

How to make a complaint

At the Victorian WorkCover Authority (VWA) we recognise that even in the best organisations things can sometimes go wrong. If you are not satisfied with the service you received from us or someone acting on our behalf, such as your WorkCover Agent, an Independent Medical Examiner or Occupational Rehabilitation provider, we would like to hear your concerns. It gives us an opportunity to fix the problem and improve our service to you and others. We will investigate your complaint and do all we can to improve our level of service to you.

What you need to do

Step 1: Collect as much information about the issue as you can. Think about questions you may want to ask.

Step 2: Consider asking your WorkCover Agent, or employer if your employer is a self insurer, to resolve your issue. Each WorkCover Agent and self insurer has a process for resolving complaints. While you are welcome to escalate your complaint to us, often the quickest and easiest way to fix the problem is to contact your Agent or self insurer directly.

Step 3: You can call, write or email us.

- Phone – call us on freecall 1800 136 089 or (03) 9641 1444
- Email – complaints@workcover.vic.gov.au
- Mail – write to us or complete this form and post to 222 Exhibition Street, Melbourne, 3000

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.

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. We will let you know who will get back to you and when.

Your privacy

Personal and health information you provide in connection with your complaint will be handled in accordance with all applicable privacy laws and will be used for the purpose of investigating your complaint.

In some cases, to fully investigate your complaint, and to ensure that the complaint is handled fairly, we may need to disclose your information to others who we believe have relevant information about your complaint, including the person or body you may have complained about. However, your personal details will only be provided to another party with your consent or if otherwise permitted under privacy laws.

If your complaint needs to be referred to another organisation for investigation, we will notify you. If you do not provide your personal contact details we may not be able to fully investigate your complaint. You can access personal information the VWA holds about you by contacting the Freedom of Information Unit. You can access the VWA Privacy Policy at www.workcover.vic.gov.au.

Your say...

Thank you for taking the time to provide us with your comments.

Full name:	
Claim number: (If applicable)	Relationship to injured worker:
Employer:	
Please tell us what services you are commenting on? (e.g. provision of weekly payments/physiotherapy, etc).	
Please write the details of your issue in the space below. If you know who you dealt with and/or the date and time, please provide this information as well.	

Please let us know your contact details so we can respond to your complaint.

Address:	
	Postcode:
Telephone:	

Consent to contact third party

For the purpose of investigating your complaint we may need to contact a third party, including the person or body you may have complained about.

I _____ (Insert name) permit the VWA to disclose to other parties personal and health information about me necessary for investigating my complaint.

Signed: _____ Date: _____

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Victorian WorkCover Authority

WorkCover Advisory Service

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