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Purpose

The purpose of this document is to provide guidance to all employees in implementing our Client Feedback and Complaints Management policy. Blu Sky Care is dedicated to ensuring the safety and wellbeing of clients receiving supports and services from us by responding to client's feedback and or complaints appropriately to improve our practice.

Scope

This procedure applies to all Blu Sky Care participants, participants family and support network, BSC Employees, Board Members, volunteers, student placements, contractors, and the general public. Any person can make a complaint (including an anonymous complaint) about the supports and services provided by Blu Sky Care.

Procedure Objectives

Blu Sky Care will:

- Ensure that all clients, and their families, carers and advocates are encouraged and supported to raise any concerns they have about the service or organisation
- Consider all complaints it receives regardless of whether or not the complainant is a client of the organisation and all concerns that are raised will be addressed in ways that ensure access and equity, fairness, accountability, and transparency.
- Treat all complainants with respect and recognise the importance of their concerns
- Maintain confidentiality of parties involved, keeping any information private to those directly involved in the complaint and its resolution. Information will only be disclosed if required by law, or if otherwise necessary
- Ensure support and advocacy is available to clients who make a complaint and require support
- Will document for clients and stakeholders in the 'How to make a complaint' document which is made available to all clients via Blu Sky Care website at <https://www.bluskycare.com.au/contact-us/feedback-and-complaints/> and as part of the welcome pack given to clients when they first access supports and services.



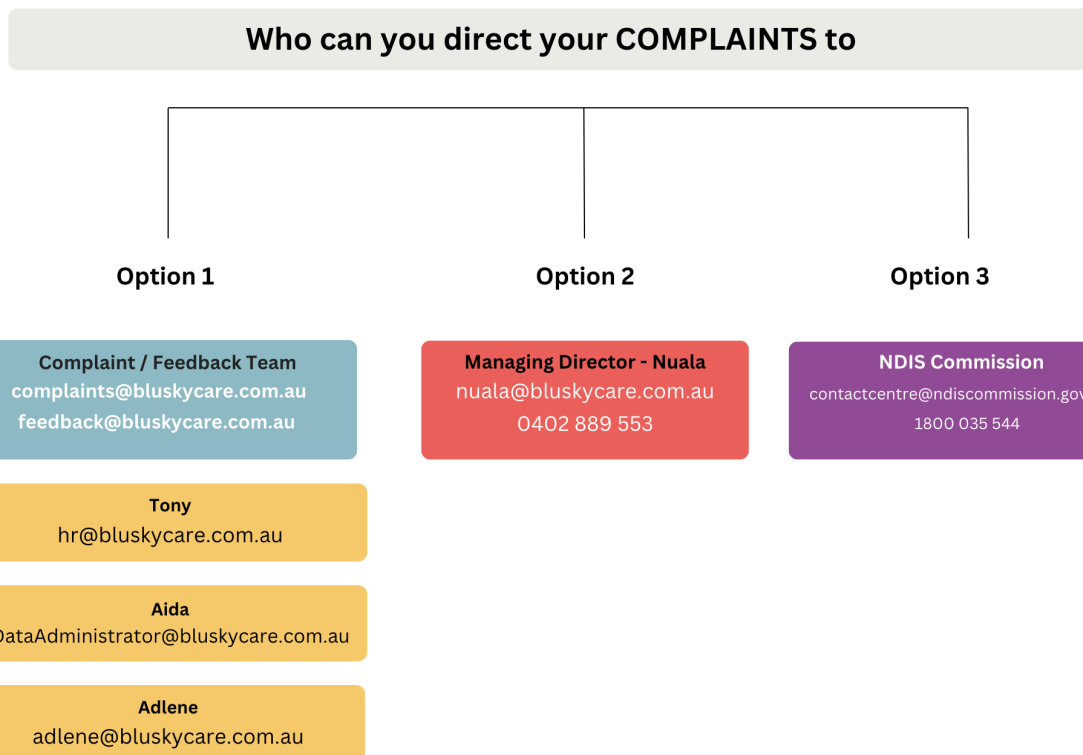
- Resolve complaints, where possible, to the satisfaction of the complainant
- Clients, families and advocates have access to the organisation's complaints management policy
- Deal with all complaints in a timely manner, and aim to provide a formal response to the complainant within 14 days of the complaint being received
- Keep relevant parties appropriately involved and informed of progress of the complaint
- Ensure that our governing body, senior management, staff, volunteers/others are given information about the complaints procedure as part of their induction and are aware of procedures for managing client feedback and complaints
- Ensure all service users, stakeholders and members are aware of the complaints policy and procedures
- Ensure that all complainants are aware of and understand how to escalate their complaint to NDIS Commission
- Ensure that a complainant is not penalised in any way or prevented from use of services during the progress of an issue
- Ensure that feedback data (both positive and negative) is considered in organisational reviews and in planning service improvements; and
- Review and evaluate the accessibility and effectiveness of the complaints management



Making a complaint or providing feedback

A person wishing to make a complaint or feedback may do so via the following ways:

1. Email to feedback@bluskycare.com.au or complaints@bluskycare.com.au
2. Complete the online form at <https://www.bluskycare.com.au/complaints-feedback-form/>
3. Via telephone to 08 8463 1333 or 0431 859 364
4. Via whatsapp to 0421 896 711
5. Written complaints can be addressed to COMPLAINTS/FEEDBACK UNIT and sent to
Address: 151C Anzac Highway, Kurralta Park SA5037.
Our Admin Assistants will be responsible for receiving this correspondence and directing it to the appropriate person.
6. Anonymous complaints may be made by completing [Complaints Online Form](#)



How we provide an easy and accessible Feedback and Complaint pathway

Any person can make a complaint (including an anonymous complaint) about the supports and services provided by Blu Sky Care.

All clients will ordinarily be notified about the Feedback and Complaints process during the on-boarding process and reference is made to the Feedback and Complaints process in the Service Agreement.

The Feedback and Complaints policy and the NDIS, Aged Care Commissions and other relevant third parties contact details along with information on contacting the Commissions in the first instance is also referenced in Blu Sky Care 'How to make a complaint' document which is made available to all clients via our website and provided in the welcome pack.

Further, information on how to contact the NDIS, Aged Care Commissions and other relevant third parties as well as help and support to do so, will be offered to any person who is affected by an issue that has been raised in a complaint.



Complaint Management Procedure

All employees are required to report feedback and complaints from complainants to their line manager, and via [Complaints and Feedback Report Form](#).

For all complaint levels:

Any staff member may be a recipient of a complaint, and is responsible for:

1. Receiving the complaint
2. Acknowledging the concern raised, and explaining the next steps to the complainant; and
3. Discussing with the complainant an agreed upon resolution (for smaller matters), or referring the complaint on to the Managing Director or Complaints & Feedback Committee for further investigation and action. The chosen action will depend on the type and severity of the complaint
4. Email the feedback or complaint and supporting documentation to feedback@bluskycare.com.au or complaints@bluskycare.com.au and cc the Manager/Team Manager where required
5. or Complete the [Complaints and Feedback Report Form](#).
6. Document via case note feedback or complaint on client file.

Depending on the level of complaint, the next additional steps are as follows:

Level 1 Complaint

This is an informal feedback or complaint resolved by the relevant Managers/Team managers.

Depending on the type and severity of the complaint, either discussing with the complainant an agreed upon resolution (for smaller matters), or referring the complaint to the Complaint & Feedback Committee for further investigation and action.

Level 2 Complaint

Formal feedback or complaint that needs to be formally acknowledged and resolution is required. Relevant Manager/Team Manager work together towards resolution.

Promptly notify the Team Leaders or the Managing Director of a Level 2 complaint to ensure timely formal acknowledgement of complaint to the complainant.



Level 3 Complaint

External feedback or complaint that requires formal acknowledgment and response by the Managing Director or Board.

Promptly notify the Managing Director or Complaints & Feedback Committee of a possible Level 3 complaint.

Feedback and Complaints Register

The Managing Director is responsible to maintain the Feedback and Complaints Register.

The register will document the following:

- The name and contact details of the complainant
- The issues / matters raised by the complainant
- The outcome(s) and/or resolution the complainant wishes to achieve
- The level of the complaint (1, 2 or 3)
- The relevant person(s) in which the complaint has been forwarded to.
- Each feedback and/or complaint will be given a unique identifier number.

Responding to and resolving the complaint:

After the employee has acknowledged receipt of a complaint, the complaint should be assessed for the following:

- Whether the nature of the complaint warrants external reporting
- Whether the issue raised is within Blu Sky Care control e.g., a complaint in relation to a provider that is outside of Blu Sky Care control
- Consider the outcome sought by the complainant
- Identify if there are any other issues that may need to be recorded
- Whether the complainant has been offered appropriate support, assistance, or independent advocacy
- Informing the complainant of the outcome and the reasons for any decisions made
- If no further action can be taken, the reasons for this
- If an apology is in order, ensuring that the appropriate person makes the apology and informs the complainant what the organisation intends to do to avoid further grievance.

Blu Sky Care

BSC-503 Complaints Management Policy & Procedure



Blu Sky Care is committed to ensuring that all complaints and appeals are addressed in a timely matter. Complaints or appeals will be investigated and resolved within 14 days of being received. If this time frame cannot be met, the complainant will be informed of the reasons why and of the alternative time frame for resolution.

Assess the risk associated with the complaint

When assessing the level of complaint, the following should be taken into consideration:

- The urgency and complexity of the complaint
- Whether the complaint involves other people's health and safety
- Whether the nature of the complaint warrants referral to the Quality, Compliance & Risk Manager
- Possible delays in resolving the complaint and the risk involved to the client and to Blu Sky Care

To ensure Blu Sky Care transparency, wherever practicable, having regard to the nature of the complainant will be kept informed at all stages of the process and will be informed if there will be any delay.

Decisions and Resolution

Blu Sky Care is committed to involving the complainant in the resolution process, as appropriate to the specific situation.

After the assessment and review of the issue(s) described, the person handling the complaint or delegate, shall:

- Ensure a nominated Blu Sky Care employee contacts the complainant (e.g., by telephone or email) and advise of some or all the following as appropriate:
- The outcome of the complaint and actions taken
- The reasons for decision
- Any improvements made and resolution(s)

If there are adverse findings about an individual, Blu Sky Care will review applicable privacy obligations under the Privacy Act 1988 and National Privacy Principles and any applicable exemptions in or made pursuant to that Act, before sharing findings with the person making the complaint.



Lodging an Appeal

Clients and or their advocates may lodge an appeal if they disagree with a decision made by the organisation, or by an employee, related to the supports and services they have received. An appeal should be made in writing and submitted admin@bluskycare.com.au

As far as possible, complaints or appeals will be investigated and resolved within 14 days of being received. If this time frame cannot be met, the complainant will be informed of the reasons why and of the alternative time frame for resolution.

Reviewing the complaint

If the complainant is not satisfied with the investigation and proposed resolution of their complaint or appeal, they can seek a further review of the matter by the escalation process, otherwise the complainant can also be referred to the NDIS Quality & Safeguards Commission, Aged Care Quality and Safety Commission or other appropriate bodies.

Closing the Feedback or Complaint, Record Keeping

Blu Sky Care will keep records of the following:

- How the complaint was handled and managed
- The resolution(s) of the complaints
- Actions which need to be followed up
- Quality improvements identified and implemented as a result of feedback or complaint

A key driver of satisfaction is timeliness. It is anticipated the outcome of Level 2 complaints which require an investigation will occur within 14 business days of receiving the complaint.

The outcome of Level 3 complaints will ordinarily be actioned within 28 business days subject to the complexity of the matter, the involvement of other Third Parties and the availability of key people.

Reporting, Monitoring and Continuous Improvement Reporting

Blu Sky Care remains committed to continually improving its service delivery. Feedback is analysed by the data recorded on the Feedback and Complaints Register.

Reports may be run based on the following:



- The number of complaints received
- The outcome of complaints
- Issues identified from complaints
- Systemic issues identified
- Timeliness of complaints resolution
- The number of requests received for internal or external review of Blu Sky Care complaint handling

We will continually monitor the Feedback and Complaints Register to identify insufficiencies and ineffectiveness of the delivery of supports and service by Blu Sky Care and employees. It is also monitored to identify any systemic issues in responding to and resolving complaints.

Blu Sky Care will review the Client Feedback & Complaints Management System annually.

Supporting Documentation

CONSUMER COMPLAINTS & DISPUTE RESOLUTION PROCESS 3.17

Complaints and Feedback Report Form

Related Links

National Disability Insurance Scheme Act 2013

National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018

Children and Young People (Safety) Act 2017

Aged Care Act 1997 & Aged Care Quality and Safety Commission Act 2018



Blu Sky Care

BSC-503 Complaints Management Policy & Procedure

Procedure Review

Current Version

Domain	Complaints Management Infosheet	Version	2
Process Owner	Nadyeska Leverde Osuna Antonio De Maria Adlene M Basri	Date of Issue	June 2025
Approved by	Managing Director, Nuala P Chantler	Scheduled review date	May 2026

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Version	Date	Author	Who approved New/Revised Version	Reason for Change
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1.1	1/8/2024	Antonio De Maria	Managing Director, Nuala Pereira Chantler	Reviewed minor wording changed
1.2	04/11/2024	Antonio De Maria	Managing Director, Nuala Pereira Chantler	New format – minor changes
2	8/6/2025	Nadyeska Leverde Osuna Antonio De Maria Adlene M Basri	Managing Director, Nuala Pereira Chantler	Info sheet for website

Approved by

Nuala Pereira Chantler
Managing Director