

POLICY

COMPLAINTS HANDLING

1. Purpose

This policy:

- 1.1 outlines the principles and procedures for managing complaints effectively, fairly, and promptly; and
- 1.2 aims to improve service delivery and maintain trust with stakeholder; and
- 1.3 is to be read and complied with in conjunction with related ACRRM policies in 9. Related documentation.

2. Application and Scope

- 2.1 This policy applies to all complaints received by ACRRM.
- 2.2 In this policy complaints are categorised into three levels based on their complexity, seriousness, and the appropriate level of authority required to address them as follows:
 - 2.2.1 Level 1: Low-risk complaint that can be resolved immediately or with minimal investigation.
 - 2.2.2 Level 2: Requires escalation to a manager or General Manager or is directed to management due to seriousness or complexity.
 - 2.2.3 Level 3: Requires escalation to the GM Member Services or submitted directly to CEO for senior executive consideration due to its seriousness or complexity.

3. Guiding Principles

- 3.1 ACRRM is committed to conducting its activities and providing its services with sensitivity and professionalism.
- 3.2 While ACRRM is not an employer in most training or clinical settings, it wants to ensure that individuals participating in its programs (including trainees, supervisors and other members) do so in an environment that is safe, respectful and free from harm.
- 3.3 Managing complaints in a positive, sensitive and professional way is integral to the College's culture and commitment to continuous quality improvement.
- 3.4 All complaints must be handled impartially, respectfully and fairly.
- 3.5 Those affected by a complaint must be kept informed of the progress of the investigations and be given the opportunity to respond to or comment on the allegations and evidence.
- 3.6 Without limiting any other provision of this policy, the following principles will guide the management of complaints:
 - 3.6.1 Responsiveness
 - 3.6.1.1 Complaints must be acknowledged and addressed professionally, sensitively and as quickly as practicable.
 - 3.6.2 Privacy and Confidentiality

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3.6.2.1 All reasonable steps will be taken to respect the confidentiality of those involved in a complaint, including acting in accordance with the Privacy Legislation.

3.6.2.2 Personal information must not be revealed except to the extent required for investigating and resolving a complaint and, only then, in accordance with the Privacy Legislation - The Privacy Act 1988 (Cth) and Australian Privacy Principles.

3.5.3 Fairness and Objectivity

3.5.3.1 Decisions must be based on relevant evidence.

3.5.3.2 Until the complaint is investigated and a decision is made, any assertions made are to be considered as 'allegation' only.

3.5.4 Continuous Quality Improvement

3.5.4.1 Complaints and resultant findings should be given due consideration in ACRRM's commitment to ongoing organisational and operational improvement.

4. Upon receipt of a Complaint

4.1 The Complaints Manager will assess whether:

- 4.1.1 it is a Level 1 Complaint which is within their delegation and responsibilities;
- 4.1.2 it is a matter where there are sensitivities (e.g. time limits or media attention) which may necessitate prioritising or immediately escalating a matter; or
- 4.1.3 the matter needs to be escalated as a Level 2 Complaint or Level 3 Complaint.

4.2 Complaints received by the College, whether in person, by phone, email, webform or delivery, must be acknowledged to the complainant within 2 business days of receipt including:

- 4.2.1 asking the complainant how they would like their matter resolved;
- 4.2.2 advising who will be managing the matter on behalf of ACRRM and that they may be in contact with the complainant; and
- 4.2.3 advising the proposed next steps in respect to dealing with the complaint.

5. Decisions

5.1 Upon a decision being made in respect to a Complaint, the complainant must be:

- 5.1.1 notified in writing; and
- 5.1.2 advised of their entitlements regarding a review of that decision. This should include, where relevant, a link to or copy of any relevant policy (for example, ACRRM's Reconsideration, Reviews and Appeals Policy).

5.2 The decision maker must ensure that all records are complete and retained in ACRRM's Compliant register.

6. Report to CEO

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- 6.1 Without limitation, the CEO must be promptly notified of a complaint if it:
 - 6.1.1 includes accusations of serious misconduct which may result in the facts underlying the complaint being referred to an external party (including without limitation Ahpra, the police, a government entity or the media); or
 - 6.1.2 has or is likely to be the subject of media discussion or commentary.
- 6.2 Upon completion of Level 2 or Level 3 investigations, the CEO must be advised of the results of the investigations, findings, decisions and outcomes.

7. National Health Practitioner Ombudsmen (NHPO) Complaints

- 7.1 The Ombudsman can assist with complaints related to procedural fairness about the delivery of medical colleges' training programs including complaints about:
 - 7.1.1 entry to and withdrawal from the Fellowship training program;
 - 7.1.2 processes and decisions related to the accreditation of an ACRRM training post; and
 - 7.1.3 management by ACRRM of a complaint or application for a review of a decision related to the Fellowship training program, including complaints from registrars and training sites.

8. Review of Policy

- 8.1 This policy will be reviewed annually to ensure continuous improvement, updating in accordance with any laws, directions from stakeholders or legislative bodies or codes.

9. Related Documentation

[ACRRM Reconsideration, Review and Appeals Policy](#)

[ACRRM Bullying, Discrimination and Harassment Policy](#) \

[ACRRM Bullying, Discrimination and Harassment Procedure](#)

[ACRRM Respectful Workplaces Framework](#)

[ACRRM Academic Misconduct Policy](#)

[ACRRM Whistleblower Policy](#)

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10. Definitions

Word/term	Definitions (with examples if required)
Complainant	The person making a complaint.
Complaint	<p>Any expression of dissatisfaction either verbally or in writing made to ACRRM by any person or organisation in relation to:</p> <ul style="list-style-type: none"> • ACRRM's services, programs or decisions (including training posts, assessments or accreditation processes); • the actions, behaviours or decisions of ACRRM employees, contractors, representatives, doctors in training, training post staff or members acting on behalf of the College; • ACRRM processes, communication, service delivery, service quality or responsiveness; • poor communication, delays, perceived unfair treatment or misconduct or failure to follow stated procedures or policies; • allegations of unprofessional conduct by ACRRM personnel or representatives; and • procedural issues not subject to appeal (e.g. timeline delays or unclear advice). <p>For the purposes of this policy, a complaint does not include:</p> <ul style="list-style-type: none"> • requests for reconsideration or appeal of academic or assessment decisions. These complaints will be dealt with in accordance with the Reconsideration, Review and Appeals Policy; • staff employment grievances. These will be dealt with under the Employment Grievance and Complaints Resolution Policy; • whistleblowers disclosures. These will be dealt with under the Whistleblowers Policy; • reports of discrimination, bullying or harassment. These will be dealt with in accordance with the Bullying, Discrimination and Harassment Policy and Bullying, Discrimination and Harassment Procedure; and • complaints about individual medical practitioners in their clinical capacity. These are to be referred to Ahpra by the concerned clinician.
Complaints Register	The register maintained by ACRRM for the recording of complaints and actions taken.
Privacy Legislation	The Privacy Act 1988 (Cth) and Australian Privacy Principles.

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11. Document Control Information

11.1 Policy Management

Policy Author:	Michelle Cooper	Approving Body:	Board
Status:	Draft	Review period:	Annually
Policy number and version:	C3: V3.0/2025	Next review date:	November 2026
Effective Date:	1 October 2025	Document Location:	Policy Register
Responsible Officer:	GM Member Services	Policy System Manager:	Policy Manager

11.2 Document History

Version	Date Approved	Author	Description of revision	Internal Distribution	
				Date	Recipient/s
3.0	December 2025	Michelle Cooper	New process	January 2026	OCEO
1.0	April 2021	Lynn Saul	Formatting changes only	June 2021	OCEO
Previous system	2020	Standards And Accreditation Manager	Reviewed formatting changes only	2020	ELT, OCEO, Board

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