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**Feedback, Complaints and Aged Care Act Whistleblower Policy**

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### 1. What is our policy?

At Ibis Care, we are committed to fostering a culture of openness, accountability, and continuous improvement. We recognise the importance of listening to feedback, responding to complaints, and providing safe and accessible channels for individuals to raise concerns, including those that may qualify as whistleblower disclosures under the Aged Care Act 2024 (Cth) (Aged Care Act).

Ibis Care supports the right of individuals to speak up without fear of retaliation. We are committed to protecting whistleblowers in accordance with the Aged Care Act, including safeguarding their identity and ensuring they are not subject to any form of detriment for making a disclosure.

This Policy outlines Ibis Care's approach to managing feedback and complaints from residents, families, Registered Supporters and other stakeholders, and sets out the framework for handling Aged Care Act whistleblower disclosures. It ensures that all concerns are treated seriously, investigated appropriately, and resolved in a fair, timely, and respectful manner.

Please note that both the Aged Care Act and Corporations Act 2001 (Cth) (Corporations Act) include whistleblower protection regimes. These are separate and independent regimes. This Policy specifically addresses the Aged Care Act whistleblowing regime. For disclosures involving serious misconduct, such as financial irregularities, fraud, or other significant wrongdoing, related to company operations please refer to Whistleblowing – Corporations Act Policy, which outlines the protections and reporting channels available under the separate Corporations Act whistleblowing regime.

### 2. Why is this important?

Ibis Care is committed to delivering residential aged care services ethically, transparently, and in compliance with all legal obligations.

Ibis Care:

- (a) recognises the importance of transparency and accountability in our operations;
- (b) supports the right of individuals to provide feedback, raise complaints, and make whistleblower disclosures;
- (c) will take all necessary steps to ensure individuals are protected when raising concerns, including those made as Aged Care Act whistleblower disclosures.

This Policy aims to ensure that:

- (a) individuals understand:
  - (i) how to provide feedback, make a complaint, or make a whistleblower disclosure under the Aged Care Act;
  - (ii) the protections afforded to Whistleblowers under the Aged Care Act;
  - (iii) our framework for receiving, handling and investigating feedback, complains and disclosures; and
  - (iv) how we comply with our obligations to Whistleblowers under the Aged Care Act.
- (b) individuals can raise concerns safely, securely, and with confidence that they will be protected and supported throughout the process.

### 3. Who does this policy apply to?

This Policy applies to all individuals who may provide feedback, make a complaint, or make an Aged Care Act whistleblower disclosure, including individuals accessing residential aged care services and their Supporters.

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## **4. Feedback and Complaints:**

### **4.1. How to give feedback to us or make a complaint:**

Any person can make or withdraw a complaint or give feedback to us about our residential aged care services. There are several ways to get in touch:

- a) Use our Feedback Form – you can complete a hard copy Feedback Form in our homes or online at [feedback@ibis.care](mailto:feedback@ibis.care)
- b) Talk to our staff – you can speak with the Registered Nurse in Charge, Care Manager, or arrange to meet with the Facility General Manager at the home, either in person or by phone

### **4.2. Feedback and complaint management**

We handle all feedback and complaints with fairness, transparency, and respect. Our commitment to open disclosure means we communicate honestly and we work collaboratively to resolve issues in a way that restores confidence and strengthens relationships.

All complaints and feedback will be dealt with using the principles of natural justice, fairness and impartiality.

Anonymous complaints or feedback can be made, however our ability to investigate them may be limited.

We manage complaints and feedback in accordance with our complaints and feedback management system. We adopt the eight steps outlined by the Commonwealth Ombudsman to achieve a high-quality complaints experience.

### **4.3. Language services and other assistance**

If you require an interpreter or any other form of assistance to provide feedback, make a complaint or understand this Policy, please let us know and we will try to help to support your needs

### **4.4 How we resolve feedback and complaints**

We aim to resolve any issue raised in feedback or a complaint by reviewing and taking appropriate action as soon as reasonably practicable after receiving the feedback or complaint, allowing sufficient time for appropriate investigation. We aim to address the issues and learn from any outcome to continue improving the care and services we provide.

Our resolution approach:

- (a) takes into consideration the nature of the issue;
- (b) considers each individual to whom we deliver residential aged care services who is directly affected by the issue;
- (c) seeks to address the issue(s) raised; and
- (d) will contribute to the continuous improvement of our delivery of residential aged care services.

Unless the feedback or complaint was given anonymously, we will contact you to acknowledge the feedback or complaint.

Where there is an issue to investigate or resolve, we will let you know the outcome and the reasons for the outcome. If the feedback or complaint was made by someone on your behalf, we will tell both them and you about the findings of the review and the reasons for the outcome. If the complaint was made anonymously, we will not be able to communicate the outcome.

We will take reasonable steps to tell the relevant person how the feedback or complaint may also be submitted to the Commission

### **4.5. Confidentiality**

We will keep the information provided in a complaint or feedback confidential and we will only disclose it as we are required to by law or if the disclosure is otherwise appropriate in the circumstances.

### **4.6. No victimisation**

We will take steps to make sure that the people who provided feedback or made a complaint, including those to whom we deliver residential aged care services, are not treated any differently as a result of raising a concern. This includes making sure there is no Victimisation, or Threats of Victimisation, because of making a complaint or giving feedback.

### **4.7. How we make a complain or give feedback to Complaints Commissioner**

You can contact the Complaints Commissioner to give feedback or make a complaint about our residential aged care services:

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- Lodge a form online: Access the online complaint form at <https://www.agedcarequality.gov.au/contact-us/complaints-concerns/what-do-if-you-have-complaint>
- Talk to the Commissioner by phone: Call the Complaints Commission on 1800 951 822 (free call)
- Send the Complaints Commission a letter: Addressed to: Aged Care Quality and Safety Commission GPO Box 9819, in your capital city
- Access an interpreter: If you need an interpreter you can phone the Translating and Interpretation Service on 131 450 and ask them to put you through to the Aged Care Quality and Safety Commission on 1800 951 822
- Use the National Relay Service: TTY users phone 1800 555 677 then ask for 1800 951 822. Speak and listen users phone 1800 555 727 then ask for 1800 951 822. Or connect online at <https://internet-relay.nrscall.gov.au/> and enter 1800 951 822.

### 5. Whistleblowing under the Aged Care Act:

#### 5.1. What are whistleblower disclosures under the Aged Care Act?

A disclosure is protected under the Aged Care Act when it is disclosed orally or in writing to a person described in section 2.3 below and the discloser has reasonable grounds to suspect that the information included in the disclosure indicates that Ibis Care may have breached a provision of the Aged Care Act.

Disclosures may be made orally or in writing to any of the persons described in section 2.3 below. These persons include Ibis Care employees as well as external bodies.

Please note that personal work-related grievances, such as inte

personal conflict, management decisions, pay disputes, or perceived misconduct including bullying or discrimination, are not covered under the Aged Care Act's whistleblower provisions. These matters should be raised through Ibis Care's internal employee grievances processes.

A whistleblower may choose to have their disclosure managed as a complaint or feedback under the Aged Care Act, rather than as a whistleblower disclosure. In such cases, the procedures outlined in the Feedback and Complaints section above will be followed.

#### 5.2. Who can make a whistleblower disclosure?

You can make a disclosure if you are:

- (a) accessing funded aged care services;
- (b) a supporter of someone accessing funded aged care services;
- (c) a Responsible Person;
- (d) an Aged Care Worker; or
- (e) an individual who becomes aware of information the disclosure of which would be protected under the Aged Care Act.

#### 5.3. Who can I make a disclosure to?

You can make a whistleblowing disclosure to:

- i. Ibis Care as a registered provider under the Aged Care Act;
- ii. a Responsible Person;
- iii. an Aged Care Worker;
- iv. an Appointed Commissioner or a member of the staff of the Commission;
- v. the System Governor, or an official of the Department;
- vi. a police officer; or
- vii. an Independent Aged Care Advocate.

#### 5.4. How to make a whistleblower disclosure to us

In the first instance, we encourage any whistleblower disclosures under the Aged Care Act to be made internally to Ibis Care via our Feedback Form so we are made aware of any misconduct and, where appropriate, can commence a confidential

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investigation as soon as possible. You can complete a feedback form in our homes or online at:  
<https://www.ibiscare.com.au/feedback/>

If you would prefer to make a whistleblower disclosure in person, we encourage you to arrange to meet with the Residential Aged Care Manager at the home, either in person or by phone.

Whistleblower disclosures may also be made to Ibis Care through Ibis Care's Hotline. This is an independently run service which can be used anonymously to raise concerns or suspected breaches of aged care law. A report to Ibis Care's Hotline can be made using one of the following options:

- Email: [makeareport@stoline.com.au](mailto:makeareport@stoline.com.au)
- Call: 1300 30 45 50
- Website: <https://makeareport.stoline.com.au/portal/landing/ibiscare>
- Post: Attn: Ibis Care, c/o Stoline Pty Ltd, PO Box 403, Diamond Creek, Vic 3089

Please select the 'Aged Care Act Whistleblower Disclosure' option if making a disclosure via the website. Please note that you would like to make an Aged Care Act whistleblower disclosure if making a disclosure by email, phone or post.

### 5.5. How to make a whistleblower disclosure to an external body

Whistleblower disclosures made to any external bodies, including the Department and the Commission, may be made in accordance with the directions of that external body. This may include contacting them in writing through their website or calling them on their available numbers.

## 6. Whistleblower protections under the Aged Care Act

### 6.1. Victimisation

- (a) Under the Aged Care Act, Victimisation of any Whistleblower, or Threats of Victimisation directed towards Whistleblowers, are prohibited.
- (b) We will not engage in, or tolerate, any Victimisation, or Threats of Victimisation, where such behaviour is due to the belief or suspicion that an individual has, may have or intends to make, a disclosure.
- (c) Where an individual is victimised because of a disclosure (or the belief or suspicion of a disclosure) this must be reported to the Whistleblowing Wellbeing Officer GM, People & Culture by the Whistleblower or any other individual who becomes aware of the Victimisation.
- (d) Individuals who engage in Victimisation or make Threats of Victimisation may be subject to disciplinary action. Victimisation may also be deemed a contravention of the Aged Care Act resulting in penalties.
- (e) Under the whistleblowing provisions of the Aged Care Act, we may engage in reasonable administrative action that is reasonable to protect a Whistleblower.

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### 6.2. Confidentiality

- (a) Ibis Care will make all reasonable efforts to ensure the identity of any Whistleblower remains confidential. However, when a disclosure is investigated it may be necessary to reveal its substance to people such as other Ibis Care personnel, external persons involved in the investigation process and, in appropriate circumstances, regulatory bodies and law enforcement agencies.
- (b) We will not reveal the identity of any Whistleblower where we obtain information relating to the identity of a Whistleblower by way of a disclosure unless:
  - (i) the Whistleblower consents to the disclosure;
  - (ii) the disclosure is required or authorised by law;
  - (iii) the disclosure is necessary for the reporting of the disclosure to a government agency or authority;
  - (iv) the disclosure is reasonably necessary to further and appropriately investigate the matter; and/or
  - (v) the disclosure is necessary to prevent or lessen a serious threat to a person's health or safety.
- (c) ) Under the Aged Care Act, there are specific exceptions where a Whistleblower's identity may be disclosed, including when notifying:
  - (i) an Appointed Commissioner or a member of the staff of the Commission;
  - (ii) the System Governor, or an official of the Department;
  - (iii) a police officer;
  - (iv) a legal practitioner for the purpose of obtaining legal advice or legal representation; or
  - (v) any other individual, with the consent of the discloser.
- (d) We may otherwise use any information disclosed by a Whistleblower (but not the identity of the discloser) which is reasonably necessary to deal with the allegations or claims made under the disclosure, provided that we take all reasonable steps to reduce the risk that the Whistleblower will be identified.

### 6.3. Anonymity

Under the Aged Care Act, a Whistleblower may request that they, or any individual named in the disclosure, remain anonymous. If so, we must take such steps as reasonable to preserve the anonymity of such individuals. However, where a Whistleblower chooses to remain anonymous, this may affect our ability to investigate and properly communicate with the Whistleblower about the disclosure.

Where disclosure of the name of the discloser or an individual is necessary to lessen or prevent a serious threat to the health, safety or well-being of another individual, disclosing the identity of Whistleblowers or other individuals named in the disclosure may be reasonable but not where the threat can be lessened without naming them.

### 6.4. Protection from Liability

Under the Aged Care Act, Whistleblowers are protected from:

- (a) any civil, criminal or administrative liability (including disciplinary action) for making a disclosure;
- (b) any contractual or other kind of remedy being enforced or exercised against the Whistleblower on the basis of the disclosure, including termination on the basis that disclosure constitutes breach of the contract.

The Whistleblower may still be subject to civil or criminal liability for any conduct revealed by the disclosure.

## 7. What happens when a disclosure is made?

### 7.1. Receipt

Any individual receiving a disclosure covered by this Policy must ensure that the disclosure is managed in accordance with this Policy.

Once a disclosure has been received, an appropriate Disclosure Owner will be assigned. The Disclosure Owner will:

- (a) review the disclosure;
- (b) assess the risk of Victimisation or Threats of Victimisation in relation to the Whistleblower (if any); and
- (c) determine the next steps (for example, confirming that an investigation is required).

Unless the disclosure was made anonymously, we will contact you to acknowledge the disclosure.

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Where there is an issue to investigate or resolve, we will let you know the outcome and the reasons for the outcome. If the disclosure was made by someone on your behalf, we will tell both them and you about the findings of the review and the reasons for the outcome. If the disclosure was made anonymously, we will not be able to communicate the outcome.

### 7.2. How will we investigate disclosures?

All disclosures will be treated seriously and, where appropriate, will be investigated in accordance with our procedures.

The objective of an investigation is to determine whether there is enough evidence to substantiate or refute the matters reported. We will consider the following matters when investigating a disclosure covered by this Policy:

- (a) the nature and scope of the investigation;
- (b) the person(s) within and/or outside Ibis Care who should lead the investigation;
- (c) the nature of any technical, financial, legal or other advice that may be required to support the investigation; and
- (d) the timeframe for the investigation.

If necessary, the assistance of an internal or an external party such as an accounting, legal or clinical specialist may be sought.

Investigation processes will vary depending upon the precise nature of the allegation being investigated and whether the Whistleblower is anonymous. However, all investigations undertaken under this Policy will be conducted promptly, objectively and fairly with due regard to the nature of the allegation, relevant Ibis Care policies and the rights of the persons involved in the investigation.

At the conclusion of an investigation, the Disclosure Owner, or other internal or external participant in the investigation, may prepare an investigation report setting out the findings of the investigation.

Where, as a result of investigating a disclosure, evidence is found which confirms any claims or allegations of misconduct or contravention of the Aged Care Act on the part of an individual identified in a disclosure, action may then be taken against that individual.

### 7.3. How will we support whistleblowers?

We are committed to ensuring that Whistleblowers are protected and supported. All reasonable steps will be taken to ensure that a Whistleblowers is supported in making a disclosure. We will support all Whistleblowers while a disclosure is being investigated, including by:

- (a) assessing the immediate welfare and protection needs of any Whistleblower;
- (b) safeguarding the interests of a Whistleblower in accordance with this policy and our obligations under the Aged Care Act; and
- (c) addressing any issues or concerns of Victimisation or Threats of Victimisation.
- (d)

Victimisation and Threats of Victimisation will not be tolerated and any Whistleblowers who have a reasonable belief that they are being Victimised as a result of any disclosure (or the belief or suspicion of a disclosure) must report this behaviour to the Whistleblower Wellbeing Officer.

Whistleblowers who are Ibis Care employees may request support from Ibis Care's employee assistance provider – Access EAP

Whistleblowers may also request support from the Whistleblower Wellbeing Officer if required.

### 7.4. Role of the Whistleblower Wellbeing Officer

The Whistleblower Wellbeing Officer (or their delegate) may be assigned to monitor the welfare of a Whistleblower, receive reports of Victimisation or Threats of Victimisation and provide feedback on the progress and results of the investigation.

Whistleblowers should immediately inform the Whistleblower Wellbeing Officer (or their delegate) if they are concerned that:

- a) they may be, are being, or have been subjected to Victimisation or Threats of Victimisation; or
- b) their disclosure has not been dealt with in accordance with this Policy.

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The Whistleblower Wellbeing Officer (or their delegate) will consider the concerns raised by the Whistleblower and, if appropriate, may take such action as they consider appropriate. However, the Whistleblower Wellbeing Officer (or their delegate) may not be able to take action where the Whistleblower wishes to remain anonymous.

Ibis Care Whistleblower Wellbeing Officer: Meliani Djuari – meliani.djuari@ibis.care

### 8. Accessibility and Implementation of this policy

This Policy is available to Ibis Care personnel on the intranet (One Family) and to the public on the external Ibis Care website. This Policy and associated whistleblowing training forms part of the induction pack for new starters. All Ibis Care employees are required to complete annual mandatory refresher training on this Policy.

This Policy does not form part of any terms of employment and Ibis Care may change, apply or withdraw this Policy in its discretion.

### 9. What is not covered under this policy

Personal work-related grievances are not covered under this Policy. These matters should be raised with your line manager or a People and Culture representative. Examples include interpersonal conflicts between employees, decisions regarding engagement, transfer, promotion, disciplinary action, suspension, or termination of employment.

For guidance on reporting such concerns, please refer to Ibis Care's internal employee grievance policies and procedures.

### 10. False Reports

Individuals are expected to act honestly and in good faith when providing feedback, making complaints, or submitting disclosures. Where a person knowingly provides false or misleading information, or otherwise fails to act with a reasonable belief in the truth of their claims, disciplinary action may be taken. This includes instances involving false, malicious, vexatious or frivolous allegations.

Where appropriate, such matters may also be referred to external agencies or law enforcement authorities.

### 11. Questions

Any questions about this Policy should be directed to the General Manager, People and Culture or the Ibis Care CEO.

### 12. Definitions

- 1) Aged Care Act means the Aged Care Act 2024 (Cth).
- 2) Aged Care Rules means the Aged Care Rules 2025 (Cth).
- 3) Aged Care Worker means:
  - (a) an individual employed or otherwise engaged (including as a volunteer) by us to deliver residential aged care services; or
  - (b) an individual who:
    - (i) is employed or otherwise engaged (including as a volunteer) by an associated provider; and
    - (ii) is engaging in conduct under the associated provider's arrangement with us relating to the registered provider's delivery of residential aged care services; or
  - (c) an individual who is a registered provider.
- 4) Appointed Commissioner means the Commissioner or Complaints Commissioner of the Commission.
- 5) Commission (ACQSC) means the Aged Care Quality and Safety Commission.
- 6) Detriment includes (without limitation):
  - (a) dismissal of an employee;
  - (b) injury of an employee in his or her employment;
  - (c) alteration of an employee's position or duties to his or her disadvantage;
  - (d) discrimination;
  - (e) harassment or intimidation of an individual;

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- (f) harm or injury to an individual, including psychological harm;
  - (g) damage to an individual's property;
  - (h) damage to an individual's reputation;
  - (i) damage to an individual's business or financial position;
  - (j) threats of reprisal.
- 7) Disclosure Owner means the individual assigned as responsible for reviewing a disclosure after a disclosure has been received and, where appropriate, conducting an investigation.
- 8) Independent Aged Care Advocate means a person who:
- (a) is independent of the System Governor, the Commission and any registered providers; and
  - (b) is employed or otherwise engaged by a person or body that receives financial assistance under the Aged Care Act; and
  - (c) provides either or both of the following to individuals accessing, or seeking to access, residential aged care services:
    - (i) free, independent and confidential support, information and advocacy;
    - (ii) education about the rights of individuals under the Statement of Rights; and
  - (d) where providing free, independent and confidential support, information or advocacy, acts at the direction of the individual, reflecting the individual's expressed wishes, will, preferences, interests and rights.
- 9) Registered Supporter of an individual, means an individual registered as a supporter of the individual under section 37 of the Aged Care Act.
- 10) Responsible Person means:
- (a) any person who is responsible for executive decisions (including members of the governing body);
  - (b) any other person who has authority or responsibility for (or significant influence over) planning, directing or controlling our activities;
  - (c) any person who has responsibility for overall management of the nursing services delivered by us, or overall management of the nursing services delivered at one of our approved residential care homes, and who is a registered nurse;
  - (d) any person who is responsible for the day-to-day operations of an approved residential care home or service delivery branch.
- 11) System Governor means the Secretary of the Department of Health and Aged Care.
- 12) Threat of Victimisation means a threat of Victimisation which intends the individual to fear that the threat will be carried out or is reckless as to causing the individual to fear that the threat will be carried out. A threat may be express or implied and/or conditional or unconditional.
- 13) Victimisation means conduct which causes any Detriment to an individual or to another entity which employs or is otherwise associated with the individual and the conduct is undertaken solely or partly because the entity believes or suspects that the individual or another individual has, may have, or intends to make, a disclosure that qualifies for protection.
- 14) Whistleblower means an individual who is a person described in section 2.2 who makes a disclosure as described in section 2.1 to a person described in section 2.3.
- 15) Whistleblower Wellbeing Officer means: General Manager, People & Culture

**13. Relationship to other policies:**

This Policy should be read in conjunction with the following Ibis Care policies:

- (a) Whistleblowers – Corporations Act Policy
- (b) Code of Conduct

**14. Resources:**

This Policy has been developed with reference to the following regulatory obligations, Quality Standards and guidance material:

- (a) the Aged Care Act, particularly Chapter 7, Part 5;
- (b) the Aged Care Rules, particularly Chapter 4, Part 10, Division 2, Subdivision D;
- (c) the Revised Explanatory Memorandum relating to the Aged Care Act.