

Section: C	Policy Number: C-003	Approval Date: Oct. 18, 2000
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Complaint/Feedback Policy and Procedure for Persons Supported

All persons supported by Community Living-Central Huron shall have access to a system of complaint and feedback with respect to matters of the Agency, its staff and volunteers. A complaint/feedback process is an important part of providing quality support that is responsive to individuals' needs and promotes continuous improvement in service delivery. As such, all persons supported shall have access to the Complaint/Feedback Policy and Procedure for Persons Supported. Non-compliance with the Agency's Complaint/Feedback Policy and Procedure for Persons Supported is subject to discipline; up to and including dismissal from the Agency's employ and/or its services.

All persons supported through Community Living-Central Huron, as well as any person acting on behalf of a person supported; and the general public have access to a complaint procedure that ensures the fair and unbiased review of any complaint the individual may have. Dependent upon the capabilities of the person supported and as requested, the Agency will ensure support is provided in lodging the complaint, as well as when providing feedback to the process of making of a complaint/providing feedback.

Definitions:

"Complaint" is an expression of dissatisfaction related to the services and/or supports that are provided by Community Living-Central Huron. A complaint may be expressed by a person supported, or a person acting on their behalf, or by the general public, regarding the services and supports that are provided by Community Living-Central Huron. A complaint may be made formally (such as a letter written to the agency) or informally (such as a verbal complaint expressed to a staff person). Community Living-Central Huron will not provide feedback on matters unrelated to the Agency or its services and supports.

"Feedback" may be positive or negative (including complaints) and is related to the services and/or supports that are provided by Community Living-Central Huron. Feedback may be solicited (such as information and comments collected through a satisfaction survey or a suggestion box) or unsolicited (such as a letter from a person or family member about services and supports). Feedback may be formal (like the survey or letter noted above) or informal (such as a verbal complaint expressed to a staff person).

The following is recognized as the **complaint procedure** utilized by Community Living-Central Huron:

- a) Persons supported should attempt to resolve the issue, if appropriate, with the person(s) directly involved. If the issue is connected to a matter of Community Living-Central Huron policy, it should be promptly directed to the appropriate Supervisor/designate or Coordinator.
- b) Upon immediate receipt of a complaint, the relevant Supervisor or designate will review the complaint and document action(s) using the Complaint/Feedback form.

There may be situations in which the police are contacted and/or other appropriate services. All complaints will be taken seriously; however, the Agency will not attempt to resolve complaints that have determined to be frivolous or vexatious. The Supervisor or designate would consult with the Coordinator and/or Executive Director if the complaint was thought to be frivolous (trivial; insignificant; not serious) or vexatious (tending to cause annoyance, frustration or worry).

- c) Within 2 business days of having received the initial complaint, the Supervisor or designate, will begin the investigation by contacting (in person, telephone, email) all relevant parties and document all findings on the Complaint/Feedback form. Should there be any conflict of interest between the person supported and Supervisor/designate, the Coordinator or Executive Director will determine who will investigate the complaint.
- d) Within 7 business days of having received the initial complaint, the Supervisor or designate will have completed the investigation and have provided a written or verbal response to the person supported, person acting on their behalf or the person making the complaint. There may be cases where a written and verbal response will not be provided (ie. anonymous complaint); however, a written report will always be completed by the Supervisor or designate using the Complaint/Feedback form and copied to the relevant Coordinator and Executive Director, within 7 business days.
- e) Wherever possible, the Agency shall make reasonable efforts to resolve or address the complaint to the mutual satisfaction of both the person who has made the complaint and the Agency. If no satisfactory solution has been agreed upon, the person can request a meeting utilizing a Supervisor/Coordinator as facilitator. Such requests will be made as soon as possible, but not later than 5 business days, following the response from the Supervisor or designate. Appropriate notice for a mutually agreed upon meeting date and time will be given to all involved.
- f) If the issue is still unresolved, the person will be offered the option to meet with the Executive Director or designate, in person or by telephone in an attempt to resolve the issue/complaint. The Executive Director or designate will establish a mutually agreed upon meeting date and time, within 5 business days following the date they received the complaint.
- g) At all points of the process, the person supported has the right and should be informed they have the right to access a Self-Advocate, the A.P.S.W., determine family involvement, the Human Rights Commission or the Office of the Ontario Ombudsman, or any other form of advocacy and/or representation they may choose.
- h) As deemed necessary, the Executive Director shall keep the Board of Directors informed.
- l) The Executive Director, or designate, will ensure the Ministry of Community and Social Services is provided with all mandatory documentation.
- j) Within 2 business days of the final response, the relevant Supervisor/Coordinator will provide to the person supported, or any person acting on behalf of a person supported making the complaint, a copy of the "Survey for People Supported

Regarding the Process of Complaint/Feedback” for their completion. Relevant support to complete the survey regarding the process will be arranged/provided by Community Living-Central Huron.

The following is recognized as the **feedback procedure** as well as procedure regarding the process utilized by Community Living-Central Huron for Person Supported Complaint/Feedback:

- a) The relevant Supervisor, in consultation with the Coordinator and/or Executive Director shall receive, document and review all feedback using the Complaint/Feedback form and the Survey for People Supported regarding the process of the Complaint/Feedback within 5 business days of receipt of the feedback. Each Supervisor will sequentially number Complaint/Feedback Forms on a fiscal basis.
- b) At each Senior Management Meeting the feedback will be discussed and any recommendations, action to occur will be noted on the Complaint/Feedback form. The Minutes will reflect the number of Complaints/Feedback received to date for that fiscal year.
- c) The Agency has available on its website both the Complaint/Feedback and the Survey for People Supported Regarding the Process Forms. The Central Administration Staff are responsible to regularly check the website for any feedback and provide such to the relevant Supervisor/Coordinator.
- d) The Agency may also choose to solicit feedback using other methods, such as suggestion box, mail outs, etc.
- e) The Executive Director shall keep the Board of Directors informed.

Review:

In order to promote continuous quality improvement, the Agency will conduct a review and analysis of the complaint and feedback received to evaluate the effectiveness of its policies and procedures, on an annual basis. When conducting reviews, Community Living-Central Huron may also consider the need to revise any other policies and procedures that are in place.

Related Policies:

- Philosophy Community Living-Central Huron (A-001)
- Guiding Principles (A-002)
- Confidentiality Policy (A-003)
- Privacy Policy (A-004)
- Interpretation (B-001)
- Usage of Agency Equipment/Electronic Communication Technologies Policy (B-006)
- Volunteer Policy (B-007)
- Accessibility Policy (B-009)
- Duty of Care Policy (B-010)
- Code of Conduct (B-011)
- Individual Welfare/Rights Policy (C-001)
- Behavioural Support Policy (C-002)
- Abuse Policy (C-004)
- Use of Physical Restraints Policy (C-005)
- Serious Occurrence Policy (C-006)
- Communication Book (C-007)

- Finances of People Supported (C-008)
- Individual Support Policy for Persons Receiving Service (C-009)
- Pet Ownership, Visiting Pets and Service Animals (C-010)
- Orientation for People Supported (C-011)
- Medical Care for Persons Supported Policy (C-012)
- Inventory, Personal Belongings of Persons Supported Policy (C-013)
- Bathing and Showering Supervision of Persons Supported Policy (C-014)
- Persons Supported Food and Nutrition Policy (C-015)
- Missing Person/Unknown Whereabouts Policy (C-016)
- Health and Safety Policy Statement (D-001)
- Medication Policy Statement (D-002)
- Emergency Policy (D-003)
- Smoking (D-004)
- Bullying, Harassment and Workplace Violence Policy and Procedures (D-007)
- Preventative Maintenance Policy (D-009)
- First Aid Policy and Procedures (D-011)
- Infection Control Policy and Procedures (D-013)
- Hazard/Risk Policy and Procedures (D-014)
- Health and Safety Orientation Policy (D-015)
- Location Health and Safety Representatives Policy (D-016)
- Ladder Safety Policy and Procedures (D-017)
- Sharps Policy and Procedures (D-018)
- Manual Handling Policy (D-019)
- Slips, Trips and Falls Prevention Policy (D-020)
- Workplace Inspection Policy (D-021)
- Lifts, Transfers and Physical Assistance Policy (D-023)
- Incident/Accident Investigation Policy (D-024)
- General Policy NO. 2 (E-001)
- Hiring Policy (E-002)
- Police Record Check (E-003)
- Employee and Volunteer Orientation Policy (E-005)
- Professional Development/Training Policy (E-006)
- Individual Consultation Policy (E-007)
- Employee Performance Appraisal Policy (E-008)
- Vehicle Use (E-009)
- Personal Property Damage Reimbursement (E-010)
- Employee Performance Standards (E-011)
- Disciplinary Policy (E-012)
- Sexual Harassment Policy (E-013)
- Work References (E-014)
- Record Retention and Archives (E-018)
- Medication Policy and Procedures Manual

COMMUNITY LIVING-CENTRAL HURON

Complaint / Feedback Form

Complaint/Feedback # _____

Date Received: _____

By Whom: _____

Complaint or Feedback

Date Reviewed: _____

By Whom: _____

Summary of complaint / feedback (attach any documentation to date):

Conflict of interest identified: No

Yes Action Taken: _____

Investigation Start Date: _____

Investigated by:

Name Title

Details of investigation: (Attach any documentation related to the investigation, such as e-mails).

Date individual(s) was contacted: _____

Name of individual(s) contacted: _____

Role of individual(s) contacted: _____

Method of contact: _____

Questions to individual: _____

Responses by individual: _____

Action requested by individual: _____

Investigation completion date and outcome of investigation:

Written response provided: Yes (Attach a copy) No

If no, reason why: _____

If yes, name(s) of who was provided written response: _____

Verbal response provided:

Yes

_____ Date response was given

_____ Time response was given

_____ Name of who response was given

_____ Witness, if any, to verbal response

No Reason why: _____

Issue resolved: Yes No Unknown

Provide reasoning as to foregoing response: _____

Facilitation to resolve the complaint desired Yes No

If yes, note date of meeting: _____

Name of person facilitating: _____

Attach notes and outcome of facilitation.

Note: If facilitation fails to resolve the issue, the person can meet with the Executive Director.

List options of support (ie. Family, APSW, Human Rights Commission, Office of the Ontario Ombudsman) offered and/or pursued:

Other Comments: _____

Copied to: Executive Director - _____ (Date copied)

Coordinator - _____ (Date copied)

Community Living-Central Huron
 Survey for People Supported
Regarding the Process of Complaint/Feedback

To be completed by individuals supported who made a complaint or provided feedback about Community Living-Central Huron, its policies, procedures, staff and volunteers.

1. When, how and to whom did you make a complaint/provide feedback?

Date Complaint/Feedback made: _____

Who did you report the complaint/feedback to? _____

How did you make your complaint/provide feedback, check all that apply.

- In Person/verbal Written, letter or email Written, Complaint/Feedback Form
 Telephone or Text Message Other - specify _____

2. Check off the boxes that apply to your experience about the process when you made the complaint or provided feedback.

	Yes	No	Comments
▶ The process was easy.	<input type="checkbox"/>	<input type="checkbox"/>	_____
▶ It made me nervous.	<input type="checkbox"/>	<input type="checkbox"/>	_____
▶ Staff were helpful.	<input type="checkbox"/>	<input type="checkbox"/>	_____
▶ The Agency understood what I was saying.	<input type="checkbox"/>	<input type="checkbox"/>	_____
▶ I felt I was being blamed, at fault.	<input type="checkbox"/>	<input type="checkbox"/>	_____
▶ I felt comfortable with the process (and would do it again if I needed to).	<input type="checkbox"/>	<input type="checkbox"/>	_____
▶ I was updated on the process and decisions regarding my complaint/feedback	<input type="checkbox"/>	<input type="checkbox"/>	_____
▶ I felt I was treated fairly and with respect.	<input type="checkbox"/>	<input type="checkbox"/>	_____

4. Did someone help you complete this survey, please list the name if you want to tell us.
 Name of person who helped me: _____

5. Other Comments:

 Signature of Person Supported

 Date

Copy to: Executive Director.
 Relevant Coordinator.
 Relevant Supervisor.

Reference to Complaint/Feedback # _____