, and relevant laws.</p> <p>Cultura recognises the importance of feedback and uses compliments and complaints information to inform continuous improvement of care and service delivery. This procedure describes our transparent and coordinated approach to our feedback, compliments and complaints process and demonstrates our commitment to a positive complaints culture.</p>
<b>2. Scope</b>	<p>This applies to service participants and their family or carers and any stakeholders including the general public, and workplace participants that may receive compliments, concerns or complaints.</p>

### 3. Definitions

#### 3.1 Service Participant

Any person who is receiving a service from Cultura, including students enrolled with Cultura, residents, clients, care recipients, consumers, migrants, refugees and their families or carers.

#### 3.2 Workplace participant

All Cultura staff, including managers and supervisors; full-time, part-time or casual, temporary or permanent staff, volunteers and contractors. Contractors may also be called associated providers within aged care programs.

#### 3.3 Complaint

A complaint can be about any act, behaviour, omission, situation, or decision impacting on the Service Participant which they think is unfair or unjustified, unacceptable, or unsatisfactory, such as quality of care provided, timeliness or responsiveness of services and fee amounts and charges.

#### 3.4 Complainant

A complainant is a person making a complaint. The term refers collectively to service participants and their family, as well as representatives, carers and health professionals. It does not include staff of a service provider.

#### 3.5 Compliment

A remark or action that expresses approval, admiration or respect.

#### 3.6 Open Disclosure

Open disclosure is the open discussion that a provider of care or services has with service participants when things go wrong that have harmed or had the potential to cause harm to a service participant. This may also involve their family, carers and other support people, when the serviced participant would like them to be involved.

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## 4. Procedure

### 4.1 Principles

- A feedback system is one that clearly outlines the process for receiving and responding to feedback from service participants or made on behalf of service participants and to ensure they understand the process to raise compliments and concerns.
- Each service participant has the right to give feedback if they are unhappy about any part of the service the received
- Service Participants must feel safe and comfortable to make a complaint and have these addressed confidentially and in a fair, reasonable and timely manner.
- Service participants and/or their representatives will not be discriminated against or suffer any unjust or adverse consequences as a result of submitting feedback, or making a complaint, about standards of care and/or services provided by Cultura.
- Service Participants are able to bring the complaint to the attention of whichever staff member that they feel most comfortable with.
- Service Participants have the right to decide whether they want to instigate informal or formal complaint procedures and to move from informal to formal as they see fit.
- Cultura welcomes feedback, compliments and complaints because they help create a better service. If service participants don't feel comfortable writing or speaking English, they may use a friend or family member to interpret or support them or request a qualified interpreter.

### 4.2 Informing Service participants about giving feedback.

Information on how to give feedback is given on enrolment/registration/admission to Cultura by way of both written and verbal information on internal and external processes. This is also outlined in service agreements, in program handbooks and external brochures.

### 4.3 Receiving feedback, compliment or a /complaint

Feedback can be received in the following ways: -

- verbally to a workplace participant on site or via a phone call
- via a written feedback/complaints form or postcard
- submitted through a suggestion box (physical on site or via Cultivate suggestion box)
- through Tell Touch kiosk located in Residential aged care areas
- written letter submitted at Reception or to any staff member
- electronically by email or through the Cultura website.
- Through a third-party agency, e.g. Aged Care Quality and Safety Commission

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- Through participation in our own service participant feedback process – e.g. survey, focus group, phone calls.

Workplace participants are instructed to be helpful and polite if a complaint or concern is brought to them and ensure this is reported immediately to their supervisor/person-in-charge of the program or on that shift and documented.

If a complainant chooses/wishes to use a language other than English in dealing with a complaint, Cultura will engage (and pay for) either a telephone or face-to-face independent, accredited interpreter/translator to assist with the process.

Cultura will take all reasonable steps to ensure that a service participant is not adversely affected because they make a complaint, or because someone else makes a complaint on their behalf. Service participants will not be unfairly treated if they choose to speak to an external third-party agency.

The following information must be recorded if a complaint is made: -

- the date of the complaint,
- the nature and details of the complaint,
- the actions taken in relation to the complaint,
- the date and method of communication of the outcome to the complainant.

All complaints at Cultura are recorded in individuals program software e.g. LeeCare, Carelink+ or in program complaints registers so that any trends/patterns in issues raised can be identified over time. These are monitored by the Care Governance Board sub-committee quarterly.

Some verbal complaints may be able to be resolved ‘at point of service’. If this is acceptable to the complainant and the issue is resolved at this point, the complaint will be closed. However, the complaint must also be recorded as part of the record of care and services provided.

#### *4.4 Complaints against workplace participants*

If a complaint is made against a specific individual, Cultura will ensure fairness and natural justice is upheld and that no judgement is made against that person prior to an investigation being completed.

The complainant or any individual who is the focus of a complaint, is invited to seek support from an advocate/support person at any stage in the complaint process. This advocate/support person may be present at any meetings that are part of resolving the complaint.

Any resolution will contain a time frame of events and a nominated time shortly after the expected implementation of the resolution strategies, for another interview to evaluate the results and determine if the grievance has in fact been resolved.

If the Program Manager feels that a satisfactory resolution can be achieved without identifying the source of the grievance the confidentiality of the complainant will be protected.

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However, if the Program Manager feels that a satisfactory resolution is dependent upon the identification of the source of grievance this should be done in keeping with our *Confidentiality Procedure*. Resolution may also result in disciplinary action which will be in accordance with our *Performance Management Procedure*

#### 4.3 Anonymous complaints

If the service or workplace participant wishes to remain anonymous, feedback can be given via the website link and also to third party referrals.

#### 4.5 Investigation of a complaint

- A formal letter acknowledging the complaint is sent to the complainant **within forty-eight (48) hours** of the complaint being received by Cultura, and the complaint resolution process is started.
- An initial investigation of a complaint will **commence within two business days** of receiving the complaint. The responsibility of who leads and undertakes the investigation will be determined by the Program Manager.
- The Program Manager will be responsible for ensuring communication is maintained with the complainant as to the progress of the resolution and any actions being taken to resolve the complaint. The complainant will be responsible for giving open honest feedback to the staff member.

#### 4.6 Resolving a formal complaint

- A formal complaint is considered 'resolved' when the outcome is agreed between the complainant and Cultura and appropriate actions have been taken. Every attempt is made by Cultura to understand any issues/problems raised by the complainant and to ensure these are investigated without prejudice as soon as possible.
- If the complaint hasn't been resolved within **twenty (20) days**, an update letter is to be sent to the complainant informing them of the progress and the anticipated time before a resolution can be reached.  
All complaints should be resolved **within 35 days**. A letter will be sent to the complainant when an issue has been resolved, and the sending of this letter effectively closes the process for that complaint.
- However, Cultura also reserves the right to consider a complaint 'closed' in the rare instance when a complaints resolution process has been thorough, but the complainant is still not satisfied with the outcome. Cultura will ensure that the process was independently mediated, that Cultura has been found not to be in breach of any legislative, care or service requirements and has followed any suggestions made by the mediator before closing out the complaint.

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Changes to policies, procedures and/or practices may be an integral part of resolving a complaint if this is seen as improving care/services for residents/consumers/tenants. The GM undertakes to see that any actions agreed as part of a complaint resolutions are carried out.

We can also seek mediation from an independent mediation service if the issue is particularly complex, or the complainant is not satisfied with the process or outcome of Cultura's resolution of the complaint, or if the complaint has not been resolved within the thirty (30) days of being received.

#### 4.7 *No resolution within Cultura*

If the complaint cannot be resolved within the organisation, the complaint will be referred to an appropriate outside agency for independent mediation and will ensure that consent is obtained prior to referral.

#### 4.8 *Third party involvement*

Depending on the nature of the complaint, Cultura may involve the Police, or other third-party external reporting agencies as required by law e.g. relevant professional body if complaint is about professional conduct.

Cultura will provide independent interpreter support as requested from those wishing to make a complaint but unable to complete the process as English is not their first language.

#### 4.9 *Making an external independent complaint about Cultura*

There are a number of options for specific program areas for making an external complaint. This is outlined in service participant information available on registration or admission to a service and should be reiterated on service participant review.

When making a complaint or providing information to external agencies, individuals may choose to do so openly (providing name and personal details), remain anonymous, or request that the agency keep the complainant's identity confidential when dealing with the matter.

If required, these agencies can provide access to an interpreter service, a TTY (deaflink) phone service, and/or a free and confidential advocacy service.

Below are contact details for program specific complaint commissions

<b><i>Residential Aged Care, Home Care (Support at Home, HCP, CHSP, STRC)</i></b>	
Aged Care Quality and Safety Commission (ACQSC) is available to provide information, or to raise a concern or make a complaint about any Australian	<ul style="list-style-type: none"><li>• 1800 951 822 for all enquiries,</li><li>• 1800 844 044 for food, nutrition and dining enquiries</li><li>• Email: <a href="mailto:info@agedcarequality.gov.au">info@agedcarequality.gov.au</a></li><li>• <i>In writing:</i> Aged Care Quality and Safety Commission GPO Box 9819, Melbourne 3000</li></ul>

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Government funded aged care service that may need to be investigated.	<ul style="list-style-type: none"> <li>• <i>Using the website:</i>  <a href="https://www.agedcarequality.gov.au/making-complaint">https://www.agedcarequality.gov.au/making-complaint</a></li> <li>• <a href="https://www.agedcarequality.gov.au/making-complaint/lodge-complaint">https://www.agedcarequality.gov.au/making-complaint/lodge-complaint</a></li> </ul>
Older Person’s Advocacy Network (OPAN) can provide free, independent and confidential support to older people receiving government funded aged care.	Aged Care Advocacy line = 1800 700 600
NDIS Quality and Safeguards Commission supports the participant to raise their concerns to their provider.	<ul style="list-style-type: none"> <li>• Completing an <a href="#">online form</a></li> <li>• Phone: 1800 035 544</li> <li>• If you are deaf or hard of hearing, contact:                             <ul style="list-style-type: none"> <li>○ TTY on 1800 555 677</li> <li>○ National Relay Service on 1800 555 727.</li> </ul> </li> <li>• Email: <a href="mailto:enquiries@ndis.gov.au">enquiries@ndis.gov.au</a></li> </ul>
Consumer Affairs Victoria – Tenancy Assistance and Advisory Program	Complete an online form using the following weblink- <a href="#">General complaint - Consumer Affairs Victoria</a>

## 5. Responsibilities

### *Board of Management*

- Promoting a culture of transparency, safety and responsiveness regarding feedback.
- Reviewing feedback data and reports and communicating with the CEO and Executive team on Continuous Improvement.
- Utilise feedback from the CAC and QCAC to inform strategic planning choices where possible.

### *CEO and Executive Team*

- Oversee and are responsible for ensuring all feedback and complaints are dealt with promptly and thoroughly and in a fair, objective, and unbiased manner.
- Maintain a robust feedback and complaints management system that is accessible, confidential, and responsive.
- Ensure all complaints and feedback are acknowledged, recorded, investigated, and resolved in a timely and transparent manner.
- Provide multiple avenues for workers and clients to submit feedback and complaints, including verbal, written, digital, anonymous, and confidential options.
- Ensure feedback and complaints are used to inform quality improvement initiatives.

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- Review individual and aggregated complaints to identify opportunities for systemic improvements, including improvements to the complaints process.

*Quality and Compliance Coordinator*

- Monitor and evaluate the effectiveness of the feedback and complaints system by: -
  - 1) retaining copies of documents related to complaints in a separate, service specific electronic complaints file
  - 2) entering complaints data into the Complaints Register and
  - 3) reviewing complaints to identify opportunities for improvement.
- Ensuring compliance with legislative and regulatory requirements.
- Reporting trends, risks, and improvement opportunities to the Executive Management team and relevant stakeholders.

*People and Culture Manager*

- Implementing and managing a training program that includes how to handle complaints.
- Ensuring that staff participants are provided information on our Feedback, Compliments and Complaints Procedure at induction and ongoing refresher training.

*Program Managers*

- Facilitate open disclosure when things go wrong and implement corrective actions to prevent recurrence.
- Ensure all complaints and feedback are acknowledged, recorded, investigated, and resolved in a timely and transparent manner.
- Regularly review and report feedback data to identify trends and implement improvements.

*Case Manager/Wellbeing Coordinators/Nurse Unit Manager*

- Inform clients and their representatives of their rights and responsibilities with regards to feedback and complaints upon entry/admission and ongoing at least annually.
- Manage Complaints and Feedback in line with this policy.

*Workplace participants:*

- are encouraged and supported to raise feedback/complaints without fear of reprisal
- must participate in any assigned training on the feedback and complaints system
- understand their responsibilities under the Aged Care Act 2024 and Cultura Code of Conduct; and
- should actively participate in resolving complaints and contribute to service improvement through constructive feedback.

**6 Performance/Evaluation**

- 6.1. All feedback received is tabled at program leadership/quality meetings and at the quarterly Care Governance Committee.
- 6.2. Recurrent complaints must be escalated to the Executive Operational Meeting.
- 6.3. Feedback, Compliments and Complaints Procedure will be reviewed every 3 years, with

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an early review triggered if:

- There is an incident relating to this procedure
- Workplace participants are having difficulty in understanding or applying this procedure
- There are amendments to legislation or changes to aligned documents
- There is significant feedback demonstrating the procedure require review.

## 7 Aligned Legislation and Standards

[Quality Standards | Aged Care Quality and Safety Commission](#) - Standards 2.3, 2.6a, 2.6b & 2.9  
 National Disability Insurance Scheme Act 2013 (NDIS Act)  
 National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018  
 Aged Care Act 2024  
 Aged Care Rules 2024  
 Social Services Regulation Act 2021  
 Victorian Social Service Standards 2024 – Standard 4  
 Settlement Council of Australia National Outcome Standards  
 Consumer Affairs Victoria - Tenancy Assistance and Advisory Program Guidelines

## 8 Aligned Documents

GEN\_PO\_00001 v1.0 Code of Conduct  
 GEN\_PR\_00056 v1.1 Continuous Improvement Procedure  
 GEN\_PR\_00057 v1.0 Open Disclosure Procedure  
 GEN\_PR\_00005 v1.1 Internal Grievance and Complaints Resolution Procedure  
 GEN\_PR\_00009 v1.0 Confidentiality Procedure  
 GEN\_PR\_00010 v1.1 Performance Management Procedure  
 Cultura Quality, Safety and Care Governance framework and Plan 2026-2028

## 9 References

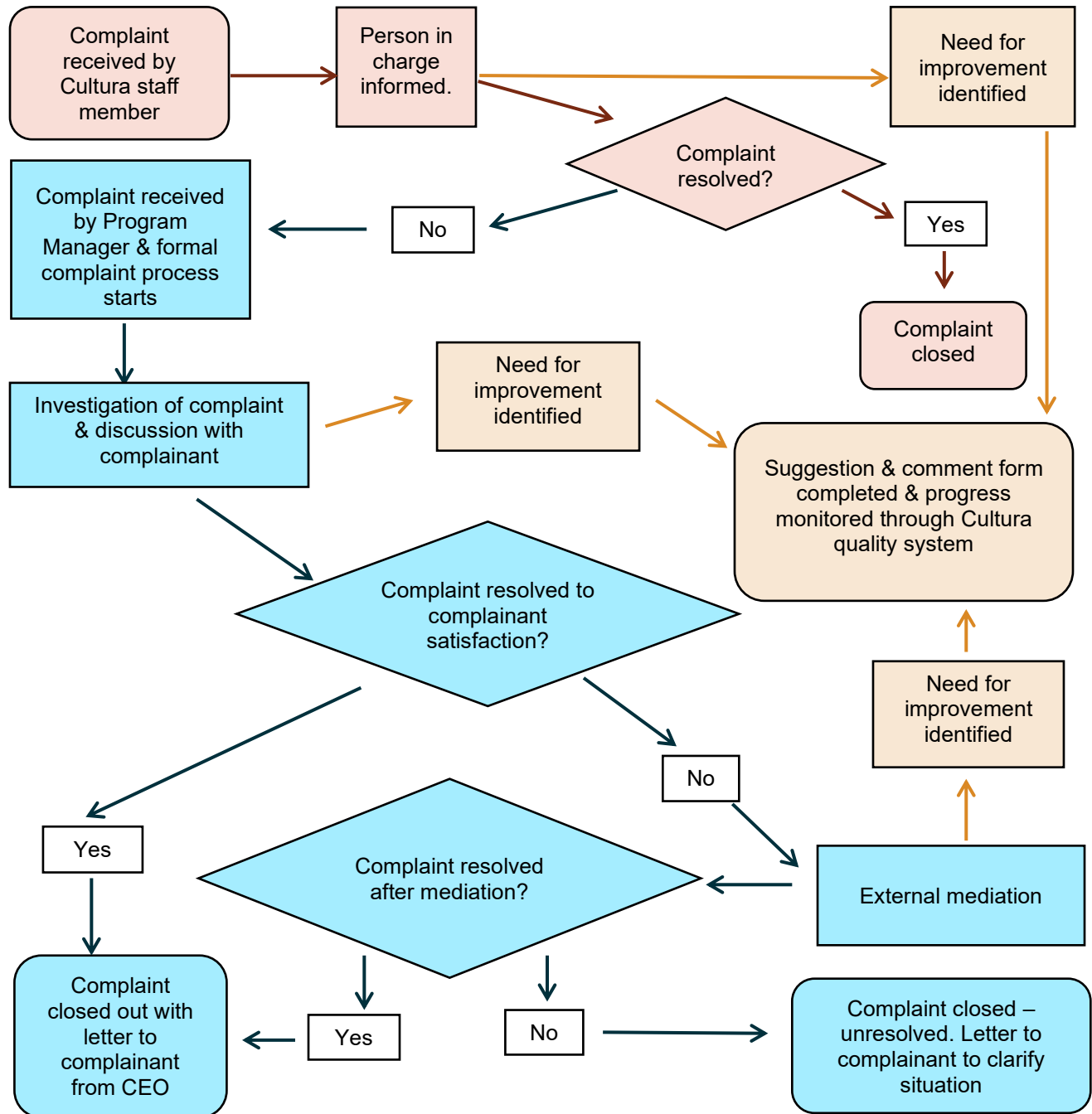
ACQSC [Complaints and feedback management for individuals | Aged Care Quality and Safety Commission](#)  
 Federal Legislation *Aged Care (Dealing with complaints and feedback) Guidelines 2025*  
 NDIS [Complaints about supports and services you provide | NDIS Quality and Safeguards Commission](#) *Effective Complaint Handling Guidelines for NDIS providers 2016*

## 10 Contributors

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**Appendix A: Complaints Flow Chart**



<b>Key:</b> Red – complaint dealt with at point of service	Approved: 14/01/2026	Last reviewed: 14/01/2026
Blue – formal complaint process		
Orange – quality process		
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