

Complaints Handling and Whistleblower Policy

Policy no: 042

Version 3

Approved on: 22 August 2024

Approved by: Health Equity Matters Board

1. Purpose

Health Equity Matters is committed to being accountable to the communities it is part of, works with, represents and serves, in line with its values. It recognises the value of listening and responding to feedback and complaints to enable its programs and all areas of operation to meet minimum quality standards and be accountable to the people they work with and support.

This policy aims to:

- outline an effective complaint handling system;
- recognise, promote and protect an individual or external organisation's right to raise their concerns about their dealings with Health Equity Matters;
- communicate Health Equity Matters' complaints handling process to all external stakeholders; and
- support the monitoring of complaints to enable Health Equity Matters to improve the quality of its work.

With respect to Health Equity Matters' whistleblowing obligations, the purpose of this policy is to:

- provide an efficient, fair and accessible avenue for raising complaints about any aspect of Health Equity Matters' work, including any form of misconduct by:
 - Health Equity Matters Personnel, including Board and Committees members, staff employed in Australia and by the AFAO Foundation, volunteers, contractors and consultants; and
 - Health Equity Matters Partners, including implementing partner organisations contracted by Health Equity Matters domestically or internationally, including their Board members, staff, volunteers, contractors, consultants and partners, while working on a Health Equity Matters program or project.
- encourage and require Health Equity Matters Personnel and Health Equity Matters Partners to report actions by Health Equity Matters Personnel or Health Equity Matters Partners that they reasonably believe violates a law or regulation, or constitutes any form of misconduct;
- deter wrongdoing by Health Equity Matters Personnel and Health Equity Matters Partners;
- ensure disclosures are dealt with appropriately and on a timely basis; and
- meet Health Equity Matters' legal obligations under the *Corporations Act 2001* (Cth).

2. Scope

The scope of this policy covers any complaints raised by:

- external individuals or organisations related to Health Equity Matters' Australian and international activities; and
- 'eligible whistleblowers' from Health Equity Matters Personnel, about the misconduct of any member(s) of Health Equity Matters Personnel and Health Equity Matters Partners.

Who is an 'eligible whistleblower'?

The following persons are capable of being an 'eligible whistleblower':

- an officer, employee or associate of Health Equity Matters; or
- a supplier of goods or services to Health Equity Matters (whether paid or unpaid) or an employee of a supplier.

An 'eligible whistleblower' also includes an individual who:

- previously held any of the above positions or functions; or
- is a relative, dependent or spouse of the individuals set out above.

What disclosures are protected?

An eligible whistleblower will be protected as a whistleblower where they have made a disclosure of information relating to a 'disclosable matter' directly to:

- an 'Eligible Recipient'; or
- the Australian Securities and Investments Commission (ASIC), a prescribed Commonwealth authority or a legal practitioner.

Public interest and emergency disclosures also qualify for protection.

An eligible whistleblower who makes a disclosure must have 'reasonable grounds to suspect' the information to qualify for protection.

Out of scope

Personal work-related grievances are outside the scope of this policy and are managed in accordance with the [Grievance Policy](#).

Complaints regarding child abuse and exploitation or sexual exploitation, abuse or harassment of an adult can be reported under this Policy and will be escalated immediately to the Health Equity Matters CEO. These matters will follow the Response and Reporting Guidelines described in the [Safeguarding Policy](#).

3. Definitions

Term	Definition
Complaint	An expression of dissatisfaction or concern regarding any aspects of Health Equity Matters' work, including the behaviour of any Health Equity Matters Personnel and Health Equity Matters Partners, or anyone else acting on Health Equity Matters' behalf, where a response or resolution may be explicitly or implicitly expected.
Complainant	A Health Equity Matters stakeholder making a complaint about Health Equity Matters, Health Equity Matters Personnel, or a Health Equity Matters Partner.
Disclosable matter	<p>Examples of misconduct include behaviour that:</p> <ul style="list-style-type: none"> • concerns misconduct or an improper state of affairs or circumstances in relation to Health Equity Matters; • indicates Health Equity Matters, or one of its officers or employees, has engaged in conduct that constitutes an offence against, or a contravention of the: <ul style="list-style-type: none"> ○ <i>Corporations Act 2001</i> (Cth); ○ <i>Australian Securities and Investments Commission Act 2001</i> (Cth); and any instrument made under these Acts; • constitutes an offence against or a contravention of any other law of the Commonwealth that is punishable by imprisonment for 12 months or more; or • represents a danger to the public or the financial system. <p>Disclosable matters do not necessarily involve a contravention of a law. For example, a disclosable matter could involve conduct that, whilst not unlawful, indicates a systemic issue of concern that the relevant regulator should know about to properly perform its functions. It may also relate to dishonest or unethical behaviour and practices, conduct that may cause harm, or conduct prohibited by standards or code(s) of conduct.</p>
Detriment and detrimental conduct	<p>Detrimental conduct includes:</p> <ul style="list-style-type: none"> • dismissal of an employee; • injury of an employee in his or her employment; • alteration of an employee's position or duties to his or her disadvantage; • discrimination between an employee and other employees of the same employer; • harassment or intimidation of a person; • harm or injury to a person, including psychological harm; • damage to a person's property; • damage to a person's reputation; • damage to a person's business or financial position; or • any other damage to a person.

Eligible Recipient	<p>An Eligible Recipient includes:</p> <ul style="list-style-type: none"> • an officer or senior manager of Health Equity Matters; • an auditor of Health Equity Matters; and • Health Equity Matters' Complaints and Whistleblower Protection Officer; or • any other person authorised by Health Equity Matters to receive disclosures that may qualify for protection.
Emergency disclosure	<p>An 'emergency disclosure' is the disclosure of information to a journalist or parliamentarian, where:</p> <ul style="list-style-type: none"> • the discloser has previously made a disclosure of the information to ASIC or another Commonwealth body prescribed by regulation; • the discloser has reasonable grounds to believe that the information concerns a substantial and imminent danger to the health or safety of one or more persons or to the natural environment; • before making the emergency disclosure, the discloser has given written notice to the body previously reported to; and • the extent of the information disclosed in the emergency disclosure is no greater than is necessary to inform the journalist or parliamentarian of the substantial and imminent danger.
Personal work-related grievances	<p>A disclosure is a personal work-related grievance if:</p> <ul style="list-style-type: none"> • the information concerns a grievance about a matter relating to the eligible whistleblower's employment, or former employment, having implications for the eligible whistleblower personally; and • the information: <ul style="list-style-type: none"> ○ does not have significant implications for Health Equity Matters, or another regulated entity, that do not relate to the discloser; and ○ does not concern conduct, or alleged conduct, in relation to a disclosable matter. <p>Examples of personal work-related grievances include:</p> <ul style="list-style-type: none"> • an interpersonal conflict between the discloser and another employee; • a decision relating to the employment, transfer or promotion of the discloser; • a decision relating to the terms and conditions of employment of the discloser; • a decision to suspend or terminate the employment of the discloser, or otherwise discipline the discloser. <p>These matters are managed in accordance with the Grievance Policy.</p>

Public interest disclosure	<p>A ‘public interest disclosure’ is the disclosure of information to a journalist or a parliamentarian, where:</p> <ul style="list-style-type: none"> • at least 90 days have passed since the discloser made the disclosure to ASIC or another Commonwealth body prescribed by regulation; • the discloser does not have reasonable grounds to believe that action is being, or has been taken, in relation to their disclosure; • the discloser has reasonable grounds to believe that making a further disclosure of the information is in the public interest; and • before making the public interest disclosure, the discloser has given written notice to the original disclosing body.
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4. Policy Statement

Health Equity Matters is committed to ensuring that complaints, reports of misconduct, and disclosures about disclosable matters are handled promptly, discretely, fairly, effectively and respectfully.

5. Communication and Awareness-Raising

Health Equity Matters ensures that stakeholders are aware of this Policy by promoting it on its website, in its annual report, and in partnership agreements. Health Equity Matters works with Health Equity Matters Partners to ensure local feedback and complaints processes are promoted with local communities participating in and benefiting from Health Equity Matters-supported programs.

Health Equity Matters provides induction briefings to all Health Equity Matters Personnel to ensure they know about and understand this Policy, and to Health Equity Matters Partners at the commencement of engagement and in partnership agreement discussions.

6. General Complaints Handling Procedures

The following procedures apply to external people wishing to lodge a complaint that does not relate to a disclosable matter.

Health Equity Matters’ Complaints and Whistleblower Protection Officer assumes responsibility for managing all complaints through to completion.

6.1 Guiding Principles

Accountability: Health Equity Matters recognises and promotes the rights of its stakeholders and its own personnel to comment on and raise concerns about its work and have those effectively addressed.

Accessibility: This Policy is available on Health Equity Matters’ website, and promoted to Health Equity Matters Partners, and external stakeholders, in the most appropriate and accessible ways.

Confidentiality:	Complaints are handled discreetly and confidentially, and associated documents are held in a safe and secure place.
Procedural Fairness:	Complaints are handled impartially and, in an evidence-based way that is free of bias, irrespective of who is making the complaint or the subject or nature of the complaint.
Responsiveness:	Complaints are acknowledged and managed as promptly as possible, and complainants kept informed of expected timeframes.
Person-centred:	Complaints handling processes consider the needs and preferences of the complainant and any support needs.
Equality:	Complaints are managed in a consistent and non-discriminatory manner, without regard to a complainant's age, gender, sexuality, ethnicity, or cultural background.
Respect:	Complainants are treated with dignity and respect and their concerns are taken seriously.

6.2 Making a Complaint

To make a complaint, people can contact:

Health Equity Matters' Complaints and Whistleblower Protection Officer

E-mail: complaints@healthequitymatters.org.au

Phone: +61 2 9557 9399

Address: Level 3, 414 Elizabeth Street, Surry Hills NSW 2010, Australia

Alternatively, complaints can be made to any Health Equity Matters staff or Board members, and any complainant should explain that they wish the matter to be treated as a complaint and investigated.

If people are providing complaints in writing, please include as much information as possible, including:

- name and contact details;
- details of the concerns, including the location of any incident and the people involved;
- the facts leading to the complainant's belief that a breach has occurred; and
- how the complainant would like Health Equity Matters to resolve these concerns.

Anonymous complaints can be made but Health Equity Matters' ability to investigate them may be limited due to an inability to seek critical information beyond that initially provided. In the event wrongdoing is confirmed, anonymous reporting can limit Health Equity Matters' ability to provide a remedy to an individual.

Health Equity Matters Personnel and Health Equity Matters Partners who hold a concern about misconduct by a Health Equity Matters Personnel or Health Equity Matters Partner member, but lack evidence, are encouraged and required to report their concerns.

In addition, Health Equity Matters is a member of the Australian Council for International Development (ACFID) and a signatory to its Code of Conduct. Complaints regarding an alleged breach by Health Equity Matters of the [ACFID Code of Conduct](#) can be made directly to the ACFID Code of Conduct Committee as follows:

Complaints to ACFID should be marked 'confidential' and sent to:

Chair, ACFID Code of Conduct Committee

Email: code@acfid.asn.au

Address: Private Bag 3, Deakin ACT 2600, Australia

Information about ACFID's handling of complaints is available at: <https://acfid.asn.au/content/complaints>

6.3 Acknowledging and Triaging Complaints

All complaints will be acknowledged in writing **within three working days**, and an expected timeframe on the complaints handling process and a copy of this policy will be provided to the complainant.

If the complaint relates to Health Equity Matters' Complaints and Whistleblower Protection Officer, a position held by Health Equity Matters' CEO, the President will handle the complaint.

Complaints of a more straightforward nature can be resolved quickly. For example, a telephone complaint that can be responded to in an initial call, or a written complaint that arises from a misconception that can readily be corrected. These matters will be recorded and included in related reporting to the Board.

Where a serious allegation is identified, Health Equity Matters will:

- immediately advise the CEO of the complaint (including all safeguarding complaints) for guidance as to appropriate handling. Health Equity Matters' CEO will advise Health Equity Matters' President and agree with the President on the appropriate reporting of the matter to the Health Equity Matters Board;
- consider referral of serious allegations to the police, and any other appropriate authorities;
- consider the support needs of the complainant and any referrals to support services;
- consider notifications to donors and regulators, in line with Health Equity Matters' reporting obligations; and
- conduct its own investigation of the allegations.

6.4 Conducting an Initial Review of Complaints

Health Equity Matters' Complaints and Whistleblower Protection Officer will undertake an initial review of the complaint as soon as possible, and **within ten working days** from receipt of the complaint.

The review will assess relevant issues and determine how the matter will be handled, including:

- determining whether the matter will be treated as a complaint;
- assessing the nature of the matter against the following criteria:
 - severity;
 - health (including mental health) and safety implications;
 - financial implications for the complainant or others;
 - complexity;
 - impact on the individual, public and Health Equity Matters;

- potential to escalate;
- systemic implications;
- the need for, and possibility of, immediate action.
- considering options for investigation of the matter;
- updating the complainant at the end of this initial review to advise of the outcome and seek their views, including if the matter will not be treated as a complaint, and instead handled in another way.

At this point in the process, some complaints will be resolved, and others may be rejected where deemed to be frivolous, capricious or vexatious.

Where a complaint is deemed to be outside Health Equity Matters' jurisdiction, Health Equity Matters will advise the complainant and provide assistance in identifying a more appropriate organisation or authority to handle the matter.

Where a matter is deemed to be a serious allegation, a whistleblower disclosure or where a matter is complex and requires further handling, the procedure identified at section 8 below will be followed.

7. Confidential Document Management and Quality Improvement

Health Equity Matters' Complaints and Whistleblower Protection Officer maintains Health Equity Matters' complaints and eligible disclosure documentation, and monitors complaints and any trends, to identify potential organisational improvements. Proposed changes aimed at strengthening Health Equity Matters systems and practices are discussed and approved by the Management Team, and then actioned.

All records of complaints are securely stored online in restricted access areas of Health Equity Matters' network.

A Complaints Register is maintained which includes de-identified information of all complaints raised, and which can be drawn on for internal reporting purposes.

The relevant Board Committees and Board are updated on the overall number and trends of complaints on a regular basis, and on specific high-risk matters escalated to them for input and oversight, as required.

8. Whistleblower Handling Procedure

The procedures for handling whistleblowing disclosures raised by Health Equity Matters Personnel are in line with the requirements of the *Corporations Act 2001* (Cth) (the **Act**), the *Corporations Regulations 2001* (the Regulations) and related ASIC guidance. Health Equity Matters also recognises its duty of care to personnel who are required to report concerns of misconduct by ensuring they are protected from retaliation.

Health Equity Matters ensures that any whistleblower discloser who has acted in good faith on reasonable grounds and complied with this Policy in making a report:

- does not suffer from any employment-related disadvantage, detriment, or other form of retaliatory action;
- will have their wish for confidentiality honoured, except where Health Equity Matters is prevented by law from doing so;
- is provided with any support required; and

- is not necessarily absolved from the consequences of any personal involvement in the matter reported.

A whistleblower discloser who believes that they are the subject of retaliation or detrimental conduct for making a report, should immediately report the perceived breach of this Policy.

Any member of Health Equity Matters Personnel who retaliates against a whistleblower discloser who has made a report of an eligible disclosure in good faith or cooperated in the investigation of this matter, may be subject to discipline, including termination of employment, volunteer or contractor status.

8.1 How to Make a Disclosure

Whistleblower disclosers can report their concerns to the following:

Complaints and Whistleblower Protection Officer (CEO) complaints@healthequitymatters.org.au Phone: +61 (2) 9557 9399 Address: 414 Elizabeth St, Surry Hills, NSW, 2010	Australian Charities and Not-for-profits Commission Raise a Concern Enquiry Form Phone: 132262 Address: GPO Box 5108, Melbourne VIC 3001
Board President (for matters related to the CEO) President@healthequitymatters.org.au Phone: +61 (2) 9557 9399 Address: 414 Elizabeth St, Surry Hills, NSW 2010	

This policy does not affect any mandatory reporting requirements that Health Equity Matters may have under any other Commonwealth or State/Territory law.

Anonymous disclosures

A whistleblower can choose to make a disclosure anonymously. The whistleblower may prefer to adopt a pseudonym for the purposes of their disclosure or to create an anonymous email address to submit their disclosure to an Eligible Recipient.

Regardless, anonymous disclosures are still capable of being protected under the Act. In some cases, it may be more difficult for Health Equity Matters to investigate an anonymous disclosure. However, it may be possible to address this if the discloser provides a means of contact for any follow up questions (e.g. via an anonymous email address).

8.2 Protections

Important protections relating to confidentiality and detriment apply to eligible whistleblowers who report disclosable matters in accordance with this Policy.

Health Equity Matters takes contraventions of these protections very seriously and may take disciplinary action against anyone for doing so. If you have any particular concerns about this, you can raise them with an Eligible Recipient.

Civil and criminal sanctions also apply for breaches of these protections.

Identity protection

Strict confidentiality obligations apply in respect of any whistleblower disclosures that qualify for protection under the Act. Unless the eligible whistleblower consents, it is illegal for a person to disclose an eligible whistleblower's identity or any information that may lead to their identification (subject to the exceptions set out below).

If an eligible whistleblower does not consent to their identity being disclosed, it will still be lawful to disclose their identity to:

- ASIC, the AFP or the Commissioner of Taxation (in relation to tax matters);
- a legal practitioner for the purposes of obtaining legal advice or legal representation about the disclosure; or
- to a body prescribed by the Regulations.

It will also be lawful to disclose information that may lead to the identification of the individual if this is reasonably necessary for the purpose of investigating the disclosure (provided Health Equity Matters takes all reasonable steps to reduce the risk that the eligible whistleblower will be identified as a result of the disclosure).

If there is a breach of confidentiality, an eligible whistleblower can lodge a complaint with an Eligible Recipient or a regulator, such as ASIC, for investigation.

Detriments and threats of detriment prohibited

The protections also make it unlawful for a person to engage in conduct against another person that causes or will cause a detriment:

- in circumstances where the person believes or suspects that the other person or a third person made, may have made, proposes to make or could make a qualifying disclosure; and
- if the belief or suspicion held by that person is the reason or part of the reason for their conduct.

Threats of detriments will also be unlawful if the person making the threat intended to cause fear that a detriment would be carried out or was reckless as to whether the person against who it was directed would fear the threatened detriment being carried out.

Threats may be express or implied, conditional or unconditional. A discloser (or another person) who has been threatened in relation to a disclosure does not have to actually fear that the threat will be carried out.

The following actions are *not* considered detrimental conduct:

- administrative action that is reasonable for the purpose of protecting a discloser from detriment (e.g. moving a discloser who has made a disclosure about their immediate work area to another office to prevent them from detriment); and
- managing a discloser's unsatisfactory work performance, if the action is in line with the entity's performance management framework.

Courts are given broad scope to make orders remedying a detriment or threatened detriment. These include injunctions, compensation orders (including against individual employees and their employer), reinstatement and exemplary damages. Civil and criminal sanctions also apply to breaches of the Act.

8.3 Assessing a Disclosure

Health Equity Matters will assess each disclosure, within **5 working days** of receipt of the disclosure, to determine whether:

- it qualifies for protection; and
- a formal, in-depth investigation is required.

Where a formal investigation is required, it will be dealt with in accordance with Section 9 below.

9. Investigating Complaints and Disclosures

9.2 Investigation and Determination

Health Equity Matters' Complaints and Whistleblower Protection Officer will finalise all complaints as promptly as possible and, depending on the circumstances, **within 30 days** from the initial review of the complaint. This may take longer for more complex matters.

If they can be contacted, Health Equity Matters will keep the whistleblower regularly informed of any updates or progress.

Health Equity Matters will approach the investigation based on the approach determined in the initial review and with regard to the preferences of the complainant or whistleblower, where they can be contacted, about how the matter is to be handled. This will include any person who is the subject of a complaint having an opportunity to respond to the issues raised.

Once the issues related to the matter are identified and all relevant information gathered and steps taken to resolve the matter, Health Equity Matters will make a determination on the outcome of the complaint.

The Health Equity Matters Complaints and Whistleblower Protection Officer will communicate the determination verbally and in writing to the complainant or whistleblower, with reasons for their determination. In the case of whistleblowers, the communication will also include recommendations to address any wrongdoing identified, and any other matters arising during the investigation. They will also advise the complainant or whistleblower of the option to appeal the determination.

9.2 Appeals

Any whistleblower who wishes to appeal the determination should do so ASAP and within 14 days of the determination being made and communicated.

Health Equity Matters **will handle any appeal of a matter under this policy within 30 working days of the appeal being made.**

A complainant can advise the Complaints and Whistleblower Protection Officer, who is also the CEO, of their wish to appeal a determination. The CEO will discuss appeals with the Board Chair and include them in reporting to the Finance and Audit Committee and Board.

10. Roles and Responsibilities

Who	Responsibility
President	<ul style="list-style-type: none"> • Provide a safe and discrete point of contact for all complainants and whistleblowers making complaints or disclosures about the CEO and manage these matters.
Board	<ul style="list-style-type: none"> • Cultivate a culture that is open and responsive to feedback and complaints. • Oversee and assure the robustness of Health Equity Matters' complaints handling and whistleblowing protection processes. • Approve this policy and any updates.
Finance and Audit Committee	<ul style="list-style-type: none"> • Review all serious allegations and whistleblowing matters and assure the robustness and integrity of the complaints handling and whistleblowing system. • Review the Complaints and Incidents Register on a six-monthly basis to assure itself that matters are being managed effectively, consistently and in line with this policy.
Complaints and Whistleblower Protection Officer (currently the CEO)	<ul style="list-style-type: none"> • Report serious allegations and all whistleblowing matters to the Board • Provide a safe and discreet point of contact for all complainants and whistleblowers. • Assume overarching responsibility for all stages of the complaints handling process and whistleblower protections. • Finalise all investigations and reporting to the Board. • Ensure the policy is regularly reviewed every three years.
Managers	<ul style="list-style-type: none"> • Educate and train Health Equity Matters Personnel and Health Equity Matters Partners regarding the application of this policy across all Health Equity Matters programs and projects. • Ensure Health Equity Matters Partners are aware of this policy and have appropriate complaints mechanisms in place.
Health Equity Matters Personnel	<ul style="list-style-type: none"> • Raise any issues about perceived misconduct of any member of Health Equity Matters Personnel or Health Equity Matters Partners to the Complaints and Whistleblower Protection Officer. • Ensure any complaints they receive from Health Equity Matters stakeholders are forwarded to the Complaints and Whistleblower Protection Officer for timely management.

11. Related Policies and Documents

Policy	Title and Hyperlink
011	Anti-Fraud and Financial Wrongdoing Policy
006	Code of Conduct Policy
040	Counter-Terrorism and Anti-Money Laundering Policy
012	Privacy Policy
041	Safeguarding Policy and Code of Conduct
Templates/Tools	
	Complaints and Incidents Register

12. Policy History

Date of update	Version	Key changes	Endorsed by	Approved by	Next review
22 August 2024	3	Significantly updated to action the Management Response to the Corrs Policy Legal Review June 2024, to fully comply with whistleblower obligations under the Corporations Act 2001 (Cth) and ensure clearer connection to, and distinction from, the Grievance Policy.	Finance and Audit Committee	Health Equity Matters Board	August 2027
April 2023	2	Consolidation and updating of two formerly separate policies.	Finance and Audit Committee	Health Equity Matters Board	April 2026
January 2021	1	Establishment of inaugural policies: Feedback and Complaints Policy; and Whistleblower Policy	Management Team	Boad	January 2023