

Australian Hypnotherapists' Association

ABN 20 004 388 872



Complaints Procedure



Complaints Procedure

AHA Disclaimer

We confirm that the Australian Hypnotherapists' Association (AHA), in making decisions pursuant to the Guidelines, is bound by procedural fairness. Essentially, decisions of this nature should satisfy the following procedural criteria:

- a) The AHA shall inform the Respondent of his/her right to object to a complaint or to appeal a decision. ***In those cases where a respondent decides to employ legal counsel the Tribunal will immediately hand all information to the relevant State Health Care Rights body. This ensures no unnecessary protraction to the case and protects the Association and its members from incurring undue costs;***
- b) The AHA shall make the Respondent aware of the case sought to be made against him/her and will give him/her the proper opportunity of replying to it. The Respondent shall be given access to the material available to the AHA decision-makers (especially adverse material) and the proper opportunity (including a reasonable timeframe) to respond to that material;
- c) AHA decision-making is not necessarily bound by the rules of evidence but will not grossly depart from the rules of evidence. That is, it will proceed upon evidence that reasonably proves, or helps to prove, a fact or issue, e.g. credible witnesses, no reception of hearsay evidence. All evidence provided to the Association may be subpoenaed by a court of law;
- d) There shall be no real or ostensible bias from the part of the AHA decision-makers. This means that the decision-makers shall be, and shall be seen to be, impartial. There shall neither be a real possibility of bias on the available material, nor shall there be a reasonable apprehension that any decision-maker does not bring an objective mind to the assessment.



Complaints Procedure

Contents

1. Purpose	4
2. Scope.....	4
3. Terms and Definitions	6
4. Guiding Principles	6
4.1. Facilitate complaints.....	6
4.2. Respond to Complaints	7
4.3. Manage the parties to a complaint Complaints involving multiple agencies.....	8
5. Accountability and learning	10
5.1. Analysis and evaluation of complaints	10
5.2. Monitoring of the complaint management system.....	10
5.3. Continuous improvement.....	11
6. Complaint Handling Steps.....	11
6.1. Introduction	11
6.2. Receive	11
6.3. Acknowledge	11
6.4. Initial assessment	12
6.5. Close the complaint: document and analyse data	12
7. Criteria for Appeal and Actions to be taken	13
8. Appeals – Guidelines.....	14



Complaints Procedure

1. Purpose

The purpose of this procedure is intended to ensure that the Australian Hypnotherapists' Association (AHA) handles complaints fairly, efficiently and effectively.

This procedure provides guidance to people who wish to make a complaint on the key principles and concepts of the complaint management system.

2. Scope

This procedure applies to the Board, all members, staff (paid and volunteer), contractors and the governing body, receiving or managing complaints from the public and clients made to, or about us, regarding the members, services and staff, or the complaint handling process.

The AHA expects the Board, staff, members and volunteers at all levels to be committed to fair, effective and efficient complaint handling. The following table outlines the nature of the commitment expected from all concerned and the way that commitment should be implemented.



Complaints Procedure

Who	Commitment	How
Vice President and/or committee of the Board	Promote a culture that values complaints and their effective resolution	<p>Report to the Executive on complaint handling.</p> <p>Provide adequate support and direction to key board members and/or volunteers responsible for handling complaints.</p> <p>Regularly review reports about complaint trends and issues arising from complaints.</p> <p>Encourage all concerned to be alert to complaints and assist those responsible for handling complaints to resolve them promptly.</p> <p>Encourage Board and Ethics committee members to make recommendations for system improvements.</p> <p>Support recommendations for service, - Board and Ethics Committee and complaint handling improvements arising from the analysis of complaint data.</p>
Those whose duties include complaint handling (may include President, Vice President and/or ethics committee)	Demonstrate exemplary complaint handling practices	<p>Treat all people with respect, including people who make complaints.</p> <p>Assist people to make a complaint, if needed.</p> <p>Comply with the policy and associated procedures.</p> <p>Provide regular feedback to the Executive on issues arising from complaints.</p> <p>Provide suggestions to the Board on ways to improve the complaints management system.</p> <p>Implement changes arising from individual complaints and from the analysis of complaint data as directed by the Executive.</p>
All Board members	Understand and comply with the complaint handling practices.	<p>Treat all people with respect, including people who make complaints.</p> <p>Be aware of the complaint handling policies and procedures.</p> <p>Assist people who wish to make complaints access the complaints process.</p> <p>Be alert to complaints and assist staff handling complaints resolve matters promptly.</p>



Complaints Procedure

3. Terms and Definitions

Complaint: An expression of dissatisfaction made to or about the AHA, AHA members, staff or the handling of a complaint where a response or resolution is explicitly or implicitly expected or legally required.

As well as complaints being made directly to the organisation, including complaints (or at least negative comments) made on social media.

Complaint handling/management system: All policies, procedures, practices, Board and Ethics Committee members, hardware and software used in the management of complaints.

Dispute: An unresolved complaint escalated either within or outside of the organisation.

Feedback: Opinions, comments and expressions of interest or concern, made directly or indirectly, explicitly or implicitly, to or about us, about AHA members or the complaint handling system, where a response is not explicitly or implicitly expected or legally required.

Grievance: A clear, formal written statement by an individual about a member or the AHA.

Policy: A statement of instruction that sets out how we should fulfil the vision, mission and goals.

Procedure: A statement or instruction that sets out how the policies will be implemented and by whom.

4. Guiding Principles

An effective complaint handling system must be modelled on the principles of fairness, accessibility, responsiveness, efficiency and integration into organisational culture.



4.1. Facilitate complaints

People focus

We are committed to seeking and receiving feedback and complaints about AHA members, systems, practices, procedures, products and complaint handling.

Any concerns raised in feedback or complaints will be dealt with within a reasonable timeframe. People making complaints shall be:

- provided with information about the complaint handling process and how to access it
- listened to, treated with respect by staff and actively involved in the complaint process where possible and appropriate, and
- provided with reasons for the decision/s and any options for redress or review.

No detriment to people making complaints

The AHA shall take all reasonable steps to ensure that people making complaints are not adversely affected because a complaint has been made by them or on their behalf.



Complaints Procedure

Anonymous complaints

The AHA accepts anonymous complaints where there is a compelling reason to do so and will carry out a confidential investigation of the issues raised where there is enough information provided.

Accessibility

The AHA shall ensure that information about how and where complaints may be made to, or about us, is well publicised on the website. We shall ensure that the systems to manage complaints are easily understood and accessible to everyone, particularly people who may require assistance.

If a person prefers, or needs, another person or organisation to assist or represent them in the making of and/or resolution of their complaint, we shall communicate with them through their representative if this is their wish. Anyone may represent a person wishing to make a complaint with their consent (e.g. advocate, family member, legal or community representative, member of Parliament, another organisation).

No charge

There is no cost for making of a complaint to the AHA

4.2. Respond to Complaints

Early resolution

Where possible, complaints shall be resolved on first contact with us.

When appropriate the AHA may offer an explanation or apology to the person making the complaint.

Note: Complaints resolved at first contact shall be recorded. Such record keeping shall arguably be added to the pool of data held by the AHA to regularly analyse to identify system issues and more accurately track the complaint handling activities of the AHA.

Responsiveness

The AHA shall promptly acknowledge the receipt of complaints.

The AHA shall assess and prioritise complaints in accordance with the urgency and/or seriousness of the issues raised. Where a matter concerns an immediate risk to safety or security the response shall be immediate and escalated appropriately.

The AHA is committed to managing people's expectations, and will inform them as soon as possible, of the following:

- the complaints process
- the expected time frames for the actions
- the progress of the complaint and reasons for any delay
- their likely involvement in the process, and
- the possible or likely outcome of their complaint.

We shall advise people as soon as possible when we are unable to deal with any part of their complaint and provide advice about where such issues and/or complaints may be directed (if known and appropriate).



Complaints Procedure

We shall also advise people as soon as possible when we are unable to meet the time frames for responding to their complaint and the reason for the delay.

Objectivity and fairness

The AHA shall address each complaint with integrity and in an equitable, objective and unbiased manner.

The AHA shall ensure that the person handling a complaint is not a member whose conduct or service is being complained about.

Conflicts of interest, whether actual or perceived, shall be managed responsibly. In particular, internal reviews of how a complaint was managed shall be conducted by a person other than the original decision maker.

Responding flexibly

Members of the AHA are empowered to resolve complaints promptly and with as little formality as possible. We shall adopt flexible approaches to service delivery and problem solving to enhance accessibility for people making complaints and/or their representatives.

Each complaint shall be assessed on its merits and involve people making complaints and/or their representative in the process as far as possible.

Confidentiality

The AHA shall protect the identity of people making complaints where this is practical and appropriate.

Personal information that identifies individuals shall only be disclosed or used by us as permitted under the relevant privacy laws, secrecy provisions and any relevant confidentiality obligations.

4.3. Manage the parties to a complaint Complaints involving multiple agencies

Where a complaint involves multiple organisations, the AHA shall work with the other organisation/s where possible, to ensure that communication with the person making a complaint and/or their representative is clear and coordinated.

Subject to privacy and confidentiality considerations, communication and information sharing between the parties shall be organised to facilitate a timely response to the complaint.

Where a complaint involves multiple areas within the organisation, responsibility for communicating with the person making the complaint and/or their representative will also be coordinated.

Where services are contracted out, the AHA expects contracted service providers to have an accessible and comprehensive complaint management system.

The AHA will receive complaints about the actions of the members and service providers.

Empowerment of staff

All Board and Ethics committee members managing complaints are empowered to implement the complaint management system as relevant to their role and responsibilities.



Complaints Procedure

All concerned are encouraged to provide feedback on the effectiveness and efficiency of all aspects of the complaint management system.

Managing unreasonable conduct by people making complaints

The AHA is committed to being accessible and responsive to all people who approach us with feedback or complaints. At the same time the AHA's success depends on:

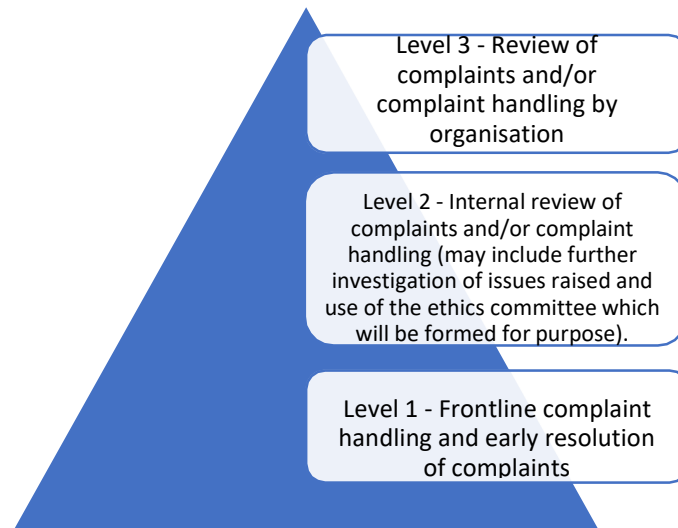
- the ability to do the work and perform the functions in the most effective and efficient way possible
- the health, safety and security of the staff, and
- the ability to allocate the resources fairly across all the complaints we receive.

When people behave unreasonably in their dealings with us, their conduct can significantly affect the progress and efficiency of the work. As a result, we will take proactive and decisive action to manage any conduct that negatively and unreasonably affects us and will support the staff to do the same in accordance with this policy.

Alternative avenues for dealing with complaints

The AHA shall inform people who make complaints to, or about us, of internal or external review options available to them (including any relevant Ombudsman or oversight regulatory bodies).

The three levels of complaint handling



Level 1

The AHA aims to resolve complaints at the first level, the front line. Wherever possible the Board and/or Ethics committee member shall be adequately equipped to respond to complaints, including being given appropriate authority, training and supervision.



Complaints Procedure

Level 2

Where this is not possible, it may be decided to escalate the complaint to an ethics committee formed within the association. This second level of complaint handling shall provide for the following internal mechanisms:

- assessment and possible investigation of the complaint and decision/s already made, and/or
- facilitated resolution (where a person not connected with the complaint reviews the matter and attempts to find an outcome acceptable to the relevant parties).

Level 3

Where a person making a complaint is dissatisfied with the outcome of the review of their complaint, they may seek an external review of the AHA's decision or seek another avenue of complaint.

5. Accountability and learning

5.1. Analysis and evaluation of complaints

The AHA shall ensure that complaints are recorded in a systematic way so that information may be easily retrieved for reporting and analysis by the Board of Directors.

The AHA shall run regular reports on:

- the number of complaints received;
- the outcome of complaints, including matters resolved at the frontline;
- issues arising from complaints;
- systemic issues identified; and
- the number of requests received for internal and/or external review of the complaint handling.

Regular analysis of these reports shall be undertaken to monitor trends, measure the quality of the customer service and make improvements.

Both reports and their analysis shall be provided to the Executive Board for review, at least annually.

5.2. Monitoring of the complaint management system

The AHA shall continually monitor the complaint management system to:

- ensure its effectiveness in responding to and resolving complaints
- identify and correct deficiencies in the operation of the system, and
- monitoring may include the use of audits, complaint satisfaction surveys and online listening tools and alerts.



Complaints Procedure

5.3. Continuous improvement

The AHA is committed to improving the way the Association operates, including the management of the effectiveness and efficiency of the complaint management system. To this end, we will:

- support the making and appropriate resolution of complaints;
- implement best practices in complaint handling;
- recognise and reward exemplary complaint handling by Board and Ethics committee members;
- regularly review the complaint management system and complaint data; and
- implement appropriate system changes arising out of the analysis of complaints data and continual monitoring of the system.

6. Complaint Handling Steps

6.1. Introduction

When responding to complaints, Board and/or Ethics committee members (paid and volunteer) shall act in accordance with complaint handling procedures as well as any other internal documents providing guidance on the management of complaints.

Relevant legislation and/or regulations will be considered when responding to complaints and feedback.

The five key stages in complaint management system are set out below



6.2. Receive

Unless the complaint has been resolved at the outset, we shall record the complaint and its supporting information.

The record of the complaint will document:

- Contact information of the person making a complaint and the date received;
- Issues raised by the person making a complaint and the outcome/s they want;
- Any other relevant information; and
- Any additional support the person making a complaint requires.

6.3. Acknowledge

The complaint shall be acknowledged promptly, and preferably within 5 working days. When appropriate we may offer an explanation or apology.

Consideration shall be given to the most appropriate medium (e.g. email, letter) for communicating with the person making a complaint.



Complaints Procedure

6.3.1. Assess and investigate

6.4. Initial assessment

After acknowledging receipt of the complaint, the AHA shall confirm whether the issue/s raised in the complaint is/are within the AHA's control. The outcome/s sought by the person making a complaint shall be considered and, where there is more than one issue raised, determine whether each issue needs to be addressed separately. When determining how a complaint will be managed, the following shall be considered:

- How serious, complicated or urgent the complaint is;
- Whether the complaint raises concerns about people's health and safety;
- How the person making the complaint is being affected;
- The risks involved if resolution of the complaint is delayed; and
- Whether a resolution requires the involvement of other organisations.

6.4.1.1. Investigating the complaint

After assessing the complaint, the AHA shall consider how to manage it. The AHA may:

- Give the person making a complaint information or an explanation;
- Gather information about the issue, person or area that the complaint is about; or
- Investigate the claims made in the complaint.

The AHA shall keep the person making the complaint up-to-date on progress, particularly if there are any delays. The outcome of the complaint shall be communicated using the most appropriate medium. Actions taken shall be tailored to each case and take into account any statutory requirements.

6.4.2. Determine outcome and provide reasons for decision

Following consideration of the complaint and any investigation into the issues raised, the AHA shall contact the person making the complaint and advise them:

- The outcome of the complaint and any action taken;
- The reason/s for the decision;
- The remedy or resolution/s that were proposed or put in place; and
- Any options for review that may be available to the complainant, such as an internal review, external review or appeal.

6.5. Close the complaint: document and analyse data

6.5.1. Document

Records to be retained include:

- How the complaint was managed;
- The outcome/s of the complaint (including whether it or any aspect of it was substantiated, any recommendations made to address problems identified and any decisions made on those recommendations; and
- Any outstanding actions to be followed up, including analysing any underlying or root causes.



Complaints Procedure

6.5.2. Analyse data

Outcomes shall be properly implemented, monitored and reported to the complaint handling Board or Ethics committee member.

7. Criteria for Appeal and Actions to be taken

7.1. Appeals go to the President of the Association.

The President shall receive all appeals which must be accompanied by any/all supporting documentation.

7.2. Criteria for appeal

The President, or their nominated representative, will consider the appeal and may seek advice from a solicitor. In deciding whether an appeal shall proceed or not, the President (or nominated representative) is empowered to investigate and interview witnesses in relation to any possible breach of the following criteria:

- There has been a material breach of procedure as set out in the AHA Code of Ethics and Conduct and/or other guidelines and protocols.
- There has been intimidation of any party involved in the complaints process by any person in a 'judiciary' capacity.
- There is an actual, or perceived, bias by any person involved in the complaints process in a 'judiciary' capacity.
- There has been a failure to disclose a relationship between the investigator or a member of Ethics Committee and a person involved in the complaints process.
- In cases where the Ethics Committee has decided on removal from membership, the respondent may ask for the case to be considered by the Appeals Panel.

7.3. Action to be taken if criteria satisfied

If the appeal satisfies any of the criteria shown above, the Appeal process as set out in Clause 8 shall take effect.

7.4. Failure to satisfy criteria

If the appeal does not satisfy any of the criteria shown above, the person lodging the appeal shall be notified by the President of the fact.

7.5. Decision to be final

The decision of the President, or their nominated representative, shall be final as to whether any of the criteria are met.



Complaints Procedure

8. Appeals – Guidelines

8.1. Time Frame

The respondent may appeal the decision and/or sanction/s by writing to the Vice President within 14 working days of the notification of the sanction/s. An appeal where removal from membership is involved, shall be lodged within seven (7) working days with the President.

8.2. Criteria

The criteria for making an appeal and determining whether those criteria are met shall be made under the provisions of Clause 7 (above). Only if the criteria are met shall the remainder of this process take effect.

8.3. Composition of the appeal panel

The President, or nominated representative, shall appoint up to three (3) people who have not been previously involved in the case to decide on the appeal (the Appeal Panel). There is also provision to second extra members for their expertise.

Any member of the Appeal Panel who is found to have an actual or perceived bias, shall be replaced immediately.

8.4. Brief of the Appeal Panel

The Appeal Panel shall review the evidence on which the decision was made, the decision and sanction/s imposed. At its discretion, the Appeal Panel may interview the Respondent and the Complainant.

Note: No new or additional information is sought at this stage, only points of clarification. Both parties shall be interviewed via the same media means e.g. Zoom, phone, etc. It shall take into account all relevant evidence and considerations submitted by both parties. It shall not accept hearsay evidence or evidence from witnesses who are not credible. To uphold a complaint, the Appeal Panel shall be reasonably satisfied on the evidence that the hypnotherapist has breached the Association's Code of Ethics and Conduct.

8.5. Decision of the Appeal Panel

The Appeal Panel shall report its decision to the President, or nominated representative, who shall implement its decision which will be final.

8.6. Notification of the decision

The decision of the Appeal Panel shall be notified to the appellant parties and the Ethics Committee in writing in seven (7) working days. The reasons for the outcome are required to be appended to the decision.