[Service Letterhead]

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[Organisation Name]

Patient, Family and Community Feedback Policy

Document Control

Policy Title	Patient, Family and Community Feedback Policy
Policy Number	P-XXX
Approval Date	DD/MM/YYYY
Amended Date	DD/MM/YYYY
Next Review Date	DD/MM/YYYY
Version Number	1.0
Responsible Officer	Chief Executive Officer
Accreditation Mapping Code	RACGP – Patient rights and responsibilities; patient feedback and complaints; culturally safe and responsive care; communication; clinical governance; risk management; quality improvement. NSQHS – Standard 1: Clinical Governance; Standard 2: Partnering with Consumers. NSQPH – Clinical Governance Standard; Partnering with Consumers Standard. QIC – Governance; Consumer and Community Engagement; Service Delivery; Quality and Continuous Improvement.

1. Purpose

The purpose of this policy is to establish [Organisation Name]'s overarching commitment, expectations and accountabilities for seeking, receiving, responding to and learning from feedback provided by patients, families, carers and community members.

[Organisation Name] recognises that feedback is fundamental to safe, high-quality, culturally safe and person-centred healthcare. Complaints, concerns, compliments, suggestions and information about patient, family and community experience provide important insight into the quality, safety, accessibility and acceptability of services and must be used to strengthen organisational performance and continuous quality improvement.

As an Aboriginal Community Controlled Health Service (ACCHS), [Organisation Name] recognises community voice, community control and self-determination as fundamental to accountable and responsive healthcare. Patients, families and community members must

have meaningful opportunities to influence how services are designed, delivered, evaluated and improved.

[Organisation Name] will maintain accessible, fair, confidential and culturally safe systems that encourage people to provide feedback without fear of discrimination, disadvantage, retaliation or adverse impact on their current or future healthcare.

Feedback will be treated as an organisational resource for learning and improvement, while complaints and concerns will be responded to according to their nature, seriousness and level of risk.

2. Scope

This policy applies to all persons providing services or undertaking work for or on behalf of [Organisation Name], including the Board / Governing Body and workforce.

It applies to feedback concerning all services, programs, practitioners, workers, facilities, systems and activities delivered by or on behalf of [Organisation Name], including clinical and non-clinical services, outreach, community-based care, home visits, telehealth and other service delivery arrangements.

This policy applies to feedback received from patients, families, carers, representatives, advocates and community members, including feedback provided anonymously or through an external complaints, regulatory or oversight body.

3. Definitions

Patient – A person who receives or seeks healthcare or health-related services from [Organisation Name].

Family / Carer – A family member, kin, carer or other person involved in supporting a patient, subject to the patient's preferences, privacy, consent and applicable legal requirements.

Community Member – A person or representative of the community who provides feedback about the organisation, its services, programs or broader community impact.

Feedback – Information provided about an experience, perception or view of the organisation, its workforce, services or systems. Feedback includes complaints, concerns, compliments, suggestions and other experience information.

Complaint – An expression of dissatisfaction about the organisation, a service, worker, practitioner, decision, action, omission or experience for which a response or resolution is explicitly or implicitly expected.

Concern – An issue raised about an aspect of care, service delivery, conduct, safety or organisational practice that may or may not constitute a formal complaint.

Compliment – Positive feedback recognising a service, experience, worker, practitioner, team or aspect of organisational performance.

Suggestion – An idea or recommendation for improving services, systems, facilities, communication or patient, family or community experience.

Complainant – A person making a complaint or raising a concern, including a patient, family member, carer, community member or authorised representative.

Representative / Advocate – A person authorised or otherwise lawfully able to support or act on behalf of another person in relation to feedback or a complaint.

Open Disclosure – An open discussion with a patient, family or carer about an incident that resulted in harm while receiving healthcare, consistent with applicable open disclosure requirements.

Procedural Fairness – A fair decision-making process in which relevant people have an appropriate opportunity to understand and respond to matters concerning them and decisions are made impartially on relevant information.

Systemic Issue – A concern that may arise from, affect or indicate weaknesses in organisational systems, processes, culture, governance or service delivery rather than being confined to a single event or individual.

4. Policy Statement

[Organisation Name] is committed to a culture in which feedback is actively welcomed, patients, families and community members are supported to speak up, and information obtained from their experiences is used to improve care, services and organisational systems.

Feedback must be embedded across governance, clinical governance, patient and community engagement, risk management, incident management, workforce development, service planning and continuous quality improvement.

The following principles are non-negotiable:

Feedback is a right. Patients, families and community members may provide feedback or raise concerns without fear that doing so will adversely affect care, relationships with the organisation or future access to services.

Feedback will be welcomed. Workers must respond respectfully and must not discourage, dismiss, minimise or obstruct a person from expressing a concern or making a complaint.

Access will be equitable. Feedback mechanisms must be accessible to people with different communication, language, literacy, disability, cultural, geographic and technological needs.

Cultural safety is fundamental. Feedback systems must recognise Aboriginal and Torres Strait Islander cultures, family and kinship relationships, community context, experiences of racism and discrimination and culturally safe ways of raising concerns.

Patient safety takes priority. Where feedback identifies an immediate clinical or safety risk, action to protect the person must occur without waiting for completion of the complaint process.

Responses will be proportionate to risk. Matters involving actual or potential harm, clinical safety, abuse, neglect, discrimination, privacy, professional conduct or significant organisational risk require timely assessment and escalation.

Complaints will be managed fairly. Relevant parties will be treated respectfully and complaints will be considered objectively, consistently and with appropriate procedural fairness.

Privacy will be protected. Feedback will be handled confidentially and information will only be accessed, used or disclosed where reasonably necessary and lawful.

There will be no retaliation. No person may be disadvantaged, discriminated against, intimidated or denied appropriate healthcare because they provided feedback, made a complaint or supported another person to do so.

Feedback will drive improvement. Feedback must not simply be collected and closed. Themes, trends, risks and opportunities must inform organisational learning, risk management, service planning and continuous quality improvement.

Patients, families and community are partners in improvement. People must have meaningful opportunities not only to provide feedback but also to inform how feedback systems and service improvements are designed and evaluated.

5. Policy

5.1 Patient, Family and Community Feedback System

[Organisation Name] will maintain an organisation-wide system for seeking, receiving, recording, assessing, responding to, monitoring and learning from feedback.

The system will encompass complaints, concerns, compliments, suggestions, patient experience information, community feedback, surveys, informal feedback, anonymous feedback and feedback received through external bodies.

The organisation will ensure there are clear responsibilities and escalation pathways and that feedback is linked, where appropriate, with incident management, open disclosure, risk management, clinical governance and continuous quality improvement systems.

Feedback mechanisms and information explaining how to use them will be developed and reviewed with consideration of patient, family and community needs.

5.2 Access to Feedback and Complaints Mechanisms

Patients, families and community members must be provided with clear and accessible information about how to provide feedback or make a complaint.

Feedback may be accepted verbally or in writing through appropriate channels, including direct discussion, telephone, email, forms, surveys, digital mechanisms, community engagement activities, advocacy arrangements and external complaints bodies.

A person must not be required to submit a complaint in writing before the organisation will acknowledge or consider it.

Reasonable assistance must be available for people who require support to provide feedback, including interpreters, Aboriginal language or cultural support, communication aids, accessible formats, advocacy or assistance documenting concerns.

The organisation will consider barriers that may prevent people from speaking up, including fear of consequences, literacy, disability, language, technology, previous experiences of healthcare, cultural safety, relationships within a small community and concerns about confidentiality.

Information about external complaint pathways must be readily accessible.

5.3 Compliments, Suggestions and Positive Feedback

Compliments, suggestions and positive feedback are important sources of information about effective practice and opportunities for improvement.

Positive feedback should be communicated to relevant workers and teams where appropriate and considered alongside complaints, incidents and other quality information to identify practices that should be maintained, strengthened or replicated.

Suggestions may inform service design, accessibility, cultural safety, communication, facilities, workforce development, policies and procedures, community engagement and continuous quality improvement.

5.4 Receiving Complaints and Concerns

Complaints and concerns must be received respectfully, sensitively and without defensiveness.

Workers must listen, acknowledge the concern, maintain privacy, identify immediate risks, address matters within their authority where appropriate, record or refer the matter and escalate significant concerns.

Early resolution should be encouraged where safe and appropriate.

Early resolution must never be used to suppress, minimise or avoid escalation of an incident, significant clinical issue, safeguarding concern, misconduct allegation, privacy breach or systemic risk.

A person may withdraw a complaint at any time. Withdrawal does not prevent [Organisation Name] from investigating or acting on information where patient safety, legal, regulatory, professional, safeguarding or significant organisational concerns remain.

5.5 Assessment and Risk-Based Escalation

Complaints must be assessed according to their nature, seriousness, complexity and potential consequences.

Assessment must consider whether the matter involves:

- actual or potential patient harm;
- clinical safety or quality of care;
- abuse, neglect, exploitation or violence;
- racism, discrimination or cultural safety;
- patient rights, informed consent or dignity;
- privacy, confidentiality or information security;
- professional conduct, competence or scope of practice;
- access to care or continuity of care;
- medication or diagnostic safety;
- serious worker conduct;
- mandatory reporting or notification requirements;
- repeated or systemic concerns;
- significant organisational or reputational risk; or
- an incident requiring separate investigation.

Urgent and high-risk matters must be escalated immediately.

Where a matter may require notification to Ahpra, the Health Care Complaints Commission, police, child protection, a funding body, insurer, privacy regulator or another authority, the relevant legal and organisational requirements must be considered promptly.

5.6 Immediate Clinical and Safety Action

Where feedback indicates an immediate or continuing risk to health or safety, the organisation must first ensure that the person receives appropriate assessment, treatment, protection or escalation.

This may include clinical review, emergency response, patient follow-up, safeguarding measures, escalation to senior management or clinical leadership, incident notification or referral to an external service or authority.

Complaint management does not replace the obligation to provide safe and appropriate care.

5.7 Investigation and Review

Complaints requiring investigation must be reviewed by a person with appropriate authority, competence and sufficient independence.

The depth of investigation must be proportionate to the nature and seriousness of the matter.

Review may include information from the complainant, health records, relevant workers, policies and procedures, clinical reviewers, incident information, previous feedback and relevant legal or professional requirements.

Investigations should identify not only what occurred but, where appropriate, why it occurred and whether organisational systems, processes, resources, communication or culture contributed.

Procedural fairness must be maintained where allegations concern an identifiable worker or practitioner.

5.8 Resolution and Response

[Organisation Name] will seek to resolve complaints in a fair, culturally safe, proportionate and timely manner.

Responses should address the substantive concerns raised rather than provide a generic administrative response.

Where appropriate, responses may include acknowledgement, explanation, findings, an apology, actions taken, proposed improvements, limitations on information that can be disclosed and options for further review.

A complaint must not be considered resolved merely because correspondence has been sent. Any outstanding clinical, safety, governance or systemic issue must also be addressed.

5.9 Review of Complaint Outcomes

A person who remains dissatisfied with the organisation's handling or outcome of a complaint may request further internal review where appropriate.

Internal review should, wherever practicable, be undertaken by a person who was not responsible for the original determination.

The organisation must also provide information about relevant external complaint or review mechanisms.

Requesting review must not negatively affect a person's access to care.

5.10 Open Disclosure and Duty Following Harm

Where feedback identifies an incident that caused, or may have caused, harm, the matter must be considered under the organisation's incident management and open disclosure arrangements.

Complaint management, incident investigation and open disclosure are related but distinct processes and must be coordinated where appropriate.

Patients and families should not be unnecessarily required to repeatedly recount distressing events because separate internal systems are operating.

Any applicable statutory, regulatory, contractual or professional obligations arising from the event must also be considered.

5.11 Anonymous Feedback

Anonymous feedback must be accepted where practicable and considered on the information available.

A concern must not be disregarded solely because the person providing it cannot be identified.

Where anonymous information raises credible concerns about safety, abuse, misconduct, cultural safety, privacy or systemic risk, appropriate assessment and action must occur.

5.12 Representatives, Families, Carers and Advocates

Patients may be supported by family members, carers, advocates or other representatives when providing feedback.

Consent, authority, capacity, privacy and the patient's wishes must be considered when deciding what information may be disclosed.

These requirements must not prevent the organisation from receiving or acting on information that identifies a safety or safeguarding risk.

Children, young people and people with impaired decision-making capacity should be supported to express their own views wherever appropriate.

5.13 Privacy, Confidentiality and Feedback Records

Feedback records must be secure, accurate and accessible only to people who reasonably require access.

Complaint management records should, where practicable, be maintained separately from the clinical health record.

Relevant clinical information arising through a complaint must still be documented in the health record where necessary for safe ongoing care.

The health record must not contain prejudicial, punitive or unnecessary information merely because a person has made a complaint.

Feedback information may be de-identified or aggregated for governance, education, risk management, reporting and quality improvement.

5.14 No Disadvantage or Retaliation

No patient, family member, carer, advocate or community member may be denied appropriate care, treated less favourably, intimidated, threatened or otherwise disadvantaged because they have provided feedback or participated in a complaint process.

Any allegation of retaliation must be taken seriously and reviewed appropriately.

Clinical or service decisions affecting a complainant must continue to be based on legitimate clinical, safety and operational considerations.

5.15 External Complaints and Regulatory Processes

Patients, families and community members have the right to contact relevant external complaints, regulatory or oversight bodies.

[Organisation Name] will not require people to exhaust internal complaint mechanisms before seeking external assistance where they are entitled to do so.

Relevant pathways may include the NSW Health Care Complaints Commission, Ahpra, privacy regulators and other applicable authorities.

The organisation will cooperate appropriately with external investigations and requests for information in accordance with legal, privacy and governance requirements.

5.16 Complaints About Clinical Care

Complaints concerning clinical assessment, diagnosis, treatment, medicines, investigations, clinical decision-making or professional practice must receive appropriate clinical review.

Workers without appropriate clinical qualifications must not determine whether clinical care was appropriate.

Immediate or ongoing clinical risks identified through a complaint must be managed promptly.

Potential concerns relating to professional competence, conduct or mandatory notification requirements must be escalated through appropriate clinical governance and regulatory pathways.

5.17 Cultural Safety, Racism and Discrimination

Complaints relating to cultural safety, racism or discrimination must be treated as significant matters and must not be dismissed as interpersonal disagreement or misunderstanding without appropriate assessment.

Review must consider the experience of the person raising the concern, the context in which the event occurred and whether organisational culture, systems or practices contributed.

Where appropriate and consistent with the complainant's wishes, Aboriginal leadership, cultural expertise, advocacy or culturally safe support should inform the response.

Systemic cultural safety issues must be escalated to organisational governance and quality improvement processes.

5.18 Conflicts of Interest and Independence

A person must not investigate or determine a complaint where an actual, potential or perceived conflict of interest could reasonably compromise the fairness or credibility of the process.

Complaints concerning senior executives, Board members or people normally responsible for complaints management must be escalated to an appropriately independent authority.

External review or investigation may be obtained where appropriate.

5.19 Difficult or Unsafe Conduct

[Organisation Name] recognises that distress, trauma, frustration, communication difficulties and previous negative experiences may influence how concerns are expressed.

Repeated or persistent complaints must not automatically be characterised as unreasonable.

Where conduct becomes threatening, abusive, discriminatory or unsafe, proportionate arrangements may be implemented to protect workers and other people.

Any restriction must relate to the conduct, be proportionate and documented, and must not unreasonably prevent access to clinically necessary healthcare or legitimate complaint pathways.

5.20 Proactive Patient, Family and Community Feedback

[Organisation Name] will proactively seek feedback and will not rely solely on formal complaints to understand service quality.

Approaches may include surveys, community consultation, yarning, consumer or community advisory mechanisms, focus groups, informal feedback, community meetings, co-design and targeted engagement.

The organisation will seek feedback about:

- access and availability of services;
- cultural safety;
- respect and dignity;
- communication and information;
- involvement in decisions;
- coordination and continuity;
- privacy and confidentiality;
- facilities and accessibility;
- experiences of clinical and non-clinical services; and
- opportunities for improvement.

Approaches should seek participation from groups who may otherwise be under-represented in formal feedback mechanisms.

5.21 Patient and Community Involvement in the Feedback System

Patients, families and community members should have opportunities to contribute to the design, review and evaluation of the organisation's feedback mechanisms.

This includes considering whether:

- information about providing feedback is understandable;
- feedback channels are culturally appropriate and accessible;
- people feel safe raising concerns;
- feedback processes are responsive;
- communication about complaint outcomes is appropriate; and
- the organisation demonstrates how feedback leads to improvement.

This involvement may occur through community consultation, governance mechanisms, advisory groups, surveys, co-design or other locally appropriate approaches.

5.22 Feedback, Risk and Incident Management

Feedback must be considered as a potential source of risk and safety information.

Where feedback identifies an incident, near miss, safeguarding matter, privacy breach, professional conduct issue or other reportable event, the relevant organisational process must also be activated.

Repeated complaints about the same or similar matters must prompt consideration of whether a systemic problem exists.

Significant risks identified through feedback must be incorporated into organisational risk management where appropriate.

5.23 Learning and Continuous Quality Improvement

[Organisation Name] will analyse feedback individually and collectively to identify recurring issues, patterns, disparities, emerging risks, cultural safety concerns, examples of good practice and opportunities for improvement.

Improvement actions must be proportionate to the significance of the issue and, where appropriate, assigned to responsible persons, monitored and evaluated for effectiveness.

Feedback should be triangulated with other safety and quality information including incidents, audits, clinical outcomes, accreditation findings, risk information, service utilisation and patient experience measures.

5.24 Closing the Feedback Loop

Where appropriate, [Organisation Name] will communicate how patient, family and community feedback has contributed to service improvement.

This may occur through direct responses, community communications, reports, meetings, feedback displays or mechanisms such as “You said – we did”.

Public reporting must protect privacy and confidentiality.

Closing the feedback loop demonstrates accountability and supports continued community participation in service improvement.

5.25 Governance and Reporting

Patient, family and community feedback must be regularly reported through organisational governance structures.

Reporting to the Board / Governing Body and executive management should include sufficient information to identify significant matters, emerging risks, trends and evidence that improvement actions are effective.

Reporting may include:

- number and type of complaints, compliments and suggestions;
- complaint themes and trends;
- seriousness and risk;
- acknowledgement and resolution timeframes;
- unresolved and externally escalated complaints;
- clinical complaints;
- cultural safety, racism and discrimination concerns;
- privacy and confidentiality matters;
- access and continuity concerns;
- systemic issues;
- improvement actions;
- patient experience measures; and
- evaluation of actions implemented.

Serious complaints and significant risks must be escalated promptly and must not wait for routine reporting cycles.

The Governing Body must receive sufficient assurance to determine whether the feedback system is functioning effectively, whether people feel safe to speak up and whether the organisation is learning from feedback.

6. Roles and Responsibilities

Role	Responsibilities
Board / Governing Body	Provide governance oversight of patient, family and community feedback, significant complaints, systemic risks, patient experience and organisational learning; ensure community voice informs service quality and governance.
Chief Executive Officer	Ensure effective, accessible, adequately resourced and accountable systems are maintained for seeking, receiving, responding to and learning from feedback.
Executive Management	Oversee significant matters and systemic risks within delegated responsibilities and ensure corrective and improvement actions are implemented and monitored.
Clinical Lead / Senior Clinicians	Provide clinical oversight and review where complaints involve patient safety, quality of care, clinical practice or professional concerns.
Managers / Practice Managers	Ensure feedback is welcomed, documented, assessed and escalated; oversee responses and implementation of improvement actions within their areas of responsibility.
Quality / Compliance Personnel	Support feedback systems, trend analysis, governance reporting, risk identification, accreditation, audit and continuous quality improvement.
All Workers	Welcome feedback, respond respectfully, protect confidentiality, recognise and escalate safety concerns and participate in improvement activities arising from feedback.

7 . Cultural Considerations

As an Aboriginal Community Controlled Health Service, [Organisation Name] recognises that culturally safe feedback mechanisms are essential to community trust, accountability, self-determination and community control.

Aboriginal and Torres Strait Islander people may experience barriers to raising concerns because of racism, discrimination, previous institutional harm, power imbalances, community relationships, fear of repercussions, concerns about confidentiality or previous negative experiences with healthcare.

Feedback pathways must therefore be designed to provide people with genuine choice about how, where and to whom concerns are raised.

Where appropriate, this may include Aboriginal workers, cultural support, advocates, family or support persons, community engagement mechanisms and culturally appropriate communication methods according to the person's preference.

Cultural, family, kinship, professional or community relationships must never be used to discourage a complaint, compromise confidentiality or prevent appropriate escalation.

[Organisation Name] recognises that cultural safety is determined by the person receiving the service. Assessment of cultural safety concerns must therefore consider the person's experience rather than relying solely on the intention of the worker or service involved.

Feedback systems will also respect the cultural, linguistic, religious and other needs of all people who access [Organisation Name].

8. Related Policies & Documents

- Clinical Governance Policy
- Patient Rights, Responsibilities and Person-Centred Care Policy
- Cultural Safety Policy
- Communication Policy
- Privacy and Confidentiality Policy
- Health Information Management Policy
- Quality Improvement Policy / Framework
- Risk Management Policy / Framework
- Open Disclosure Policy / Procedure
- Consumer / Community Engagement Framework
- Code of Conduct
- Complaints Management Procedure
- Patient, Family and Community Feedback Form
- Patient Experience Survey
- Complaints and Feedback Register
- Incident Register
- Risk Register
- Incident Management Policy

9. Monitoring & Review

[Organisation Name] will monitor implementation and effectiveness through governance, clinical governance, patient and community engagement, risk management, incident management and continuous quality improvement systems.

Monitoring may include feedback volumes and types; patient experience; complaint acknowledgement and resolution timeframes; unresolved or escalated matters; clinical, cultural safety and privacy complaints; external complaints; recurring themes; accessibility of feedback mechanisms; systemic risks; improvement actions; accreditation findings; and evidence that feedback has resulted in measurable change.

Monitoring must assess both whether systems exist and whether they function effectively in practice.

Complaint numbers must not be interpreted in isolation. Low complaint numbers may reflect good care but may also indicate barriers to speaking up, poor awareness of feedback pathways or lack of confidence that concerns will be addressed.

Trends should be analysed across time, services, locations and relevant patient groups where appropriate.

The organisation must evaluate whether actions arising from feedback have addressed the underlying issue rather than relying only on evidence that an action was completed.

Significant findings must be escalated through appropriate governance arrangements.

This policy will be reviewed every two years, or earlier following significant legislative, regulatory, accreditation, organisational or service changes or where monitoring identifies a need for earlier review.

10. Breach of Policy

Failure to comply with this policy may compromise patient rights, safety, cultural safety, organisational accountability and community trust.

Actual or suspected breaches must be identified, reported and managed according to their nature, seriousness and risk.

Immediate action must be taken where a breach creates an ongoing risk to a patient or other person.

Management may include corrective action, clinical review, incident management, patient follow-up, education, supervision, system review, performance management, contractual action, open disclosure, quality improvement or external notification where required.

Systemic issues identified through breaches must be addressed through governance, risk management and continuous quality improvement processes.

No person may experience retaliation, discrimination, disadvantage or inappropriate restriction of healthcare because they provided feedback, made a complaint, participated in a complaint process or sought external review.

11. Appendix

Referenced Documents and Resources

The following external and internal resources have informed the development of this policy:

Document Title	Type	Location / Access
Australian Charter of Healthcare Rights – Second Edition	External	Australian Commission on Safety and Quality in Health Care
NSQHS Standards – Clinical Governance Standard	External	Australian Commission on Safety and Quality in Health Care
NSQHS Standards – Partnering with Consumers Standard	External	Australian Commission on Safety and Quality in Health Care
National Safety and Quality Primary and Community Healthcare Standards	External	Australian Commission on Safety and Quality in Health Care
Primary and Community Healthcare – Partnering with Consumers Standard	External	Australian Commission on Safety and Quality in Health Care
Australian Open Disclosure Framework 2026	External	Australian Commission on Safety and Quality in Health Care
RACGP Standards for General Practices – Patient Feedback Requirements	External	Royal Australian College of General Practitioners
RACGP Standards for General Practices – Criterion QI1.2 Patient Feedback	External	Royal Australian College of General Practitioners
RACGP Patient Feedback Guide	External	Royal Australian College of General Practitioners
Health Care Complaints Act 1993 (NSW)	External	NSW Legislation
NSW Health Care Complaints Commission	External	Health Care Complaints Commission
Health Records and Information Privacy Act 2002 (NSW)	External	NSW Legislation

Document Title	Type	Location / Access
Privacy Act 1988 (Cth)	External	Federal Register of Legislation
Clinical Governance Policy	Internal	Internal Document
Patient Rights, Responsibilities and Person-Centred Care Policy	Internal	Internal Document
Quality Improvement Policy / Framework	Internal	Internal Document
Incident Management Policy	Internal	Internal Document
Open Disclosure Policy / Procedure	Internal	Internal Document
Privacy and Confidentiality Policy	Internal	Internal Document
Risk Management Policy / Framework	Internal	Internal Document
Complaints Management Procedure	Internal	Internal Document
Patient, Family and Community Feedback Form / Register	Internal	Internal Document
Cultural Safety Policy	Internal	Internal Document

12. Version History

Version	Date	Author	Change Summary
1.0	DD/MM/YYYY	[Your Name]	Initial draft