



# Grange Road Kindergarten Association Inc.

## COMPLAINTS AND GRIEVANCES POLICY

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Mandatory – Quality Area 7

### PURPOSE

This policy will provide guidelines for:

- receiving and dealing with complaints and grievances at Grange Road Kindergarten Inc
- procedures to be followed in investigating complaints and grievances.

Note: This policy does not address complaints relating to staff grievances or employment matters. The relevant awards provide information on the management of such issues.

### POLICY STATEMENT

#### 1. VALUES

Grange Road Kindergarten Inc is committed to:

- providing an environment of mutual respect and open communication, where the expression of opinions is encouraged
- complying with all legislative and statutory requirements
- dealing with disputes, complaints and complainants with fairness and equity
- establishing mechanisms to promote prompt, efficient and satisfactory resolution of complaints and grievances
- maintaining confidentiality at all times.

#### 2. SCOPE

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day-to-day Charge, staff, volunteers, students and parents/guardians at Grange Road Kindergarten.

#### 3. BACKGROUND AND LEGISLATION

##### Background

Complaints or grievances may be received from anyone who comes in contact with Grange Road Kindergarten Inc including parents/guardians, volunteers, students, members of the local community and other agencies.

In most cases, dealing with complaints and grievances will be the responsibility of the President. All complaints and grievances, when lodged, need to be initially assessed to determine whether they are a general or a notifiable complaint (refer to *Definitions*).

When a complaint or grievance has been assessed as 'notifiable', the President must notify Department of Education and Training (DET) of the complaint or grievance. The President will investigate the complaint or grievance and take any actions deemed necessary, in addition to responding to requests from and assisting with any investigation by DET.



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There may be occasions when the complainant reports the complaint or grievance directly to DET. If DET then notifies the Approved Provider about a complaint they have received, the President will still have responsibility for investigating and dealing with the complaint or grievance as outlined in this policy, in addition to co-operating with any investigation by DET.

DET will investigate all complaints and grievances it receives about a service, where it is alleged that the health, safety or wellbeing of any child within the service may have been compromised, or that there may have been a contravention of the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011*.

### Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Charter of Human Rights and Responsibilities Act 2006 (Vic)*, as amended 2011
- *Children, Youth and Families Act 2005 (Vic)*, as amended 2011
- *Children, Youth and Families Act 2005 (Vic)*, as amended 2012
- *Education and Care Services National Law Act 2010*: Section 174(2)(b)
- *Education and Care Services National Regulations 2011*: Regulations 168(2)(o) and 176(2)(b)
- *Health Records Act 2001 (Vic)*, as amended 2011
- *Information Privacy Act 2000 (Vic)*, as amended 2011
- *National Quality Standard*, Quality Area 7: Leadership and Service Management

Standard 7.3: Administrative systems enable the effective management of a quality service

Element 7.3.4: Processes are in place to ensure that all grievances and complaints are addressed, investigated fairly and documented in a timely manner

- *Privacy Act 1988 (Cth)*
- *Privacy Regulations 2006 (Cth)*

## 4. DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

**Complaint:** (In relation to this policy) a complaint is defined as an issue of a minor nature that can be resolved promptly or within 24 hours, and does not require a detailed investigation. Complaints include an expression of displeasure, such as poor service, and any verbal or written complaint directly related to the service (including general and notifiable complaints).

Complaints do not include staff, industrial or employment matters, occupational health and safety matters (unless related to the safety of the children) and issues related to the legal business entity, such as the incorporated association or co-operative.

**Complaints and Grievances Register:** (In relation to this policy) records information about complaints and grievances received at the service, together with a record of the outcomes. This register must be kept in a secure file, accessible only to educators and Responsible Persons at the service. The register can provide valuable information to the Approved Provider on meeting the needs of children and families at the service.



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**Dispute resolution procedure:** The method used to resolve complaints, disputes or matters of concern through an agreed resolution process.

**General complaint:** A general complaint may address any aspect of the service e.g. a lost clothing item or the service's fees. Services do not have to inform DET, but the complaint must be dealt with as soon as is practicable to avoid escalation of the issue.

**Grievance:** A grievance is a formal statement of complaint that cannot be addressed immediately and involves matters of a more serious nature e.g. the service is in breach of a policy or the service did not meet the care expectations of a family.

**Mediator:** A person who mediates, especially one who reconciles differences between disputants.

**Mediation:** An attempt to bring about a peaceful settlement or compromise between disputants through the objective intervention of a neutral party.

**Notifiable complaint:** A complaint that alleges a breach of the Act or Regulation, or alleges that the health, safety or wellbeing of a child at the service may have been compromised. Any complaint of this nature must be reported by the Approved Provider to the secretary of DET within 24 hours of the complaint being made (Section 174(2)(b), Regulation 176(2)(b)). If the Approved Provider is unsure whether the matter is a notifiable complaint, it is good practice to contact DET for confirmation. Written reports to DET must include:

- details of the event or incident
- the name of the person who initially made the complaint
- if appropriate, the name of the child concerned and the condition of the child, including a medical or incident report (where relevant)
- contact details of a nominated member of the Grievances Subcommittee
- any other relevant information.

Written notification of complaints must be submitted using the appropriate forms, which can be found on the ACECQA website: [www.acecqa.gov.au](http://www.acecqa.gov.au)

**Serious incident:** A serious incident (regulation 12) is defined as any of the following:

- the **death of a child** while being educated and cared for by the service or following an incident while being educated and cared for by the service
- any **incident involving a serious injury or trauma to a child** while that child is being educated and cared for, which:
  - a reasonable person would consider required urgent medical attention from a registered medical practitioner; or
  - the child attended or ought reasonably to have attended a hospital e.g. broken limb\*
  - any **incident involving serious illness of a child** while that child is being educated and cared for by a service for which the child attended, or ought reasonably to have attended, a **hospital** e.g. severe asthma attack, seizure or anaphylaxis\*

**NOTE:** In some cases (for example rural and remote locations) a General Practitioner conducts consultations from the hospital site. Only treatment related to serious injury, illness or trauma is required to be notified, not other health matters.



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- any emergency for which **emergency services** attended  
**NOTE:** This means an incident, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of a person at an education and care service. It does not mean an incident where emergency services attended as a precaution.
- a child appears to be **missing or cannot be accounted for** at the service
- a child appears to have been **taken or removed** from the service in a manner that contravenes the National Regulations
- a child is mistakenly **locked in or locked out of the service** premises or any part of the premises.

Notify the regulatory authority of serious incidents online through the [NQA IT System](#).

The Regulatory Authority (DET) must be notified within 24 hours of a serious incident occurring at the service (Regulation 176(2)(a)). Records are required to be retained for the periods specified in Regulation 183.

### 5. SOURCES AND RELATED POLICIES

#### Sources

- ELAA *Early Childhood Management Manual*
- ACECQA: [www.acecqa.gov.au](http://www.acecqa.gov.au)

#### Service policies

- *Code of Conduct*
- *Inclusion and Equity Policy*
- *Interactions with Children Policy*
- *Privacy and Confidentiality Policy*
- *Staffing Policy*

### PROCEDURES

#### The Approved Provider is responsible for:

- being familiar with the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011*, service policies and constitution, and complaints and grievances policy and procedures
- identifying, preventing and addressing potential concerns before they become formal complaints/grievances
- ensuring that the name and telephone number of the Responsible Person and the President, (refer to *Staffing Policy*) to whom complaints and grievances may be addressed are displayed prominently at the main entrance of the service (Regulation 173(2)(b))
- ensuring that the address and telephone number of the Authorised Officer at the DET regional office are displayed prominently at the main entrance of the service (Regulation 173(2)(e))
- advising parents/guardians and any other new members of Grange Road Kindergarten Inc of the complaints and grievances policy and procedures upon enrolment
- ensuring that this policy is available for inspection at the service at all times (Regulation 171)





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- being aware of, and committed to, the principles of communicating and sharing information with service employees, members and volunteers
- responding to all complaints and grievances in the most appropriate manner and at the earliest opportunity
- treating all complainants fairly and equitably. Ensuring that all parties involved have an opportunity to present their point of view.
- providing a *Complaints and Grievances Register* (refer to *Definitions*) and ensuring that a record of complaints and grievances along with outcomes is kept
- complying with the service's *Privacy and Confidentiality Policy* and maintaining confidentiality at all times (Regulations 181, 183)
- where necessary, establishing a Grievances Subcommittee to investigate and resolve grievances (refer to Attachment 1 – Terms of reference for a Grievances Subcommittee)
- referring notifiable complaints (refer to *Definitions*), grievances (refer to *Definitions*) or complaints that are unable to be resolved appropriately and in a timely manner to the Grievances Subcommittee
- informing DET in writing within 24 hours of receiving a notifiable complaint (refer to *Definitions*) (Act 174(4), Regulation 176(2)(b))
- receiving recommendations from the Grievances Subcommittee and taking appropriate action.
- if the President, Vice President or other committee members are personally involved in issues as a complainant, or are materially involved in the complaint, they will stand aside from participation in any procedures related to the investigation or management of the complaint, because of a possible conflict of interest.

### **The Nominated Supervisor and other educators are responsible for:**

- responding to and resolving issues as they arise where practicable
- maintaining professionalism and integrity at all times
- discussing minor complaints directly with the party/parties involved as a first step towards resolution (the parties are encouraged to discuss the matter professionally and openly work together to achieve a desired outcome)
- informing complainants of the service's *Complaints and Grievances Policy*
- recording all complaints and grievances in the *Complaints and Grievances Register* (refer to *Definitions*)
- notifying the Approved Provider if the complaint escalates and becomes a grievance (refer to *Definitions*), is a notifiable complaint (refer to *Definitions*) or is unable to be resolved appropriately in a timely manner
- providing information as requested by the Approved Provider e.g. written reports relating to the grievance
- complying with the service's *Privacy and Confidentiality Policy* and maintaining confidentiality at all times (Regulations 181, 183)
- working co-operatively with the Approved Provider and DET in any investigations related to grievances about Grange Road Kindergarten Inc, it's programs or staff.

### **Parents/guardians are responsible for:**

- raising a complaint directly with the person involved, in an attempt to resolve the matter without recourse to the complaints and grievances procedures
- communicating (preferably in writing) any concerns relating to the management or operation of the service as soon as is practicable



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- raising any unresolved issues or serious concerns directly with the Nominated Supervisor/educator or through the President or Vice President,
- maintaining complete confidentiality at all times
- co-operating with requests to meet with the Grievances Subcommittee and/or provide relevant information when requested in relation to complaints and grievances.

**Volunteers and students, while at the service, are responsible for following this policy and its procedures.**

### EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor complaints and grievances as recorded in the *Complaints and Grievances Register* to assess whether satisfactory resolutions have been achieved
- review the effectiveness of the policy and procedures to ensure that all complaints have been dealt with in a fair and timely manner
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

### ATTACHMENTS

- Attachment 1: Terms of reference for a Grievances Subcommittee (which may be required if a) The President is involved in some way and has stepped aside or  
b) The grievance is of such a complex or serious nature as to require a subcommittee)
- Attachment 2: Dealing with complaints and grievances

### AUTHORISATION

This policy was adopted by Grange Road Kindergarten Inc on 18<sup>th</sup> June 2019

**REVIEW DATE: JULY 2021**



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## ATTACHMENT 1

### Terms of reference for a Grievances Subcommittee

DATE ESTABLISHED: [Date]

#### PURPOSE

- A Grievances Subcommittee has been established by the Approved Provider of Grange Road Kindergarten Inc to investigate and resolve a grievance(s) lodged with Grange Road Kindergarten Inc

#### MEMBERSHIP

Three people are nominated by the Approved Provider, and membership must include a minimum of one Responsible Person (refer to *Definitions*).

#### TIME PERIOD NOMINATED

The Grievances Subcommittee shall be appointed for one year

#### MEETING REQUIREMENTS

The subcommittee convenor is responsible for organising meetings as soon as is practicable after receiving a complaint or grievance.

#### DECISION-MAKING AUTHORITY

The subcommittee is required to fulfil only those tasks and functions as outlined in these terms of reference.

The Approved Provider may decide to alter the decision-making authority of the subcommittee at any time.

#### BUDGET ALLOCATION

All expenditure to be incurred by the subcommittee must be approved by the Approved Provider. A request in writing must be submitted by the subcommittee.

#### REPORTING REQUIREMENTS OF THE COMMITTEE

- The subcommittee is required to keep minutes of all meetings held. These are to be kept in a secure file.
- The convenor is required to present a written report to the Approved Provider about the grievance, ensuring that privacy and confidentiality are maintained according to the service's *Privacy and Confidentiality Policy*.

#### TASKS AND FUNCTIONS OF THE PRESIDENT OR GRIEVANCES SUBCOMMITTEE

- Responding to complaints in a timely manner
- Investigating all complaints received in a discreet and responsible manner
- Implementing the procedures outlined in Attachment 2 – Dealing with complaints and grievances
- Acting fairly and equitably, and maintaining confidentiality at all times
- Informing the Approved Provider if a complaint is assessed as notifiable
- Keeping the Approved Provider informed about complaints that have been received and the outcomes of investigations
- Providing the Approved Provider with recommendations for action
- Ensuring decisions are based on the evidence that has been gathered



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- Reviewing the terms of reference of the Grievances Subcommittee at commencement and on completion of their term. Suggestions for alterations are to be presented to and approved by the Approved Provider





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## ATTACHMENT 2

### Dealing with complaints and grievances

#### DEALING WITH A COMPLAINT

When a complaint is received, the person to whom the complaint is addressed will:

- inform the complainant of the service's *Complaints and Grievances Policy*
- encourage the complainant to resolve the complaint with the person directly, or to submit their complaint in writing
- enter the complaint in the *Complaints and Grievances Register* (refer to *Definitions*)
- comply with the service's *Privacy and Confidentiality Policy* with regard to all meetings/discussions in relation to a complaint
- inform the Approved Provider if the complaint escalates and becomes a grievance (refer to *Definitions*), a notifiable complaint (refer to *Definitions*) or is unable to be resolved appropriately in a timely manner.
- enter details of outcome in Complaints and Grievances Register
- Store Complaints and Grievances Register in a secure location.

#### DEALING WITH A GRIEVANCE

When a formal complaint or grievance is lodged with the service:

- the staff member receiving the formal complaint or grievance will record all relevant details regarding the grievance in the *Complaints and Grievances Register* (refer to *Definitions*) and immediately inform the Approved Provider.
- the staff member will encourage the complainant to put their complaint or grievance in writing
- the Approved Provider must inform the service's President who may then form a Grievances Subcommittee to investigate the grievance
- the President or Grievances Subcommittee will assess the grievance to determine if it is a notifiable grievance (refer to *Definitions*)
- if the grievance is notifiable, the Approved Provider will be responsible for notifying DET. This must be in writing within 24 hours of receiving the complaint (Regulation 176(2)(b))
- the written report to DET needs to be submitted using the appropriate forms from ACECQA and will include:
  - details of the event or incident
  - the name of the person who initially made the complaint
  - if appropriate, the name of the child concerned and the condition of the child, including a medical or incident report (where relevant)
  - contact details of a nominated member of the Grievances Subcommittee
  - any other relevant information
- if the Approved Provider is unsure if the complaint is a notifiable complaint, it is good practice to contact DET for confirmation.

#### GRIEVANCES SUBCOMMITTEE RESPONSIBILITIES AND PROCEDURES

In the event of a grievance being lodged, the Grievances Subcommittee will:



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- convene as soon as possible to deal with the grievance in a timely manner
- disclose any conflict of interest relating to any member of the subcommittee. Such members must stand aside from the investigation and subsequent processes
- consider the nature and the details of the grievance
- offer the complainant an opportunity to meet and discuss the complaint and provide additional information
- identify which service policies (if any) the grievance involves
- inform the Approved Provider if their involvement is required under any other service policies
- if the grievance is a notifiable complaint (refer to *Definitions*), inform the complainant of the requirements to notify DET of the grievance and explain the role that DET may take in investigating the complaint
- maintain appropriate records of the information and data collected, including minutes of meetings, incident reports and copies of relevant documentation relating to the grievance
- respect the confidential nature of information relating to the grievance. The Approved Provider and the subcommittee must handle any grievance in a discreet and professional manner
- store all written information relating to grievances securely and in compliance with the service's *Privacy and Confidentiality Policy*.

### INVESTIGATING THE GRIEVANCE AND GATHERING RELEVANT INFORMATION

When investigating the grievance and gathering relevant information, the President or Grievances Subcommittee will:

- encourage the complainant to put their complaint or grievance in writing
- meet with individual witnesses, and give right of reply to the person against whom the allegations are made in relation to any accusation or information relating to an alleged incident
- offer the complainant the opportunity of meeting with the subcommittee to discuss the complaint and provide additional information where relevant
- inform the complainant of the procedures for dealing with the grievance if the complainant does not take up the opportunity to attend a meeting
- document the time, date and detail of meetings/discussions, and follow this up with a letter to the complainant outlining the information discussed
- be available to meet with DET staff, if required, and provide additional information as requested
- seek and review relevant information and documents
- obtain any other relevant information or documentation that will assist in resolving the grievance
- seek advice, where appropriate, from individuals and organisations that may be able to assist in resolving the grievance (any cost in seeking advice will require prior approval by the Approved Provider).

### FOLLOWING THE INVESTIGATION

Once the investigation of the grievance is complete, the Grievances Subcommittee will:

- endeavour to resolve the grievance by mutual agreement of the parties involved
- meet to discuss the information gathered and determine further action, including generating recommendations to be presented to the Approved Provider
- ensure that any recommendations or actions are in accordance with relevant legislation and funding requirements including, but not limited to:



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*Education and Care Services National Law Act 2010*

*Education and Care Services National Regulations 2011*

*Victorian kindergarten policy, procedures and funding criteria*

- report outcomes that may include relevant information gained in investigations and consultations to the Approved Provider and, where required, provide any recommendations for consideration by the Approved Provider
- inform the Approved Provider on the involvement of DET and the outcomes of any investigation by DET. The Approved Provider will review the report and any subcommittee recommendations and will be responsible for making decisions on the action to be taken (if any), including relevant review mechanisms
- advise the complainant and other relevant parties of any decisions made by the Approved Provider in relation to the grievance
- follow up to ensure the parties involved are satisfied with the outcome and monitor progress on any actions taken by the Approved Provider.