**Appendix C: Self-assessment tool for Councils**

This tool can be used to assess whether your Council is implementing good practices to enable, respond to and learn from complaints. The **targets** in this Guide reflect the three concepts which are fundamental to complaint handling. The **focus areas** represent the core elements of a good practice complaint process as set out in the Victorian Ombudsman’s *Councils and Complaints – A Good Practice Guide* (2nd edition).

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| --- | --- | --- | --- | --- | --- | --- |
| Target | Focus area | Indicators | Rating (Met /Not met) | Evidence | Improvements | Action item / Responsibility |
| Enabling complaints | Commitment | Organisational culture that views complaints positively |  |  |  |  |
| Oversight and leadership from CEO and managers |  |  |  |  |
| All staff aware of Council’s complaint process and their individual responsibilities |  |  |  |  |
| Consistent approach | Approved Council-wide complaints policy  |  |  |  |  |
| Clear approach for handling complaints to or about the Council, Council staff, CEO and contractors |  |  |  |  |
| Councillors, Council staff and contractors are provided training appropriate to their role and likely level of interaction with complainants |  |  |  |  |
| Transparency | Information about complaint process, including internal reviews and external review is published on website, together with Council’s complaints policy. Information can be provided in hard copy |  |  |  |  |
| Website includes prominent links to complaint information |  |  |  |  |
| Accessibility | Complaints can be made through multiple channels, and outside business hours |  |  |  |  |
| Information is published in accessible formats |  |  |  |  |
| There is an option for complaints to be made on behalf of another person |  |  |  |  |
| Complainants’ communication needs are reasonably accommodated without charge |  |  |  |  |
| Responding to complaints | Timeliness | Acknowledgement, progress and response time targets meet minimum standards:* five business days (or less) for acknowledgement
* 30 calendar days (or less) for response
* for longer investigation, updates provided at least once every 30 calendar days
 |  |  |  |  |
| Triage | Processes support early intervention and resolution of complaints |  |  |  |  |
| A tiered approach to complaint escalation is used |  |  |  |  |
| Officers handling complaints have delegated authority to resolve them |  |  |  |  |
| Managing expectations | Complaint process is communicated early |  |  |  |  |
| Realistic outcomes are outlined |  |  |  |  |
| Fairness | All parties are provided a fair opportunity to be heard |  |  |  |  |
| Complaints are considered individually on their merit |  |  |  |  |
| Conflicts of interests are declared and managed |  |  |  |  |
| In responding to complaints, regard is given to human rights under the *Charter of Human Rights and Responsibilities Act 2006* (Vic) |  |  |  |  |
| Evidence and objectivity | Information from multiple sources is gathered and taken into account |  |  |  |  |
| Complaints are assessed against relevant legislation, policies and guidelines |  |  |  |  |
| Consideration is given to whether discretionary powers have been appropriately exercised to produce fair and reasonable outcome |  |  |  |  |
| Decisions are logical and based on the evidence |  |  |  |  |
| Communicating effectively | Complainants’ communication needs and preferences are taken into account and reasonably accommodated |  |  |  |  |
| Communications are in plain English and always tailored to the circumstances |  |  |  |  |
| Written outcomes are provided where a substantial investigation is conducted |  |  |  |  |
| Reasons for decisions are communicated by an identifiable officer or team |  |  |  |  |
| Personal Privacy | Personal information is stored securely |  |  |  |  |
| Access to personal information is controlled |  |  |  |  |
| Personal information is only used for the purpose it was collected, and consent obtained before information is used for any other purpose |  |  |  |  |
| Information that is published is de-identified (and cannot be re-attributed to a person) |  |  |  |  |
| Review options | Internal review process is established, which:* is conducted by an independent senior officer
* is independent of the original complaint process
* can result in decisions being upheld, overturned, or improvements made
 |  |  |  |  |
| Complainants routinely offered internal and external review options |  |  |  |  |
| External review options are published on Council’s website |  |  |  |  |
| Learning and improving | Systematic recording | All complaints are recorded in a systematic way |  |  |  |  |
| Leaders are responsible for auditing the quality of complaint data |  |  |  |  |
| Analysis | Complaint data is regularly reviewed to identify trends and opportunities to improve |  |  |  |  |
| Trends and systemic issues are reported to and discussed with senior leaders |  |  |  |  |
| Improvements | Complaint data is used to drive continuous improvement |  |  |  |  |
| Health-check of complaint system is scheduled and undertaken regularly |  |  |  |  |
| Reporting | Complaint statistics, trends and related initiatives are reported to senior leaders |  |  |  |  |
| Complaint data and outcomes are published in annual report |  |  |  |  |