

Complaints and Dispute Resolution Process Workers' Compensation Western Australia

Our commitment to you

Guild Insurance Limited works hard at building strong individual relationships with its clients. This requires communication, accessibility, and a commitment to quality products and services, in order to produce an organisational culture focused on exceeding client expectations. However, even in this situation, disputes do inevitably arise and we have therefore developed the following Complaints and Dispute Resolution Process which is fair, efficient and accessible to all our clients.

Complaints

If you would like to make a complaint you should telephone our business centre on 1800 810 213 and speak to one of our staff, who will do their best to assist you. If our staff member is not able to resolve your complaint they will refer the complaint to the Executive Manager who will do their best to assist you

We will respond to your complaint within 15 business days provided we have all the information necessary to deal with your complaint. Where we need further information we will agree on an alternative timeframe with you.

Where a complaint cannot be resolved by the Executive Manager, you can request that the matter be referred to the National Workers' Compensation Manager who will treat your complaint as a dispute and endeavour to resolve it.

The Dispute Resolution Process is available at no cost to you. We will keep you fully informed throughout the process and will reply to you within 15 business days provided we have sufficient information to deal with the dispute. Where we need further information we will agree on an alternative timeframe with you.

Complaints and Dispute identification procedures

The Guild Insurance Complaints and Dispute Resolution Process applies to all complaints and disputes arising out of any General Insurance product or service we provide to clients, and any action or omission by us, our officers or service providers. It includes complaints and disputes about:

- Any aspect of our service
- Our service providers (ie. Medical examiners, investigators etc)
- Gaining access to information we hold about you, including information we have used to assess your claim

A dispute is defined as "an unresolved complaint" conveyed to us, together with a request that we remedy the situation. A dispute has arisen when:

1. you advise that a dispute has arisen and request that the matter be dealt with by Guild Insurance's Dispute Resolution Process;
2. you are asked by us whether or not you wish the matter be dealt with by Guild Insurance's Dispute Resolution Process as a dispute and you request us to do so; or
3. we of our own instigation refer the matter to the Guild Insurance Dispute Resolution Process as a dispute.

Dispute resolution objectives

- Simple and efficient procedure
- Speedy resolution of disputes
- Open and transparent communication
- Fair and reasonable outcome
- Easy access by participants

External dispute resolution

If we are unable to resolve your complaint to your satisfaction within 15 days we will inform you of the reasons for the delay and that you may take the complaint or dispute to the Dispute Resolution Directorate even if we are still considering your case

There are external dispute resolution options which may be available to you. These include:

- the Dispute Resolution Directorate
- the Privacy Commissioner (we will provide details of this service, which applies in the instance of disputes regarding the collection, use and disclosure of personal information)
- the formal legal process, including
 - the courts
 - mediation
 - arbitration