

Complaints Handling Policy



What it's about

This policy sets out VMIA's approach to managing complaints about our services. We genuinely welcome feedback as an opportunity to improve our clients' experience with us.

Our guiding principles

- 1. Commitment** - We take all complaints seriously and will resolve issues as quickly as possible in accordance with our *Client Charter*:
 - a. We put our clients at the centre of everything we do and offer comprehensive, personalised and easy to use services.
 - b. We get to know your organisation and bring insight and best practice to the complex issues you face.
 - c. We help you optimise your risk and insurance, so you can save time and money.
 - d. We listen to you and will always let you know what the next step is.
 - e. We are available 24/7 to get you up and running as quickly as possible.
 - f. We offer expert knowledge to help you prevent and recover from harm.
- 2. Accessibility** - We will actively assist people to navigate our complaints processes. We seek to make our complaints process accessible.
- 3. Transparency** - We make it clear how to lodge a complaint and how the complaint will be handled. The steps taken to respond to a complaint are recorded and will stand up to scrutiny.
- 4. Objectivity and fairness** - We will manage complaints courteously impartially and within established timeframes. All complaints are assessed on merit.
- 5. Privacy** - We handle complaints in confidence and in accordance with privacy and other relevant legislation.
- 6. Accountability** - We are accountable internally and externally for the decisions we make and our complaints handling performance. We provide explanations and reasons for our decisions which are subject to appropriate review processes.
- 7. Continuous improvement** - We have established procedures for analysing and sharing feedback to identify opportunities for improvement.

Complaints

A complaint for VMIA is an expression of dissatisfaction about the conduct of, or service provided by VMIA and its staff and representatives including:

- The quality of an action taken, decision made or service provided; or
- An unreasonable delay or failure in providing a service, taking an action, or making a decision (including claims decisions).

VMIA is the Victorian Government's insurer and risk adviser

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How to make a complaint

You can lodge a complaint via the [Feedback](#) section on the VMIA website or by calling 03 9270 6900. We will acknowledge receipt of your complaint and provide an outline of timeframes for feedback within two business days.

Our approach to complaints handling

Overview

We take a three tiered approach to complaint handling (except for complaints about claims decision), as follows:

1. **Frontline resolution:** frontline staff receive the complaint, assess it, and resolve it immediately, if possible.
2. **Escalation if required:** if frontline staff cannot resolve your complaint, they will refer it to a Manager for further investigation. The Manager or Chief Officer will provide you with a written decision about your complaint with reasons.
3. **External review:** If you are dissatisfied with the process or outcome you may seek external reviews. As noted above the outcome letter will advise you of any avenues of external reviews available in relation to your complaint. You may access an external review at any point during the review process.

Complaints about DBI and Insurance Services claims decisions

The approach to complaint handling for DBI and Insurance Services claims decisions is as follows:

1. **DBI claims decisions** – The escalation and review process is detailed in the DBI claims decision letters issued by the DBI claims team.
2. **Insurance Services claims decision** – The escalation and review process for claims decisions is detailed in the attached VMIA's *Insurance Services Internal Review of Claims Decision Procedure*.

Timeframes

We will aim to resolve all complaints within 28 days. If it takes longer than 28 days to resolve your complaint, we will contact you prior to or at this time and explain why. If a Manager or Chief Officer can't resolve a complaint in 28 days, they may re-allocate it to ensure you receive a decision as quickly as possible.

Remedies

Where we have found that we have made an error, we will take steps to redress the situation. Possible remedies include:

- An apology;
- An explanation of why the error occurred and the steps taken to prevent it happening again;
- A reversal of a decision;
- Disciplinary action taken against a staff member;
- Providing the means of redress requested by the complainant.

Privacy

When gathering information to respond to a complaint, we will only:

- Use it to deal with the complaint or address systemic issues arising from the complaint;
- Disclose it in a de-identified format when disclosing data to the public;
- Share it with staff on a need-to-know basis.

Recording complaints

All complaints are recorded in our complaints register.

We analyse our complaint data and provide reports to our CEO and Audit Committee. This information helps us use complaints to improve our practices and service and reduce complaints in the future.

We record the following information for each complaint:

- The complainant's details;
- The date the complaint was received;
- A description of the complaint;
- The complainant's desired outcome (if known);
- Any action taken, including contact with the complainant, response times and the outcome;
- When the complaint was finalised;
- Any recommendations for improvement, and who is responsible for implementing them.

Any queries regarding the recording of complaints should be directed to VMIA's Corporate Counsel & Corporate Secretary.

Reporting on performance

To measure our performance, we measure the following key performance indicators:

- Complaints upheld, partially upheld, not upheld;
- Performance against timelines (average time to respond);
- Number of changes made to services as a result of complaints;
- Customer satisfaction with complaint handling system;
- Complaints escalated to the Victorian Ombudsman, where the Ombudsman has disagreed with our decision or made recommendations for us to take action or change our processes.

Need more information?

For more information contact the Corporate Counsel & Corporate Secretary on 03 9270 6900.

VMIA Insurance Services Internal Review of Claims Decision Procedure



What it's about

This procedure details the process VMIA will follow in response to a request for internal review of a claim decision made by the Insurance Services claims team.

Our guiding principles

The basic principles that apply to a request for internal review of a claim decision includes:

- **Escalation:** If you are dissatisfied with the review of the decision by the claims handler you can request review by the Head of Claims and the Chief Insurance Officer.
- **Transparency:** We will make it clear how to lodge your request for a review of a claim decision and the steps that we will take for the review.
- **Timeliness:** We will provide you with timelines within which the reviews will be conducted.

How to request an internal review

You can lodge a request for an internal review of a claims decision by contacting the Head of Claims on 03 9270 6924.

What's expected

We will take the following approach to your request for internal review of a claim decision:

1. The VMIA claims handler will record your request for a review of the claim decision on the claim file and acknowledge receipt of your request (within two business days).
2. If you have provided additional information in support of your request, this will be reviewed by the claim handler who, in the first instance, may decide to overturn or amend the original decision. If you have not provided additional information the file will be referred to the Head of Claims. The referral to the Head of Claims will take place within 10 business days of receipt of your request
3. The Head of Claims will review the decision made by the claims handler and will review the original decision and make a decision to affirm, amend or overturn the original decision. The Head of Claims will then respond to you request within 14 business days.
4. If you are dissatisfied with the process or the outcome of the internal review of the claim decision you can request a further review. Requests should be directed to the Chief Insurance Officer who will review the decision made by the Head of Claims and respond to your request within 10 business days.
5. If you are an unrepresented third-party claimant and are unhappy with the claim decision and the internal review of the decision, then you are encouraged to exercise your external right to challenge the decision. You can contact the Law institute of Victoria for a referral to a lawyer on 03 9607 9311. Alternatively, you may be entitled to free legal advice from Legal Aid on 1300 792 387 provided you qualify for their service. Any advice you receive will be personal to you and will not bind VMIA. Depending on your financial circumstances, VMIA may at its discretion, agree to reimburse to you the reasonable costs associated with you obtaining preliminary legal advice on your external rights and on your prospects of successfully challenging the VMIA claim decision.

6. If the internal review is not completed or expected to be completed within any of the time frames detailed in this procedure, we will contact you to inform you when you can expect to receive a response.

Need more information?

For more information contact the VMIA Insurance Services Claims team on 03 9270 6924.