



HOW TO MAKE A COMPLAINT AGAINST A SCHEME PARTICIPANT

WorkCover WA recognises that even in the best organisations things can sometimes go wrong. If you have a complaint about a Scheme Participant (such as an Insurer, Self-Insurer, Registered Agent, Employer or Work Place Rehabilitation Provider) in the Western Australian Workers' Compensation Scheme, we would like to hear your concerns. The following form is designed to assist with the lodgement of your complaint against a Scheme Participant, hereafter referred to as "party".

The lodgement of this form is **not** intended to:

- resolve matters of misconduct relating to medical practitioners or lawyers. Issues of this nature should be referred to the Medical Board or the Legal Practice Board respectively;
- be used for the resolution of workers' compensation disputes over which Conciliation and Arbitration Services have jurisdiction; or
- provide feedback on WorkCover WA delivered services or staff (e.g. a discourteous phone operator or inaccurate information on our website). If you would like to comment about the provision of customer service by WorkCover WA, please utilise the "*Customer First* Feedback System" available on the WorkCover WA website.

What you need to do

- | | |
|----------------|---|
| Step 1: | Think about and clearly define the issue/s of your complaint. It will assist to have all information relevant to the issue/s at hand when attempting to resolve the issue or explaining the complaint. |
| Step 2: | Before lodging a complaint, attempt to resolve the issue directly with the party. Each party has a process for resolving complaints. While you are welcome to escalate your complaint to us, often the quickest and easiest way to resolve the issue is to contact the party directly. |
| Step 3: | <p>You can call, write or email us.</p> <ul style="list-style-type: none">• Phone – call us on freecall 1300 794 744• Email – complaints@workcover.wa.gov.au• Mail – write to us or complete this form and post to 2 Bedbrook Place, Shenton Park, 6008 <p>Explain the issue and one of our staff will investigate and wherever possible, resolve things straightaway. Often it just takes a quick chat to sort out the problem.</p> |
| Step 4: | If we can't solve your issue straightaway, we will collect all the information from you and keep you informed of our progress. |



WORKCOVER WA
2 Bedbrook Place
Shenton Park WA 6008
Ph 1300 794 744
Fax 08 9388 5550
www.workcover.wa.gov.au

COMPLAINT AGAINST A SCHEME PARTICIPANT
(EMPLOYERS, INSURER, REGISTERED AGENTS, WORKPLACE
REHABILITATION PROVIDERS)
Form 575

Section A – Your contact details

Preferred title

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other

Given names

Surname

Postal address

City/suburb

State

Postcode

Employer

Claim or Policy Number *(if applicable)*

Preferred method of contact *(tick relevant box)*

☐ Home phone ☐ Work phone ☐ Mobile ☐ Fax ☐ Email ☐ Mail

Home phone

Work phone

Mobile

Fax

Email address

Section B – Who is your complaint regarding?

My complaint is against *(tick most relevant box)*

☐ Employer ☐ Registered Agent ☐ Workplace Rehabilitation Provider

☐ Insurer ☐ Self-Insurer

☐ Other

Company name

Contact person

Postal address

City/suburb

State

Postcode

Phone number

Fax

Email address

Section C – Details of complaint

Please state clearly all relevant details of your complaint in the space below and attach **copies** of all relevant documents. Please ensure that you retain the originals of all documents forwarded to us.

Section D – Details of your attempt to resolve the issue

Please state clearly all relevant details of your attempts to resolve the issue, including who you have spoken to or written to, details of those communications, and the response and outcome of your resolution attempts. Please attach **copies** of all relevant documents, ensuring that you have retained the originals of all documents forwarded to us

Have you attempted to resolve the dispute with the parties involved?

☐ Yes ☐ No (Go to last question on this page)

If you have attempted to resolve your complaint with the parties involved –

Date/s of resolution attempts

Who did you speak to or write to?

What was the response and outcome of your resolution attempts?

Have you referred your complaint to any other organisations?

☐ Yes ☐ No

If yes, which organisation?

Date/s referred

Who did you speak with?

If you have not attempted to resolve your complaint with the parties involved, please state why you have not.

Section E - What would you like the outcome to be?

Section F – Consent to obtain or release information

Consent is required for WorkCover WA staff to obtain or release information about your complaint. In some cases, to fully investigate your complaint, and to ensure the complaint is handled fairly, we may need to disclose your information to the person or party(s) involved.

You can make a complaint without providing this consent however WorkCover WA may not be able to investigate your complaint fully.

I authorise WorkCover WA:

☐ to provide a copy of my letter of complaint and/or relevant extracts of my correspondence to the relevant scheme participant

OR

☐ I do not provide consent at this stage.

I declare that the information I have given with this complaint is true and correct.

Signed

Dated

Or if submitting this form electronically, place an X in the box below to indicate you certify as above.

Agreement

☐

Name

Dated

Please return completed form to: General Manager Regulatory Services

Address: WorkCover WA, 2 Bedbrook Place, SHENTON PARK WA 6008

Fax: 08 9388 5550

Email: complaints@workcover.wa.gov.au

For assistance, phone Advisory Services: 1300 794 744 or TTY (hearing impaired): 08 9388 5537

WHAT HAPPENS NEXT?

- Within 5 working days of WorkCover WA receiving this form, you will receive acknowledgement of your complaint via your nominated preferred method of contact. You will be provided a reference number to quote when contacting us as well as a contact person's name and telephone number.
- Complaints can be resolved in a matter of days, or it may take a few weeks and possibly longer. The length of time it takes to reach an outcome depends on the complexity of the issue, the willingness of the parties to cooperate and other issues. We will attempt to resolve your issue as quickly as possible.
- We would appreciate feedback on any aspect of our service by you contacting our Customer First Feedback Officer on 08 9388 5555.

Privacy Statement

Your contact details will be recorded. WorkCover WA may use or disclose your contact details:

- for the purpose of customer satisfaction and service delivery surveys;
- with your consent; and
- in other circumstances where such use or disclosure is required or permitted by law.

☐ If you do **not** consent to the release of your contact details to an appointed external research agency for the purpose of customer satisfaction research, please tick the box.