

2. CLIENT RIGHTS AND RESPONSIBILITIES

2.1. CLIENT COMPLAINTS

POLICY DETAILS	
POLICY NAME	Client Complaints
POLICY GROUP	Risk Management
POLICY NUMBER/CODE	RM – 2.1.
DATE ISSUED/APPROVED	December 2015
PREVIOUS POLICY HISTORY OR LOCATIONS	
REVIEW DATE	December 2018
RESPONSIBLE STAFF PERSON	Director of Finance and Operations
APPLIES TO	<input checked="" type="checkbox"/> All Employees <input checked="" type="checkbox"/> Personnel (Non-Bargaining Unit Members) <input checked="" type="checkbox"/> Contract Employees (Full-Time and Part-Time) <input checked="" type="checkbox"/> Permanent Employees (Full-Time and Part-Time) <input checked="" type="checkbox"/> Physicians <input checked="" type="checkbox"/> Bargaining Unit Members

POLICY

- The client has a right to complain about the care or services he/she has received at the Centre. Complainants have the right to have their complaint reviewed and redressed without fear of embarrassment or reprisal. The complaint can be regarding a staff member, a volunteer, or a student, in this policy generally referred as —staff. A complaint may be made in person, by telephone and, or, in written format. The Client Complaint Policy and Procedures shall be posted in visible areas. A copy may be provided to any person on request. Resolution of the complaint should be timely so as not to delay appropriate action for the complainant

PROCEDURES:

1. Clients or community members can address complaints to the staff, with whom they are dissatisfied, or to the appropriate supervisor, as they prefer.
2. Informal resolution of difficulties should be sought between the staff and the complainant whenever possible before resorting to formal procedures.
3. If the client prefers, the supervisor, can become involved immediately. If the supervisor becomes involved, he/she will determine if the complainant has discussed his/her concern with the attending staff.
4. The staff is notified of the complaint and asked for his/her comments and feedback regarding the issue.
5. Usually the concern can be resolved by the supervisor acting as a liaison between the staff and complainant.

6. If the issue is not resolved to the complainant's satisfaction, the supervisor reports to the Executive Director.
7. The Executive Director may assess the need for an impartial review of the complaint by an independent expert.
8. If an independent expert is used, he/she will review the written materials, and may meet, separately, with the complainant, if the complainant agrees, and staff.
9. A written report of the findings, with recommendations, will be presented to the Executive Director.
10. Based on this review and recommendations, a decision will be reached regarding the complaint and this will be communicated to the complainant.
11. The Executive Director will be responsible for contact and follow-up with the complainant.
12. The onus is on the complainant to take further action if not satisfied with the outcome.
13. The Executive Director reports complaints of a serious nature monthly to the Board of Directors.

FORMAL COMPLAINTS

When a complaint cannot be resolved informally, the following process will take place:

1. The complaint will be forwarded to the staff. He/she will respond in writing to the Executive Director within 5 days. A letter of acknowledgment is forwarded to the complainant within 48 hours.
2. The Executive Director informs the complainant of the response of the staff. If the issue is not resolved the Executive Director will follow the complaint procedure above.
3. If sufficient evidence exists to indicate possible professional misconduct, incompetence, or incapacity, the Executive Director and the supervisor, if applicable, will inform the staff member of his/her right to legal advice.
4. Following legal advice, the Executive Director will decide how to proceed with further investigation of the allegations.