



Checklist for High Priority/High Risk Complaints

Director Access and Resolution to complete at intake, or the case officer at the time a risk arises.

File number: Issue/s (brief description):	
<u>PRIORITY CHECK</u>	
<input type="checkbox"/>	Priority 1 There is a serious and immediate threat of harm to any person, critical infrastructure or public revenue
<input type="checkbox"/>	Priority 2 There is a serious and immediate consequence to the complainant such as homelessness, financial loss or loss of immigration status, eg. international students
<input type="checkbox"/>	Priority 3 All other complaints
Comments:	
Priority 1 and 2 complaints to be referred for immediate assessment and/or investigation after risk check.	
<u>RISK CHECK</u>	
Indicator of Risk (tick one or more)	
1. <input type="checkbox"/>	Threat of harm to any person, critical infrastructure or public revenue
2. <input type="checkbox"/>	Threat to the safety of a member of Ombudsman staff
3. <input type="checkbox"/>	Potential impact on the reputation of the Ombudsman's office
4. <input type="checkbox"/>	Complaint involves significant personal injury or death
5. <input type="checkbox"/>	Complaint involves sensitive political or social issues, or high profile figures
6. <input type="checkbox"/>	Complaint involves allegations about the personal conduct of a Director General, actual or potential CCC involvement, or unlawful activity
7. <input type="checkbox"/>	Complaint involves actual or potential media interest or the complainant has indicated that he/she may go to the media
8. <input type="checkbox"/>	Complaint was sent to us by a Minister or MP on behalf of a complainant or there was significant involvement by a Minister/MP in the case within the last 12 months
9. <input type="checkbox"/>	Complaint is complex and is likely to be very resource intensive to investigate
10. <input type="checkbox"/>	Complaint received as a result of complaints clinic/regional visit
11. <input type="checkbox"/>	Complaint is about a co-located agency, State Records Commission or a member of the ICG
12. <input type="checkbox"/>	Complainant is an overseas student under 18
13. <input type="checkbox"/>	Other e.g. current topics of special interest to the Ombudsman (provide details below)
14. <input type="checkbox"/>	No identified risk
Comments:	
If any of the above indicators of risk are ticked refer to an Assistant Ombudsman for risk assessment.	
SIGN:	DATE:



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Assistant Ombudsman to complete¹

<u>RISK ASSESSMENT</u>		
Complaint deemed to be High Risk	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Deputy Ombudsman/Ombudsman advised	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments (how is the complaint to be dealt with, by whom, what are the control points):		
SIGN: _____ DATE: _____		
<u>RISK RE-ASSESSMENT²</u>		
Escalate complaint to High Risk	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Maintain current risk level and monitor	Yes <input type="checkbox"/>	No <input type="checkbox"/>
De-escalate complaint to Low Risk	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:		
SIGN: _____ DATE: _____		

¹ The Assistant Ombudsman Complaint Resolution or the Assistant Ombudsman Child Death Review if the risk involves the well being of a child.

² Any staff member should advise a more senior officer if they believe a risk rating should be changed. An Assistant Ombudsman will approve any changes to risk ratings.