Making a complaint

Women's Health Northern Rivers Inc. (WHNR) is committed to providing high quality services to those in need, but sometimes we get it wrong. You can let us know where we have made a mistake by making a complaint.

Women's Health Northern Rivers Inc. takes all complaints very seriously and welcomes them as an opportunity to improve the services we provide.

This brochure informs you of how you can make a complaint, and what to expect when you make a complaint.

What can I make a complaint about?

You have a right to complain to Women's Health Northern Rivers Inc. regarding any incident or issue that occurs during the delivery of our services, or in connection with our services.

Your rights

We are committed to upholding your rights as a service user, including the right to:

- Be free from any reprisal following a complaint, such as any change to, or cancellation of, services.
- Be supported to report your complaint to Women's Health NSW if you are not satisfied with the way we respond to a complaint.
- Be involved in decisions related to resolving a complaint you've made or that may affect you.
- Have your privacy and confidentiality protected.
- Have access to supporters, advocates and accessibility assistance throughout the complaints process.
- Have the complaints management process explained to you if you need or want help understanding it.
- Remain anonymous if you choose.
- Withdraw a complaint at any time if you choose.

How to make a complaint

You can submit a complaint by emailing admin@whnr.org.au or by completing a complaint submission form.

Our complaints procedure

- WHNR Service Manager will discuss with you (and your family/carer/advocate) all the details of the complaint, including the outcomes you would like to see.
- You will receive an acknowledgement of the complaint which will include the expected timeframe for your complaint to be resolved.
- If appropriate, we will conduct an investigation into the circumstances surrounding your complaint.
- You will receive information on the outcomes of your complaint and be given the chance to ask for a review or refer the complaint to the Health Care Complaints Commission.
- We will use your complaint to review our systems, policies and procedures to improve our services.

Our obligations

For all complaints made to us we will:

- Treat all complainants with dignity and respect.
- Manage the complaint with procedural fairness.
- Attempt to resolve the issue to the best outcome for all parties, within 14 days.
- Keep you, and anyone who might be affected by an issue in the complaint, informed of developments regarding your complaint.
- Give you, and anyone who might be affected by an issue in the complaint, the opportunity to be involved in the complaint's resolution in an appropriate way.
- Maintain records regarding your complaint, and keep the information securely stored.
- Provide support to access translation, advocacy, or other support services where appropriate.
- Report any breaches of legislation to the relevant authority.

Some complaints can be resolved on the spot; however, others may require an investigation which can take time.

WHNR will endeavour to resolve complaints as soon as we can, and keep you informed of the process.

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CLIENT Complaint Submission Form

Thank you for reaching out. We value your feedback and are committed to resolving any issues promptly and fairly. Please complete the form below to help us understand your concern.

1. Contact Information

- Full Name: _____
- Email Address: _____
- Phone Number: _____
- Preferred Method of Contact:
  ☐ Email ☐ Phone ☐ Other: _____

2. Complaint Details

- Date of Incident: ____ / ____ / _____
- Location (if applicable): _____
- Service Involved: _____

3. Description of the Complaint

Please describe the issue in detail, including what happened, when it happened, and who was involved (if known):

_____

_____

_____

_____

_____

02 6621 9800
PO Box 619
LISMORE NSW 2480

admin@whnr.org.au
ABN 58 957 945 074
whnr.org.au

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4. Desired Resolution

What would you consider a fair resolution to this issue?

_____

_____

_____

_____

5. Supporting Documents (if any)

Please attach any relevant files (e.g., receipts, screenshots, correspondence).

6. Declaration

☐ I confirm that the information provided is accurate to the best of my knowledge.

Signature: _____ Date: ____ / ____ / _____

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