



Feedback Assessment Guidelines

Feedback is received through two key streams: Verbal and Written. All feedback - whether positive or negative - is to be recorded for the purposes of continuous improvement. Any staff member in receipt of feedback provided verbally (via telephone/in person) must follow the actions as outlined in the table below. Written feedback will be initially actioned by the Office's Client Services Officer.

For the purposes of the Office's guidelines, feedback is categorised into three types:

Type	Detail	Action
<p>① Comments</p> <p>Reviewed and coordinated by the Director, Business Strategy Services.</p>	<p>If a staff member is unsure of the feedback type (comment/complaint) they must consult the Director, Business Strategy Services (D/BSS).</p> <p>To determine whether feedback is a comment or complaint, it is assessed according to its complexity, nature and impact on the Office (including staff, the Board and clients).</p>	<p>If a staff member receives a verbal comment that is not resolvable (i.e. further enquiries needed) at first point of contact, they must:</p> <ol style="list-style-type: none"> 1. Enter the details onto the Feedback Register 2. Contact the D/BSS who will: <ol style="list-style-type: none"> a. Appoint a Designated Officer to conduct further enquiries; and b. Coordinate responses.
<p>② Compliments</p> <p>Reviewed by the Director, Business Strategy Services.</p>	<p>The purpose of including compliments as a type of feedback is to ensure that once received they are properly recorded, acknowledged and conveyed to the individuals mentioned.</p>	<p>If a staff member receives a compliment about themselves or another staff member, they should:</p> <ol style="list-style-type: none"> 1. Enter the details onto the Feedback Register 2. Contact the D/BSS who will: <ol style="list-style-type: none"> a. Notify the staff member's Director or Manager; and b. Coordinate acknowledgements.
<p>③ Complaints</p> <p>Reviewed and coordinated by the Director, Business Strategy Services.</p> <p>Complaint Levels (the assigned level determines responsibility):</p> <p>Level 1 = Client Services Officer Level 2 = Designated Officer Level 3 = D/BSS Level 4 = Qld Ombudsman</p>	<p>Complaints are assessed and categorised upon receipt and assigned an individual complaint level by the D/BSS.</p> <p>Where a complaint relates to an individual staff member, the Designated Officer must hold a position equal to or above that of the staff member subject to the complaint.</p>	<p>If a staff member receives a service level complaint verbally, they should:</p> <ol style="list-style-type: none"> 1. Enter the details onto the Feedback Register 2. Contact the D/BSS who will: <ol style="list-style-type: none"> a. Appoint a Designated Officer to conduct further enquiries; and b. Coordinate acknowledgements and responses.

Complaint assessment criteria

The following criteria are applied when determining the complaint level (Levels 1 to 4):

- the nature of the complaint (refer to 'Complaint Categories')
- its complexity (refer to table below);
- impact on future work practices;
- financial impact;
- impact on staff;
- impact on other stakeholders (recruiters, agencies, clients, public confidence)
- whether it is a systemic issue; or
- a singular event; and/or
- a recurring event.

Complexity is assessed according to the following table:

Negligible	No impact on service delivery or to the Office	Level 1
Minor	Resolvable at the first point of contact	Level 1/2
Moderate	Requires further assessment or investigation	Level 2
High	Significant issues or issues causing lasting detriment	Level 3
Extreme	Issues about serious adverse events	Level 4

Complaints against doctors must be directed to the Board's Professional Standards Unit, if the complaint is in relation to the health of a doctor it should be referred to the Health Assessment and Monitoring Unit.

The Office's policy and guidelines do not apply to feedback (or complaints) about the following:

- decisions and conduct of the Medical Board of Queensland or its delegated committees;
- complaints against or about services provided by medical practitioners, which are governed by the MPR Act and the HPPS Act;
- reports of suspected official misconduct and/or public interest disclosures;
- staff grievances and conflict, including workplace harassment;
- privacy breaches;
- complaints dealt with under the State Procurement Policy;
- contract-related complaints (excluding conduct breaches); and staff appeals.

Responsibilities

Role	Responsibility
Client Services Officer	Receive, record, and refer all feedback to Director, Business Strategy Services. Complaints managed by this officer are categorised as Level 1.
Designated Officer	Record, assess & investigate complaints; prepare correspondence for Level 2 complaints. Complaints managed by this officer are categorised as Level 2.
Director, Business Strategy Services	Record, assess, categorise and distribute feedback for further investigation. The Director also provides final sign-off of correspondence.

Correspondence

Acknowledgments: All feedback will be responded to in writing. The Director, Business Strategy Services will be responsible for coordinating acknowledgments. Ministerial complaints will be acknowledged as per the current processes. The individual must be advised of estimated timeframes for resolution and their review options (i.e. external review).

Final letters: At the completion of enquiries into an individual's complaint or comment (should there be follow up action required) a final letter will be drafted by the Designated Officer and signed off by the Director, Business Strategy Services. The letter must detail the process the Officer followed in reaching an outcome.

Templates: Template letters are available on the G drive and on PULSE.

Timeframes: If enquiries cannot be completed within the recommended timeframe (as per below table) the individual must be informed and provided with reasons. A phone call may be sufficient in most cases, unless enquiries exceed the maximum timeframe of 21 days – in this instance, written correspondence should be provided to the individual, in addition to a courtesy phone call.

How feedback received	ACKNOWLEDGE D	ASSESSED	REVIEWED (escalated)	CLOSED (final correspondence)
Online	< 24 hours	< 3 days	< 5 days	< 7 days
Email	< 24 hours	< 3 days	< 5 days	< 7 days
Fax	< 48 hours	< 3 days	< 5 days	< 7 days
Mail	< 3 days	< 3 days	< 5 days	< 7 days
In person/Phone	< 24 hours	< 24 hours	< 48 hours	< 3 days

Remedy options

The remedies offered must reflect what is fair and reasonable in the circumstances, legal obligations and good practice. There are a range of appropriate options to provide suitable remedy or redress in the event a complaint is substantiated such as:

- an apology;
- an admission of fault;
- a change of decision;
- an explanation of how and why the problem occurred and what steps have been taken to avoid it reoccurring;
- a change to procedure or practice.