



# Administration Manual

<b>ORGANIZATIONAL POLICIES</b>	
Issue Date: September 2012	Review Date: January 2016
<b>2.1 Complaints and Compliments</b>	

## I. PURPOSE

- 1.1 To outline the process required to record compliments received for well deserving individuals as a compliment and report and resolve any complaints against staff, programs or the facility.

## II. POLICY STATEMENT

- 2.1 SEGCHC informs patients/clients of their rights, which includes the procedure and support available from staff who can provide appropriate language to initiate a compliment about service or complaints/concerns or dissatisfaction either verbally or in writing about a service, a staff person, a situation and/or a procedure that the client has received.
- 2.2 The Centre values all forms of feedback as they assist us to improve and maintain quality patient care and our services to our patients/clients and to our community. Any individuals making or receiving a complaint will be treated with courtesy.
- 2.3 While patients/clients have the right to lodge a complaint with the relevant individual, they may choose to discuss a complaint or concern with any program staff with whom they feel more comfortable.
- 2.4 Patient/clients are encouraged to file the complaint within ten (10) days of the alleged occurrence. The sooner the complainant files the complaint, the easier it will be to properly investigate the incident.
- 2.5 When taking a complaint, staff will record the name and contact details of the patient/client/community members as well as full details of the complaint including the date. Details of all communication with the complainant and actions to resolve the complaint will be recorded on the current form provided. (Admin Manual - Organizational Policies 2.1.2 – Compliment/Complaint Form)
- 2.6 All occurrences are resolved in an expeditious and appropriate manner.
- 2.7 Concerns can be raised without fear of interference, coercion, discrimination or reprisal. Threats or reprisals against the complainant or witness for filing a complaint or taking part in an investigation are a violation of the Centre and of the Ontario Human Rights Code.

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## 2.1 Complaints and Compliments

- 2.8 Any staff made aware of a complaint logs the details on the form and this is passed on in confidentiality to the appropriate manager and the Executive Director (ED) in writing. If the complaint is against the ED, the Chair of the Board of Directors is informed.
- 2.9 SEGCHC acknowledges concerns or a complaint within three (3) business days and provides a time-line for the expected outcome/resolution.
- 2.10 If the complaint is not resolved within ten (10) working days of being lodged, the complaint is attended to by the Executive Director.
- 2.11 If an informal resolution of the complaint is reached through facilitating discussion between the parties, the complaint is considered to have been resolved.
- 2.12 All complaints are treated seriously, with sensitivity and the appropriate confidentiality. All discussions aimed at resolving the disputes between individuals and any discussion of complaints by management or the Chair of the Board of Directors are kept confidential.
- 2.13 In the event that a complaint is unresolved after informal discussion, either party may request formal action by putting their concerns in writing to the Executive Director.
- 2.14 The Executive Director upon receiving written notice of the complaint arranges a meeting to address the issue in an open fashion with all concerned.
- 2.15 Every attempt is made to preserve the dignity and self-respect of all persons involved.
- 2.16 Staff directly involved with a complaint against them regarding unsafe practice, abuse, or assault will have an opportunity to present a report detailing the incident in writing and will have an interview with the manger and ED. This may result in resolution, further investigation, remedial internal support and/or supervision, reporting to governing College or dismissal.
- 2.17 The Executive Director upon reviewing all the facts makes a decision. If this decision is not agreeable to the patient/client, the complainant is advised that they may bring his/her complaint forward to Chair of the Board of Directors.
- 2.18 The log of complaints will be analyzed for on-going or emerging trends.
- 2.19 Complainants' personal details or details of their complaint will not be divulged to third parties unless the Centre has received written consent.
- 2.20 Compliments received from patients/clients/other sources that communicate exceptional

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service, are documented and/or filed in staff records.

- 2.21 A summary of complaints/compliments as well as resolutions and any changes to programs and/or services as a result of the complaints will be reported quarterly to the Quality Committee of the Board.

### III. DEFINITIONS

- 3.1 "Complaints" are defined as any expression of dissatisfaction or grievance made to staff by a customer or member of the public in relation to our programs or services.
- 3.2 The "Complainant" is the individual that has lodged the complaint.

### IV. ASSOCIATED DOCUMENTS

- 4.1 Admin Manual - Organizational Policies 2.1.2 - Complaint Form

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