

FEEDBACK AND COMPLAINTS POLICY

Behavioural Edge Psychology

Version 1.0 | Effective Date: December 2025

IMPORTANT NOTICE FOR NDIS PARTICIPANTS

You have the right to make a complaint at any time — directly to us, or to the **NDIS Quality and Safeguards Commission** (phone: 1800 035 544 or visit www.ndiscommission.gov.au). Making a complaint will **never affect the supports or services you receive**.

We can help you make a complaint. You can also ask an advocate, family member, carer, or nominee to help you. This policy is available in Easy Read format upon request.

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1. Policy Statement

Behavioural Edge Psychology is committed to providing high-quality psychological services and maintaining the highest standards of professional conduct. We value feedback from our clients and recognise that concerns and complaints provide valuable opportunities for learning, improvement, and maintaining trust in the therapeutic relationship.

This policy establishes a clear, transparent, and accessible process for clients to provide feedback, raise concerns, or make formal complaints. It ensures compliance with the AHPRA shared Code of Conduct (June 2022), the Australian Psychological Society Code of Ethics and Standards of Conduct, relevant NDIS Practice Standards and Quality Indicators, and applicable legislation.

Our commitment: All feedback and complaints will be treated seriously, managed fairly, dealt with promptly, and handled confidentially while respecting the rights of all parties involved.

2. Scope and Application

This policy applies to:

- All current and former clients of Behavioural Edge Psychology, including NDIS participants
- Authorised representatives of clients, including NDIS nominees and plan nominees (with appropriate consent or legal authority)
- Parents or guardians of minor clients
- Advocates acting on behalf of or supporting a client or participant
- Support coordinators, plan managers, and other providers involved in service delivery
- All psychologists and staff employed by or associated with Behavioural Edge Psychology
- Any matter relating to the provision of psychological services, professional conduct, billing, privacy, or administrative processes

3. Legislative and Regulatory Framework

This policy is informed by and compliant with the following legislation, codes, and standards:

3.1 AHPRA Shared Code of Conduct (June 2022)

The shared Code of Conduct for registered health practitioners sets out expectations for professional behaviour. The Code requires practitioners to have processes in place to

address complaints and concerns, and to respond to them in a timely and appropriate manner, which may include an apology or explanation.

3.2 NDIS Requirements

NDIS Code of Conduct (National Disability Insurance Scheme (Code of Conduct) Rules 2018):

- Section 6(1)(e): Code-covered persons must promptly take steps to raise and act on concerns about matters that may impact the quality and safety of supports and services provided to people with disability.
- Section 6(1)(f): Code-covered persons must take all reasonable steps to prevent and respond to all forms of violence against, and exploitation, neglect and abuse of, people with disability.

NDIS Practice Standards — Complaints Management:

Registered NDIS providers must implement and maintain a complaints management and resolution system that is appropriate to the scale and scope of supports delivered, and which:

- Is accessible, culturally safe, and responsive to the needs of people with disability
- Supports participants to make complaints without fear of adverse consequences
- Ensures complaints are acknowledged, managed, and resolved in a timely manner
- Uses complaints data to identify trends and drive continuous improvement

NDIS Practice Standards — Incident Management:

Registered NDIS providers must implement and maintain an incident management system and notify the NDIS Quality and Safeguards Commission of reportable incidents in accordance with the National Disability Insurance Scheme (Reportable Incidents) Rules 2018.

3.3 Additional Legislation and Standards

- Australian Psychological Society Code of Ethics (2007) and APS Standards of Conduct
- Health Practitioner Regulation National Law Act 2009
- Privacy Act 1988 (Cth) and Australian Privacy Principles
- Health Records Act 2001 (Vic)
- Relevant state and territory health complaints legislation
- National Disability Insurance Scheme Act 2013 (Cth)
- National Disability Insurance Scheme (Code of Conduct) Rules 2018 (Cth)
- National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018 (Cth)
- National Disability Insurance Scheme (Reportable Incidents) Rules 2018 (Cth)
- NDIS Practice Standards and Quality Indicators

- AS/NZS 10002:2022 Guidelines for complaint management in organisations

4. Definitions

Feedback: Information, observations, or suggestions provided by clients about their experience with our services. Feedback may be positive or constructive and does not necessarily require a formal response or investigation.

Concern: An informal expression of dissatisfaction or worry about an aspect of service delivery that can typically be resolved through discussion and immediate action.

Complaint: A formal expression of dissatisfaction about the conduct, treatment, or services provided that requires investigation and a formal response.

Allegation of Harm: A serious claim that a client has suffered, or may suffer, physical, psychological, emotional, or financial harm because of the services provided or professional conduct.

Reportable Incident (NDIS): An incident involving an NDIS participant that must be reported to the NDIS Quality and Safeguards Commission, including the death of a person with disability, serious injury, abuse or neglect, unlawful sexual or physical contact, or unauthorised use of restrictive practices.

Complainant: The person making the complaint, concern, or allegation.

Practitioner: The psychologist or staff member about whom the complaint, concern, or allegation has been made.

Advocate: A person who provides support to help a participant express their views and wishes, and to ensure their rights are upheld. This includes NDIS advocates, disability advocacy organisations, and representatives from the National Disability Advocacy Program.

Nominee: A person appointed under the NDIS to act on behalf of a participant, including plan nominees and correspondence nominees appointed by the NDIA.

5. Accessibility of the Complaints Process

Behavioural Edge Psychology is committed to ensuring the complaints process is accessible, culturally safe, and responsive to the needs of all clients, including people with disability. We provide the following accessibility supports:

5.1 Communication and Access Supports

- This policy is available in Easy Read format upon request
- Assistance to prepare and lodge a complaint is available for anyone who needs it, including help with reading, writing, or understanding the process
- Complaints may be made verbally (in person or by phone), in writing (email or letter), or through a representative

- We will arrange interpreter services (including Auslan interpreters) where needed, at no cost to the complainant
- Adjustments to the complaints process will be made for people who use augmentative and alternative communication (AAC) systems
- Information about the complaints process is provided to all clients at intake and is displayed in our practice waiting areas

5.2 Right to Use an Advocate

You have the right to involve an advocate at any stage of the complaints process. An advocate can help you prepare and lodge your complaint, attend meetings with you, and communicate on your behalf. Advocates may include:

- A disability advocate from the National Disability Advocacy Program (NDAP)
- A family member, carer, or trusted person
- A nominee appointed under the NDIS (plan nominee or correspondence nominee)
- A legal representative
- Any other person you choose to support you

For free, independent advocacy support you can contact:

- Disability Advocacy Victoria: (03) 9639 5807 or www.disabilityadvocacyvic.org.au
- National Disability Advocacy Program: www.dss.gov.au/disability-and-carers/programs-services/for-people-with-disability/national-disability-advocacy-program-ndap

6. How to Provide Feedback or Raise a Concern

6.1 Informal Feedback and Concerns

We encourage clients to share feedback or concerns directly with their treating psychologist. Many issues can be resolved quickly through open communication. You may:

- Raise the matter during a scheduled appointment
- Contact your psychologist by phone or email
- Request a specific appointment to discuss your concerns

If you prefer not to speak directly with your psychologist, or if the concern involves your psychologist's conduct, you may contact our Practice Manager or Principal Psychologist.

6.2 Making a Formal Complaint

If your concern cannot be resolved informally, or if you wish to make a formal complaint, you may do so using any of the following methods:

Written Complaint:

Email: sarah.fischer@behaviouraledgepsychology.com

In Person:

Request a meeting with the Principal Psychologist at our practice location

By Telephone:

Phone: 03 8771 4315 and ask to speak with the Principal Psychologist

6.3 Complaints About the Principal Psychologist

Where a complaint relates to the conduct or services of the Principal Psychologist (Dr Sarah Fischer), an independent complaints pathway is available to ensure impartiality. Complaints about the Principal Psychologist will be managed by an appointed external clinical supervisor or independent complaint handler. The current appointed independent complaint handler is:

[Name and contact details of external supervisor/complaint handler to be inserted]

You may also make a complaint directly to any of the external bodies listed in Section 11 of this policy.

6.4 Information to Include in Your Complaint

To help us investigate and resolve your complaint effectively, please provide:

- Your full name and contact details
- The name of the psychologist or staff member involved (if applicable)
- Details of what happened, including dates and times where possible
- How the issue has affected you
- What outcome or resolution you are seeking
- Any supporting documentation (if available)

Note: If you require assistance to make a complaint due to language barriers, disability, communication needs, or other access requirements, we will provide appropriate support at no cost. Please contact our office to arrange assistance or ask an advocate or nominee to contact us on your behalf.

7. Our Complaints Handling Process

7.1 Acknowledgement (Within 2 Business Days)

In accordance with the AHPRA shared Code of Conduct, we will acknowledge your complaint within 2 business days of receipt. Our acknowledgement will include:

- Confirmation that we have received your complaint
- A unique reference number for your complaint
- The name and contact details of the person handling your complaint

- An outline of the complaints process and expected timeframes
- Information about your rights, access to advocacy, and external complaint pathways

7.2 Initial Assessment and Triage (Within 5 Business Days)

We will conduct an initial assessment to:

- Determine the nature and severity of the complaint
- Identify whether immediate action is required to prevent harm
- Assess whether the complaint involves or constitutes a reportable incident under NDIS rules (see Section 8)
- Establish the appropriate investigation pathway
- Determine if external reporting is required (e.g., mandatory reporting to AHPRA, notification to the NDIS Commission)
- Consider whether the complaint can be resolved through early resolution processes

7.3 Investigation Process

Standard Investigation (15–30 Business Days)

For most complaints, we will:

1. Gather all relevant information, including client records, staff accounts, and supporting documentation
2. Interview the practitioner and any relevant witnesses
3. Review applicable policies, procedures, and professional standards
4. Analyse the information against the specific allegations
5. Seek external advice or supervision where necessary
6. Determine findings and appropriate actions

Complex Investigation (30–60 Business Days)

For serious or complex complaints (e.g., allegations of harm, boundary violations, or professional misconduct), we may engage an independent external investigator. You will be notified if this is necessary.

Progress Updates

We will provide you with progress updates at least every 10 business days during the investigation. If unexpected delays occur, we will notify you promptly and explain the reasons.

7.4 Outcomes and Resolution

Following our investigation, we will provide you with a written outcome that includes:

- A summary of the investigation process
- Our findings regarding each aspect of your complaint
- An explanation of how we reached our conclusions

- Actions taken or proposed to address the issues raised
- An apology where appropriate
- Information about review or appeal options if you are dissatisfied with the outcome

Possible Outcomes:

- Complaint substantiated: Actions will be taken to address the issue and prevent recurrence
- Complaint partially substantiated: Some aspects upheld, with targeted remedial actions
- Complaint not substantiated: Insufficient evidence to support the allegations, with explanation provided
- Alternative resolution: Matter resolved through mediation, apology, or another agreed outcome

8. Complaint-to-Incident Triage Pathway

Some complaints may reveal circumstances that constitute a reportable incident under the NDIS (Reportable Incidents) Rules 2018. This section describes how complaints are triaged to determine whether incident management and NDIS Commission notification obligations are triggered.

8.1 Reportable Incident Categories

The following categories of incidents involving NDIS participants must be reported to the NDIS Quality and Safeguards Commission:

- The death of a person with disability
- Serious injury of a person with disability
- Abuse or neglect of a person with disability
- Unlawful sexual or physical contact with, or assault of, a person with disability
- Sexual misconduct committed against, or in the presence of, a person with disability
- Unauthorised use of a restrictive practice in relation to a person with disability

8.2 Triage Process

At the initial assessment stage (Section 7.2), all complaints are assessed against the reportable incident categories above. Where a complaint involves an NDIS participant and the allegations, if substantiated, could constitute a reportable incident, the following process applies:

MANDATORY REPORTING TIMEFRAMES

Within 24 hours: Initial notification to the NDIS Quality and Safeguards Commission via the NDIS Commission portal.

Within 5 business days: Detailed written report submitted to the NDIS Commission including the circumstances of the incident, actions taken, and any impact on the participant.

Ongoing: Final report submitted upon conclusion of the investigation, including outcomes and preventive measures implemented.

8.3 Immediate Safety Actions

Where a complaint reveals an immediate risk to participant safety, we will take immediate protective action regardless of whether the complaint is yet substantiated. This may include:

- Ensuring the immediate physical and psychological safety of the participant
- Contacting emergency services (000) if there is an imminent threat to life
- Suspending the practitioner from practice pending investigation
- Implementing additional supervision or restrictions on practice
- Notifying the participant's support coordinator, nominee, or guardian as appropriate

8.4 Information Sharing During Investigations

During the investigation of a complaint involving an NDIS participant, Behavioural Edge Psychology may be required to share relevant information with the NDIS Quality and Safeguards Commission, the participant's support coordinator, plan manager, or the NDIA. Information sharing will be conducted in accordance with the Privacy Act 1988 and the NDIS Act 2013, and will be limited to information that is reasonably necessary for the purpose of ensuring participant safety and quality of supports. The participant (or their nominee) will be informed about any information shared, unless doing so would compromise the safety of any person.

9. Principles of Fair Complaints Handling

All complaints will be managed in accordance with the following principles:

Accessibility: Multiple channels for making complaints; proactive assistance provided for people with disability, communication needs, or other access requirements.

Responsiveness: Timely acknowledgement and handling within stated timeframes.

Objectivity: Fair and impartial assessment based on evidence. Where a conflict of interest exists, an independent party will manage the complaint.

Confidentiality: Information shared only on a need-to-know basis and in accordance with privacy legislation and NDIS requirements.

Transparency: Clear information about the process, timeframes, and decision-making.

Natural Justice: All parties given the opportunity to respond; decisions based on evidence.

No Retaliation: Complainants will not face adverse consequences for making a complaint in good faith. Making a complaint will not affect the quality or continuity of supports received.

Continuous Improvement: Complaints inform service improvements, risk management, and clinical governance.

10. Your Rights and Protections

10.1 Your Rights as a Complainant

You have the right to:

- Have your complaint taken seriously and handled professionally
- Be treated with respect and dignity throughout the process
- Receive timely updates about the progress of your complaint
- Have your complaint investigated impartially and objectively
- Receive a written response explaining the outcome
- Have your privacy and confidentiality protected
- Use an advocate, nominee, or support person at any stage of the process
- Withdraw your complaint at any time (though this may not stop an investigation if serious concerns have been identified)
- Escalate your complaint to external bodies at any time, either instead of or in addition to our internal process
- Complain directly to the NDIS Quality and Safeguards Commission at any time without needing to raise the complaint with us first

10.2 Protection from Retaliation

Behavioural Edge Psychology strictly prohibits any form of retaliation, victimisation, or adverse treatment of clients who make complaints in good faith. Making a complaint will not affect the quality of care or supports you receive. If you believe you have experienced retaliation, please report this immediately to the Principal Psychologist (or the independent complaint handler if the complaint involves the Principal Psychologist), or directly to AHPRA or the NDIS Commission.

11. External Complaint Pathways

You have the right to make a complaint to external bodies at any time, either instead of or in addition to lodging a complaint with us. You do not need to raise a complaint with us first before contacting an external body.

Organisation	Jurisdiction	Contact Details
NDIS Quality and Safeguards Commission	Complaints about NDIS supports and services, including quality, safety, and	Phone: 1800 035 544 Web: www.ndiscommission.gov.au Online: Lodge a complaint via the website

	breaches of the NDIS Code of Conduct	
Australian Health Practitioner Regulation Agency (AHPRA)	Professional conduct, competence, and health issues of registered psychologists	Phone: 1300 419 495 Web: www.ahpra.gov.au Online: Lodge notification via website
Health Complaints Commissioner (Victoria)	All health service complaints in Victoria	Phone: 1300 582 113 Web: www.hcc.vic.gov.au
Australian Psychological Society (APS)	Ethical complaints about APS members	Phone: (03) 8662 3300 Web: www.psychology.org.au Email: ethics@psychology.org.au
Office of the Australian Information Commissioner (OAIC)	Privacy complaints and data breach issues	Phone: 1300 363 992 Web: www.oaic.gov.au

Note: The table above lists Victoria-specific health complaints bodies. If you are located in another state or territory, please contact your local health complaints entity. Details can be found at www.ahpra.gov.au under 'Raise a Concern'.

12. Serious Allegations and Mandatory Reporting

12.1 Immediate Risk Management

Where a complaint alleges serious harm or poses an immediate risk to client safety, we will take immediate action, which may include:

- Suspending the practitioner from practice pending investigation
- Implementing additional supervision or restrictions on practice
- Notifying professional indemnity insurers
- Reporting to AHPRA, the NDIS Commission, or other regulatory bodies as required
- Notifying the participant's nominee, guardian, support coordinator, or plan manager as appropriate

12.2 Mandatory Reporting Obligations

In accordance with the Health Practitioner Regulation National Law, we have mandatory reporting obligations when there is a reasonable belief that:

- A practitioner has behaved in a way that constitutes a significant departure from professional standards
- A practitioner has placed the public at risk of harm because they have practised while intoxicated
- A practitioner has placed the public at serious risk because of impairment
- A practitioner has been charged with or convicted of a serious offence

If mandatory reporting is required, we will notify you that a report has been made to AHPRA, except where doing so would place you or others at risk.

12.3 NDIS Reportable Incidents

Where a complaint involves an NDIS participant and meets the threshold for a reportable incident (as defined in Section 8.1), the complaint-to-incident triage pathway in Section 8 will be activated, including the mandatory 24-hour notification to the NDIS Commission.

12.4 Child Safety and Protection

All psychologists and staff have obligations under state and territory child protection legislation to report suspected child abuse or neglect. These reports will be made to the relevant state child protection authority and may be made without obtaining parental consent where there are reasonable grounds to suspect a child is at risk of harm.

13. Support During the Complaints Process

We understand that making a complaint can be stressful. The following support is available:

13.1 Continuity of Care

If your complaint involves your treating psychologist, we will discuss options for continuity of care, which may include:

1. Continuing with your current psychologist if you are comfortable doing so
2. Transferring to another psychologist within our practice
3. Facilitating an external referral if preferred

For NDIS participants, any changes to service provision will be communicated to your support coordinator or plan manager (with your consent) to ensure continuity of your supports.

13.2 Independent Support and Advocacy

You may wish to seek independent support or advocacy. Available resources include:

- The Health Complaints Commissioner in your state or territory
- Disability advocacy organisations (see Section 5.2 for details)
- The NDIS Quality and Safeguards Commission (1800 035 544)
- A legal representative of your choice

13.3 Communication Preferences

Please let us know your preferred method of communication (phone, email, written correspondence, in-person) and any accessibility requirements, and we will accommodate your preferences wherever possible.

14. Record Keeping and Documentation

We maintain comprehensive records of all complaints, including:

- Date and method of receipt
- Details of the complaint and parties involved
- All communications and correspondence
- Investigation notes and evidence collected
- Findings and outcomes
- Actions taken and follow-up measures
- Whether the complaint triggered the incident management pathway and any NDIS Commission notifications made

Complaint records are maintained separately from client health records in a secure, confidential complaints register. These records are retained for a minimum of 7 years in accordance with AHPRA guidelines and NDIS record-keeping requirements.

15. Learning and Continuous Improvement

We are committed to learning from complaints and using them to improve our services. Our approach includes:

15.1 Quarterly Review

All complaints are reviewed quarterly by the Principal Psychologist (or in conjunction with the clinical supervisor where relevant) to identify trends, systemic issues, and opportunities for improvement. The quarterly review includes:

- Analysis of complaint categories, sources, and outcomes
- Identification of recurring themes or systemic issues
- Review of response timeframes and process effectiveness
- Development of action items to address identified issues

A summary of quarterly review findings and actions is documented in the practice's Clinical Governance Register and discussed during clinical supervision sessions.

15.2 Policy and Procedure Updates

Policies and procedures are updated in response to lessons learned from complaints.

15.3 Staff Training

Training programs incorporate insights from complaints to enhance professional practice and prevent recurrence.

15.4 Quality Assurance

Complaint data informs our quality assurance and risk management processes, including the practice risk register.

16. Policy Review and Updates

This policy is reviewed annually or following any significant complaint, regulatory change, or identified gap in our processes. Reviews consider:

- Changes to legislation and regulatory requirements (including NDIS Practice Standards updates)
- Feedback from clients, participants, and staff
- Complaints data and trends from quarterly reviews
- Best practice guidelines and industry standards
- Recommendations from external reviews, audits, or NDIS Commission guidance

17. Contact Information

For Questions About This Policy:

Behavioural Edge Psychology

Phone: 03 8771 4315

Email: sarah.fischer@behaviouraledgepsychology.com

To Make a Complaint Directly to the NDIS Commission:

Phone: 1800 035 544

Web: www.ndiscommission.gov.au

Acknowledgement

This policy has been developed in accordance with:

- AHPRA shared Code of Conduct (June 2022)
- Australian Psychological Society Code of Ethics (2007) and APS Standards of Conduct
- Health Practitioner Regulation National Law Act 2009
- AS/NZS 10002:2022 Guidelines for complaint management in organisations
- Privacy Act 1988 (Cth) and Australian Privacy Principles
- Health Records Act 2001 (Vic)
- National Disability Insurance Scheme Act 2013 (Cth)
- National Disability Insurance Scheme (Code of Conduct) Rules 2018 (Cth)
- National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018 (Cth)
- National Disability Insurance Scheme (Reportable Incidents) Rules 2018 (Cth)
- NDIS Practice Standards and Quality Indicators

Document Control

Version	Date	Author	Changes
1.0	December 2025	Dr Sarah Fischer	Initial policy

Next Review: December 2027