



COMPLAINTS PROCEDURE

1. INTRODUCTION

The Muscular Dystrophy Association of Western Australia Inc. (the Association) has adopted the complaints procedure to ensure that there is a fair process for handling complaints that may arise from the work of Muscular Dystrophy WA. It aims to provide an efficient, clear, non-threatening, fair and accessible mechanism for dealing with problems which arise that are in breach of the Code of Conduct or any of the Associations' Policies.

Any person who has dealings with the Association can make a complaint through the Complaint Procedure. This includes: members, Board members, reference group members, advocates, employees, service providers, agencies and any other people who rely on the Association for advice.

2. FACING THE ISSUE

Where possible, it is suggested that an aggrieved person speak directly to the person concerned to try and resolve the issue. The stakeholder should explain the behaviour that they consider to be offensive to the person concerned.

Where possible, the aggrieved person should communicate that the behaviour is unwelcome and offensive and that it should stop. Should a person not feel comfortable in discussing the issue with the other person involved, the CEO should be approached to report the issue.

In cases when the 'other person' is the CEO, the President and/or other member of the Board should be approached to report the issue.

3. HOW TO REPORT THE ISSUE

The stakeholder should approach the CEO.

The CEO will then either undertake a formal or informal complaints procedure depending upon the nature of the complaint and the desired outcome of the complainant.

A. INFORMAL COMPLAINT

Once the stakeholder has lodged an informal complaint, the CEO will communicate with the individual concerned and attempt to resolve the issue and move forward.

B. FORMAL COMPLAINT

Once the stakeholder has lodged a formal complaint, the CEO will assist in facilitating a resolution to the situation which may result in a workplace investigation taking place.



**Muscular
Dystrophy WA**

C. EXTERNAL COMPLAINT

Whilst an employee may seek information/resolution from external agencies such as the Equal Opportunity Commission or the Human Rights and Equal Opportunity Commission at any stage of the process, all employees are encouraged to seek resolution of any issue of this nature internally prior to seeking any outside intervention.

An employee should not be penalised or victimised for making a complaint. Wherever possible, the Association will make every effort to maintain confidentiality of any complaint with only those persons who need to know about the actual complaint being privy to the nature of the complaint.

Should an employee make a complaint, the Association will make every effort to deal with the complaint and where necessary investigate the nature of the complaint in a prompt and impartial manner.

The Board reserves the right to alter the order of the complaint procedure and reserves the right not to follow the above sequence where deemed necessary by the Board in individual circumstances. The Board will seek advice and recommendations from the CEO regarding any changes to the procedure.

If an employee is not satisfied with the outcome of a complaint that has been made in accordance with this policy, further contact should be made with the President of the Board of the Association.



COMPLAINTS FORM - A. INFORMAL COMPLAINT

| | | |
|---------------------------------|---|-----------------|
| CEO Name | | Date: / / |
| Complainant's Name | Over 18 Under 18 | |
| Role/status with MDWA | Volunteer Member Employee Parent Service Provider or Other Agency | |
| Location/event of alleged issue | | |
| Facts as stated by complainant | | |



| | |
|---|---|
| <p>Nature of complaint (category/basis/grounds)</p> <p>Can tick more than one box</p> | <p>Harassment or Discrimination Sexual/sexist Selection dispute Sexuality Personality clash Race Bullying Religion Verbal abuse Pregnancy Physical abuse Disability Victimization Child Abuse</p> |
| <p>Feelings expressed by complainant</p> <p>(completing this may help to separate emotional content from facts)</p> | |
| <p>What they want to happen to fix issue</p> | |
| <p>What information I provided</p> | |
| <p>What they are going to do now</p> | |

This record and any notes must be kept in a confidential place – do not enter it on a computer system. If the issue becomes a formal complaint, this record is to be sent to the Member Services Manager.



COMPLAINTS FORM - 1.2. FORMAL COMPLAINT

| | | |
|---------------------------------|---|-----------------|
| CEO Name | | Date: / / |
| Complainant's Name | Over 18 Under 18 | |
| Role/status with MDWA | Volunteer Member Employee Parent Service Provider or Other Agency | |
| Location/event of alleged issue | | |
| Facts as stated by complainant | | |



| | | | | | | | | | | | | | | | | | |
|---|---|---------------|----------------|---------------|-------------------|-----------|-------------------|------|----------|----------|--------------|-----------|----------------|------------|---------------|-------------|--|
| <p>Nature of complaint (category/basis/grounds)</p> <p>Can tick more than one box</p> | <table border="0"> <tr> <td>Harassment or</td> <td>Discrimination</td> </tr> <tr> <td>Sexual/sexist</td> <td>Selection dispute</td> </tr> <tr> <td>Sexuality</td> <td>Personality clash</td> </tr> <tr> <td>Race</td> <td>Bullying</td> </tr> <tr> <td>Religion</td> <td>Verbal abuse</td> </tr> <tr> <td>Pregnancy</td> <td>Physical abuse</td> </tr> <tr> <td>Disability</td> <td>Victimisation</td> </tr> <tr> <td>Child Abuse</td> <td></td> </tr> </table> | Harassment or | Discrimination | Sexual/sexist | Selection dispute | Sexuality | Personality clash | Race | Bullying | Religion | Verbal abuse | Pregnancy | Physical abuse | Disability | Victimisation | Child Abuse | |
| Harassment or | Discrimination | | | | | | | | | | | | | | | | |
| Sexual/sexist | Selection dispute | | | | | | | | | | | | | | | | |
| Sexuality | Personality clash | | | | | | | | | | | | | | | | |
| Race | Bullying | | | | | | | | | | | | | | | | |
| Religion | Verbal abuse | | | | | | | | | | | | | | | | |
| Pregnancy | Physical abuse | | | | | | | | | | | | | | | | |
| Disability | Victimisation | | | | | | | | | | | | | | | | |
| Child Abuse | | | | | | | | | | | | | | | | | |
| <p>Methods (if any) of attempted informal resolution</p> | | | | | | | | | | | | | | | | | |
| <p>Support person (if any)</p> | | | | | | | | | | | | | | | | | |
| <p>Formal resolution procedures followed (outline)</p> | | | | | | | | | | | | | | | | | |
| <p>If investigated: Finding -</p> | | | | | | | | | | | | | | | | | |
| <p>If went to hearing tribunal: Decision -</p> <p>Action recommended -</p> | | | | | | | | | | | | | | | | | |



| | |
|--|---|
| If mediated: Date of mediation - Were both parties present - Terms of Agreement - Any other action taken | |
| If went to appeals tribunal: Decision Action recommended | |
| Resolution | Less than 3 months to resolve Between 3 – 8 months to resolve More than 8 months to resolve |
| Completed by | Name: Position in TFA: Signature: _____ Date: / / |
| Signed by: | Complainant: Respondent: |

This record and any notes must be kept in a confidential place. If the complaint is of a serious nature, or is escalated to and/or dealt with at the Board Level.