



PURPOSE

To inform staff, clients and public about: how to submit and handle a complaint or feedback regarding Community Living Hamilton (CLH) business.

**SCOPE/
RESPONSIBILITY**

This policy applies to all CLH employees, volunteers, Board of Directors, clients, client's families and general public.

This policy does not override the Collective Agreement or Occupational Health and Safety policy and procedures.

If the complaint falls within the Serious Occurrence definition as listed below, follow the Serious Occurrence Reporting policy.

If the complaint indicates any concern or suspicion regarding abuse or mistreatment of clients, follow the Abuse Prevention and Reporting policy.

DEFINITIONS

- Complaint: a concern or issue raised about the organization, operations, service quality or employees of CLH
- Feedback: any information, both positive and negative about CLH (e.g. compliments, suggestions for improvement)
- Serious Occurrence: Any concern, issue or complaint of a serious nature involving:
 - Death of a client,
 - Serious injury to a client that occurs while participating in a service,
 - Alleged, witnessed or suspected abuse,
 - Missing client,
 - Disaster on the premises where a service is provided that interferes with daily routines,
 - Complaint about the operational, physical or safety standards of the service,
 - Complaint made by or about a client or any other serious/enhanced serious occurrence involving a person participating in a service,
 - Restraint of a Client.

Abuse: an action or behaviour that causes or is likely to cause physical injury or psychological harm or both to a person with an intellectual disability, or results or is likely to result in significant loss or destruction of their property and includes;

- Physical

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- Sexual
- Verbal
- Emotional
- Financial
- Psychological
- Exploitation

Neglect: the failure to provide a person with an intellectual disability with the support and assistance that is required for their health, safety and well-being and includes inaction or a pattern of inaction that jeopardizes the health or safety of the person.

POLICY

- Feedback, including complaints about CLH can be:
 - made by anyone
 - received by any CLH employee
 - written or verbal
- CLH will ensure the required support is provided to clients when lodging a complaint.
- A complaint will be responded to within 10 days
- Every effort will be made to ensure
 - the review of complaints is free of coercion or intimidation or bias
 - conflicts of interest are identified and avoided, i.e. between the person who makes the complaint and those who may be involved in the review and resolution of the complaint
- Analysis of complaints will be done annually to advise CLH regarding the effectiveness of its policies and procedures
- A copy of this policy is available on CLH website and will be given to any person requesting it.

PROCEDURES

FEEDBACK

Receiver of feedback will:

- Receive feedback
- Forward feedback to appropriate Manager.

COMPLAINTS

Receiver of complaint will:

1. Use the HEAT method:
 - a. **H**ear out the complaint
 - b. **E**mpathize with the person making the complaint
 - c. **A**pologize for how the situation has made them feel

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- d. **T**ake responsibility for action in resolving the issue.

It is hoped that the complaint will be resolved at this point. However, if it cannot, then:

2. Document complaint on Complaint/Concern Form #581 if verbally received or direct the complainant to the website if they would prefer to write the complaint themselves
 3. Indicate the date received and who received from, if the complaint was received in written format
 4. Forward the Complaint (form #581 or written complaint) to the appropriate Manager with a copy to the Director, Operations
- Note: If the complaint is about a staff person who would normally receive the Complaint, forward it to that person's immediate manager.

Manager/Director will:

1. Follow-up with person making complaint within 10 days to:
 - a. Ensure person making complaint is aware the complaint was received and is being investigated
 - b. obtain all relevant information regarding the complaint
2. Ensure complaint is investigated appropriate to the severity of the complaint which may include but are not limited to the following activities:
 - a. Conduct interviews
 - b. Collect and review appropriate documentation and files
 - c. Review policies and procedures, and relevant legislation and regulations
 - d. Produce a final report including findings and recommendations for the Executive Director or designate within one month of complaint being made
3. Ensure complaint review process avoids bias and conflict of interest. This may require involvement of:
 - a. HR, e.g. if complaint is regarding a CLH staff member
 - b. Manager or Director of department/program other than the one complaint is about or person making complaint participates in
 - c. CLH staff
 - d. Client(s)
 - e. Board of Director member(s)
 - f. Community member or someone external to the organization with expertise relevant to the type of complaint received
4. Complete the review within one month of the complaint being made
5. Follow up with person making complaint as appropriate to both the

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nature of complaint, and the communications need of the person making the complaint, e.g.:

- a. Letter/email
- b. Meeting in person
- c. Phone call

Note: the people involved in the complaint investigation and review, and the rigor of investigation are directly related to the severity of the complaint and/or level of distress the person making the complaint expresses.

Director, Operations will:

1. Maintain log of complaints
2. Provide summary report of complaints to The Advisors (client advisory group) annually and receive feedback regarding the report for continuous improvement purposes
3. Ensure annual analysis of complaints for Quality Improvement purposes

Executive Director (or designate) will:

1. Provide summary report of Serious Occurrence Reports to Board of Directors monthly

Board of Directors will:

1. Receive summary of Serious Occurrence Reports monthly
2. Request further review of Serious Occurrence Reports for continuous improvement purposes when trends are noted

Note: if a Board of Director receives a complaint directly, it will be forwarded to the Executive Director for follow up and adherence to this policy.

REFERENCES AND RELATED DOCUMENTS

- Ontario Regulation 299/10 regarding quality assurance measures made under the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008
- Accessibility for Ontarians with Disabilities Act, 2005
- Serious Occurrences Policy
- Abuse Prevention and Reporting Policy
- Working Instruction 8.03: Special Needs Resourcing Dispute Resolution

ATTACHMENTS AND FORMS

- Complaint/Concern form #581

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