

PURPOSE	To inform staff, clients, volunteers and public about: how to submit and handle a complaint or feedback regarding Community Living Hamilton (CLH) business.
SCOPE/ RESPONSIBILITY	<p>This policy applies to all CLH employees, volunteers, Board of Directors, clients, client's families and general public.</p> <p>This policy does not override the Collective Agreement or Occupational Health and Safety policy and procedures.</p> <p>If the complaint falls within the Serious Occurrence definition as listed below, follow the Serious Occurrence Reporting policy.</p> <p>If the complaint indicates any concern or suspicion regarding abuse or mistreatment of clients, follow the Abuse Prevention and Reporting policy.</p>
DEFINITIONS	<ul style="list-style-type: none">• 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:<ul style="list-style-type: none">• 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.
POLICY	<ul style="list-style-type: none">• Every effort will be made to ensure<ul style="list-style-type: none">○ the process is free of retaliation, coercion, 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;• Feedback, including complaints about CLH can be:<ul style="list-style-type: none">○ made by anyone○ received by any CLH employee

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- written or verbal
- CLH will ensure the required support is provided to clients when lodging a complaint;
- A complaint will be responded to within 24 hours of receiving 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 Supervisor/Manager.

COMPLAINTS

Receiver of complaint will:

- 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
 - 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:

- 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
- Indicate the date received and who received from, if the complaint was received in written format
- 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 staff person's immediate manager.

Manager/Director will:

- Follow-up with person making complaint within 24 hours of the complaint being received to:

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- a. Ensure person making complaint is aware the complaint was received and is being investigated,
 - b. Determine what, if any, immediate action can be taken to respond to the complaint, and what, if any supports the client or person making the complaint may require in order to participate in the complaints review process,
 - c. obtain all relevant information regarding the complaint;
- Ensure complaint is investigated which may include but 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;
- Ensure complaint review process avoids retaliation, bias and/or 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
- Complete the review in a timely manner, and within 30 days of the complaint being made wherever possible;
- Provide follow-up summary of the results to the person who made the complaint no later than 30 days after receiving the complaint. If additional follow-up is required, do so at intervals of no more than 30 days. This will be done in a manner that is appropriate to both the nature of the complaint and the communications need of the person making the complaint, e.g.:
 - a. Letter/email
 - b. Meeting in person
 - c. Phone call
- Forward complaint information to Director - Operations

Director - Operations will:

- Maintain log of complaints;
- Send a formal letter at the end of the complaints process detailing the nature of the complaint and any actions taken to the person who made the complaint;

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COMPLAINTS AND FEEDBACK

SECTION: OPERATIONAL

SECTION NUMBER: 2.50

- Provide summary report of complaints to The Advisors (client advisory group) annually and receive feedback regarding the report for continuous improvement purposes;
- Ensure annual analysis of complaints for quality improvement purposes.

Executive Director (or designate) will:

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

Board of Directors will:

- Receive summary of Serious Occurrence Reports monthly;
- Request further review of Serious Occurrence Reports for continuous improvement purposes when trends are noted

Note:

- If a Board of Director member receives a complaint directly, it will be reviewed for follow up and adherence to this policy.
- If a person has a complaint about the Executive Director, the complaint will be sent to the Board President. External investigations may be used for complaints involving the Executive Director to avoid potential conflicts.

If the Complaint is about a person....	File Complaint with	Investigates Complaint
Executive Director	Board President	Board of Directors appoints an external investigator
Director	Executive Director	Determined on a case-by-case basis by the Executive Director and General Counsel. May delegate responsibility to others in the organization or to an external investigator.
All other Individuals in Scope of this Policy	Direct Supervisor, Manager, or Senior Manager	Determined on a case-by-case basis by the Executive Director and Human Resources Management. May delegate responsibility to others in organization or to an external investigator.

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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
- Child, Youth and Family Services Act, 2017
- Ontario Regulation 155/18 General Matters under the Authority of the Lieutenant Governor in Council
- Employment Standards Act, 2000
- Collective Agreement between Community Living Hamilton and CUPE Local 3943
- Serious Occurrences Policy
- Abuse Prevention and Reporting Policy

ATTACHMENTS AND FORMS

- Complaint/Concern form #581

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