

1. Purpose and Scope

This policy sets out Emergency Services Health's policy for handling customer complaints. It includes information about:

- how to lodge a complaint;
- our resolution process;
- what you can do if you are unhappy with the outcome of your complaint.

This policy is used to guide employees handling problems, grievances and disputes. Adherence to this policy has the purpose of:

- enhancing customer satisfaction by creating a customer-focused environment;
- recognising and addressing the needs and expectations of complainants;
- providing an open, effective and easy-to-use complaints process;
- ensuring review of the effectiveness and efficiency of the complaints-handling process; and
- enabling analysis and evaluation of complaints to improve the product and customer service quality.

2. Policy Statement

2.1 Commitment

We understand and recognise the right to complain, and we are committed to enhancing our reputation through working with our customers in a respectful way to resolve complaints within a reasonable timeframe.

2.2 Fairness

Our complaints-handling process recognises the need to be fair to both the complainant and any third party or person against whom the complaint is made. The complainant has the right to:

- be heard.
- know whether our relevant product and service guidelines have been followed.
- provide and request all relevant material to support the complaint provided this does not breach privacy requirements or any law.
- be informed of the response to their complaint:
- be informed of our decision and the reason for this decision; and
- know that their complaint is being reviewed independently, where appropriate.

We (including the person about whom a complaint may be made) have the right to:

- collect sufficient information about the complaint to enable a thorough investigation of the complaint; and
- be informed of the decision and the reasons for the decision.

2.3 Resources

Employees are an important resource in the complaints-handling process. We will ensure employees are adequately trained and provided with sufficient support to handle complaints appropriately.

Emergency Services Health maintains a comprehensive system that allows for the efficient recording, tracking, monitoring and reporting of all complaints.

2.4 Visibility

Information on how and where to complain will be well publicised. This policy will be promoted internally for employees and externally for Contributors, dependents, providers and other third parties. This policy will be promoted in written material and on our website.

2.5 Lodging a Complaint

A complaint in relation to Police Health may be made by:

- calling a Customer Service Officer on 1800 603 603.
- face to face at Police Health's Office, 320 King William Street, Adelaide.
- email to enquiries@policehealth.com.au
- post to Police Health, PO Box Reply Paid 6111, Halifax Street, Adelaide, SA 5000.

A complaint in relation to Emergency Services Health may be made by:

- calling a Customer Service Officer on 1300 703 703.
- face to face at Police Health's Office, 320 King William Street, Adelaide.
- email to enquiries@eshealth.com.au
- post to Emergency Services Health, PO Box Reply Paid 6111, Halifax Street, Adelaide, SA 5000.

When lodging a complaint, it helps to provide us with as much relevant information as possible, including:

- a clear description of your concern, and what you believe caused it including key information such as when the problem occurred.
- whether your concern relates to a specific service, claim or interaction.
- your desired outcome.
- any special arrangements you'd like us to follow, such as a preferred contact method or support needs.
- your contact details such as email, phone number and postal address to make it easier to reach you.

Customer Service Officers are trained and have authority to deal with general complaints and will attempt to resolve the complaint immediately. If the complaint cannot be resolved, further information may be sought and/or the complaint may be referred to more senior personnel. The complainant will be advised of the escalation process.

Should the complainant not be satisfied with the response, the complainant can provide additional information and request a review.

Where the complainant is not satisfied with the outcome, the complainant may refer the matter to the Commonwealth Ombudsman.

2.6 Assistance

We endeavour to resolve complaints by appropriately addressing an individual's particular needs. We will engage specialist services appropriate to the individual to achieve a satisfactory resolution for all parties e.g., language or interpreting services.

2.7 Responsiveness

Where a complaint is not immediately resolved, we will:

- for oral complaints, acknowledge the complaint within 24 hours (standard business week) of receipt of the complaint and outline the complaints-handling process and endeavour to resolve the complaint within 10 business days.
- for written complaints received by email or post, acknowledge the complaint within 5 business days of the complaint and outline the complaints-handling process and endeavour to resolve the complaint within 10 business days.
- contact the complainant on a regular basis, commensurate with the nature of the complaint, until the complaint is satisfactorily resolved; and
- where the complaint is referred or escalated during the process of resolution, the complainant will be informed.

2.8 Charges

Access to the complaints-handling process is generally free of charge to the complainant, but reserved is the right to recoup administrative costs incurred where it is determined that we are not at fault. Any potential recouped costs must be discussed and agreed with the complainant before costs are incurred.

2.9 Remedies

We will provide a fair and reasonable remedy for each complaint. The remedy may include:

- an explanation.
- a claim adjustment where an error was made in the payment of a benefit.
- a contribution refund where an error was made in applying a contribution payment.
- a written or verbal apology where an error was made, or service standard not met.
- the provision of information such as the clarification of benefit entitlements.
- an ex-gratia payment that we determine is appropriate given the unique circumstances; or
- any other appropriate remedy not covered above that will result in the satisfactory resolution of a complaint.

2.10 Data Collection

A communication system captures information about each interaction with Contributors, dependents, providers and any other third parties including complaints. Each complaint is recorded in the Communications Register and, therefore, data is collected and stored

to enable the handling of the complaint and to allow monitoring of performance. We draw on complaint data to continuously improve our products and services.

2.11 Systemic and Recurring Problems

We are committed to continually monitoring our performance in handling complaints to ensure organisational objectives are met. Any identified systemic and recurring problems will be addressed through appropriate action.

2.12 Accountability

Employees have been trained to handle complaints and accept responsibility for effective complaints handling. Employees will receive feedback on the outcomes of complaints with the aim of improving customer satisfaction and service.

2.13 Review

Managers will review records of complaints received to ensure that a satisfactory solution to the complaint was reached and will review the complaints-handling process at least annually to ensure that it is delivering fair and reasonable outcomes.

2.14 Complaints Handling Procedure

All complaints will be recorded in the Complaints Register. All employees receiving a complaint will recognise and acknowledge a person's right to comment and/or complain.

Oral Complaints

The steps in processing an oral complaint include:

- the Customer Service Officer clearly identifying themselves, listening and empathising with the complainant in a courteous manner and determining what the desired outcome is.
- the Customer Service Officer confirming the details received and endeavouring to resolve the complaint.
- where the information is insufficient to resolve the complaint, seeking further information and resolving the complaint.
- where the complaint cannot be resolved, reaching agreement on alternative courses of action, including referral to more senior personnel, without creating expectations.
- recording the details of the complaint in the Communications Register.
- the referee seeking further information (orally or in writing) to resolve the complaint if required and aiming to ensure that the complaint is resolved or agreement reached on alternative courses of action, including referral to external dispute resolution processes, such as the Commonwealth Ombudsman.
- the complainant being kept informed of the progress of the complaint.
- providing acknowledgement of any resolution and or information given in writing if requested; and/or
- following up as appropriate and monitoring to ensure the complainant remains satisfied as well as receiving feedback.

Written Complaints

The steps in processing a written complaint include:

- the Customer Service Officer contacting the complainant, either in writing or orally and acknowledging receipt of the complaint.
- for oral responses, the Customer Service Officer clearly identifying themselves, listening and empathising with the complainant in a courteous manner and determining what the desired outcome is.
- confirming details received and endeavouring to resolve the complaint.
- where the information is insufficient to resolve the complaint, seeking further information and resolving the complaint.
- where the complaint cannot be resolved, reaching agreement on alternative courses of action, including referral to more senior personnel, without creating expectations.
- recording the details of the complaint in the Communications Register.
- the referee seeking further information (orally or in writing) to resolve the complaint if required and aiming to ensure that the complaint is resolved or agreement reached on alternative courses of action, including referral to external dispute resolution processes, such as the Commonwealth Ombudsman.
- the complainant being kept informed of the progress of the complaint.
- providing acknowledgement of any resolution and or information given in writing if requested; and/or
- as appropriate, following up and monitoring to ensure the complainant remains satisfied as well as receiving feedback.

2.15 Unsatisfactory Resolution

Where the complainant is not satisfied with the outcome of the complaint, the complainant may refer the matter to the Commonwealth Ombudsman:

- Online: www.ombudsman.gov.au
- Phone: 1300 362 072
- Writing: Commonwealth Ombudsman, GPO Box 442, Canberra ACT 2601

3. Definitions

Complainant means a Contributor, dependent, provider or any third party making a complaint.

Complaint means an expression of dissatisfaction about a product, advice or service offered or provided, where a response or resolution is explicitly or implicitly expected.

Contributor means the person registered as the Contributor for a health insurance policy, and who is responsible for payment of contributions of the policy.

4. Policy Administration

- Approved by CEO on: 20 July 2023
- Policy Review Date: 30 June 2026