

<b>COMPLAINTS POLICY – CLIENTS, VOLUNTEERS, COMMUNITY MEMBERS</b>	Document Type: OPERATIONAL POLICY
	Effective Date: January 19, 2000
	Last Date Reviewed: April 2018
	Next Review Due: April 2022
	Policy # 3.1.29

## 1.0 Purpose

The Davenport-Perth Neighbourhood and Community Health Centre (DPNCHC) **Complaints Policy – Clients, Volunteers, Community Members** asserts the right of clients, program participants and volunteers to make a complaint about their experience at DPNCHC. The Policy also assigns responsibility and provides a process for resolving complaints in a timely manner.

## 2.0 Revision History

Date	Change
January 2000	Approved by the Board
December 2007	Policy Revised
July & August 2010	Reviewed, Revised & Approved by Policy Committee
October 2010	Revisions Approved by Policy Committee
February 2014	Reviewed & Approved by Policy Committee & Board
April 2018	Reviewed & Approved by Policy Committee & Board

## 3.0 Persons Affected

This policy applies to all DPNCHC staff, volunteers, clients and community members. This Policy also applies to partner professionals seeing our clients such as on-call physicians from other CHC's, psychiatric consultants, midwives, counsellors, etc.

## 4.0 Definitions

4.01 **Davenport-Perth Neighbourhood and Community Health Centre** is also referred to as DPNCHC or the Centre.

## 5.0 Policy

- 5.01 Patients, clients, program participants, and volunteers have the right to complain about their experience at DPNCHC. Complaints may be made about the care or lack of care they have experienced, or other concern they may have with the Centre or its programs and services.
- 5.02 Staff will ensure that information about how to make a complaint is readily accessible to clients, participants and community members i.e. during orientation, posted on the DPNCHC website and having the policy document available at reception.
- 5.03 The responsibility for handling complaints or allegations shall rest with Management Team members and/or the Executive Director.

- 5.04 Informal resolution of complaints should be sought between the parties in the dispute whenever possible before the formal procedures are put into place.
- 5.05 Complaints should be reported within 10 business days of the incident taking place. Delays in reporting may render the matter beyond the investigative capacity of the Centre.
- 5.06 Should the complaint be of the nature that could put the agency at risk, the President of the Board will be notified immediately.

## **6.0 Procedures**

### **6.01 Verbal Complaints**

- a. If a complaint is received by one of our staff members about another staff member or service provider, the staff receiving the complaint shall refer the complaint to the appropriate supervisor/manager who may, depending on the circumstances, encourage the client to speak directly with the person who is the subject of the complaint. The supervisor may also offer to act as a liaison between the client and the other provider if that would help facilitate a resolution to the complaint.
- b. In all cases where a formal complaint is received, the client will be provided with a copy of this complaints policy and informed of their rights under the policy.

If the complaint is about an external partner provider, the complaint is sent directly to one of the Senior Management Team members who will broker a resolution to the complaint.

If the complainant does not wish to speak directly to the provider, or they are not satisfied with the outcome of that discussion, they should be directed to the Executive Director.

- c. Initial responses to complaints must be provided to the client within three working days. If the client is not satisfied the client may ask that the complaint be escalated to the next level of management for further assistance. If the client prefers, the Management Team member or Executive Director can become involved immediately.
- d. When a Management Team member/Executive Director becomes involved, the appropriate staff person is notified of the complaint and is asked for their comments regarding the issue. Hopefully the concern can be resolved by the Management Team member/Executive Director acting as a liaison between the staff person, or program or service involved, and the client.

The Executive Director at their discretion may involve the President of the Board of Directors, and/or seek the assistance of another health care or social work professional from another Community Health Centre who may be asked to review the case as an advisor.

- e. Based on the review, a decision will be reached regarding the complaint and this will be communicated verbally and/or in writing to the complainant. The Management Team member/Executive Director will be responsible for contact and follow-up with the complainant. Through the Executive Director, the President of the Board of Directors may be involved, and/or the assistance of an external resource may be solicited to review the case in an advisory capacity.
- f. If the complaint is not solved to the satisfaction of the complainant, they may make their complaint directly to the President of the Board of Directors in writing. The President will decide if they are able to resolve the complaint or strike a board committee to review the

complaint. The Board may involve outside assistance in resolving the complaint if they believe this may help resolve the issue. The Board will respond to complaints within 20 business days.

#### **6.02 Written Complaints**

- a. A copy of the letter will be forwarded to the staff member (internal or external) and they will be asked to contact the Executive Director and/or Director with comments within 3 working days.
- b. In the case where the written complaint is about an external provider/partner or staff person, a copy of the letter will be forwarded by the Executive Director/ Director to the external Supervisor of the staff for his/her review and to request his/her assistance in getting a response from the complaint respondent within the 3 day time frame.
- c. A letter of acknowledgment will be forwarded to the complainant within 48 hours.
- d. The Executive Director will inform the complainant of the staff member's response. If the issue is not resolved, the Executive Director will follow the procedure described above in 6.01 c.

#### **6.03 Litigation and Insurance Coverage**

- a. Where the complainant provides notice, oral or written, of an intention to commence a lawsuit against the Centre or any of its staff, the Executive Director and Board shall be immediately informed.
- b. Upon receipt of such information, the Executive Director and the Board shall be notified and shall, as soon as is practicable, provide written notice to the Centre's insurer of the claim or possible claim.

If the litigation involves a physician, the Canadian Medical Protective Association will be contacted. Likewise, a nurse who is covered by an external policy will contact their insurer.

- c. All staff members shall cooperate fully in providing statements and any other information to the Centre's insurer, its adjusters and its lawyers in respect of a claim.

#### **6.04 Monitoring & Reporting**

- a. The Centre will maintain a complaints tracking system. A Complaints and Allegations Form, 4.9.3, will be filled out when complaints are received, and be used to track follow-up actions taken to resolve the complaint.
- b. Once complaints are resolved, complaint files will be kept in a locked cabinet with the Director of Finance and Operation.
- c. Complaints and follow up actions will be analyzed. This information will be used to identify areas of improvement and implement changes.
- d. A report regarding the nature of complaints received and actions taken will be provided to the Board on an annual basis as part of the Risk Management Report.

## **7.0 Cross References**

Also see:

3.1.12 Conflict Resolution Policy

3.1. 22 Reporting Suspected Misconduct by a Colleague Policy

3.2.12 Progressive Discipline Process Policy

4.9.3 Complaints and Allegations Form