



**PERSONNEL POLICIES**

<b>TITLE: Complaints and Feedback Policy</b>	<b>DOCUMENT No.</b>
<b>SUBMITTED BY: Frances DiCarlo, Executive Director</b>	<b>EFFECTIVE DATE</b> May 23, 2012
<b>ENDORSED BY: Programs and Planning Committee</b>	<b>REVISION DATE</b> September 28, 2016
<b>APPROVED BY: The Board of Directors</b>	<b>LAST REVIEW DATE</b> May 24, 2017
<b>THIS DOCUMENT SUPERCEDES ALL PREVIOUS SUBJECT POLICIES AND PROCEDURES</b>	

**PURPOSE OF THE POLICY:**

This policy and procedures has been developed by Participation House, Markham (the “Agency”) to enhance quality support that is responsive to all individual’s needs and that supports continuous improvement in service delivery and agency operations. The information received through a complaints/feedback process can assist an organization to take steps to better support individuals and or improve administrative practices.

**DEFINITIONS:**

**Individual(s)** include all residents, community clients and public clients served by the Agency under the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 from the Ministry of Community and Social Services and the Central Local Health Integration Network (Ministry of Health and Long Term Care).

**Care providers** include employees, students, volunteers, officers and directors of the Agency.

**Feedback** may be positive or negative (including complaints) and is related to the services and/or supports that are provided by the Agency. Feedback may be solicited (such as information and comments collected through a satisfaction survey or a comment box) or unsolicited (such as a letter from a person or family member about the services and supports that the Agency provides). Feedback may be formal (like the survey or letter noted above) or informal (such as a verbal complaint expressed to a staff person – see below).

**Complaint** is an expression of dissatisfaction related to the services and/or supports that are provided by the Agency. A complaint may be expressed by a person with a developmental disability who is receiving services and supports from the Agency, or a person acting on their behalf, or by the general public, regarding the services and supports that are provided by the Agency. 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). A verbal complaint or

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feedback shall be documented by the staff person receiving it and the document shall be forwarded to the Supervisor/Manager of the department or division. A complaint does not include feedback on matters unrelated to the Agency and the services and supports that it provides.

**POLICY STATEMENT:**

It is the policy of the Agency to have a complaints and feedback process that is readily available and easily understandable to those who wish to submit a complaint or provide feedback and set out the way in which the Agency will provide a response to the complaint or feedback in a timely manner.

The process is in place to assist the Agency in identifying issues and mitigating a risk to the Agency where it may fail to meet expectations of individuals, care providers, the public, ministries or other stakeholders.

Information regarding the Complaints and Feedback Policy and Procedure shall be provided in a manner that is appropriate to the individual, including language, verbal, in writing and shall be handled in a manner that is free from conflict of interest.

The complaints and feedback details will be reviewed by the Quality of Services Committee and reports will be provided via the Executive Director to the Quality Assurance Committee of the Board of Directors of the Agency.

**PROCEDURE:**

Complaints or Feedback may be received from individuals receiving service, care providers or external parties and shall be documented on the Complaint/Feedback Form (see attached form and flowchart). The person documenting the Complaint or Feedback shall submit the documents to the Manager or Supervisor of the Department immediately and an investigation will be initiated within two (2) business days of the receipt of the Complaint or Feedback.

The Manager or Supervisor shall review the documents and initiate an investigation as appropriate, seeking assistance from other managers as needed. The process shall be free from conflict of interest, coercion or intimidation or bias, either before, during or after the review. Wherever possible, the Manager or Supervisor shall attempt to resolve all complaints to the mutual satisfaction of both the person making the complaint and the Agency. The Manager shall complete their investigation within five (5) business days and shall submit their conclusion and/or recommendations to the Executive Director.

The Executive Director shall review the matter, take action as required and provide a response to the person issuing the Complaint within 2-4 business days. In the event that the issue is unresolved, the matter will be referred to the Quality of Services Committee and thereafter to the Board of Directors via the Executive Committee.

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The Complaint or Feedback shall comply with the policies and procedures of the Agency with matters associated with Abuse and/or considered a Serious Occurrence.

**CONFIDENTIALITY & PRIVACY:**

The Agency understands that it can be difficult to come forward with a complaint and recognizes the interests of both the complainant and the respondent in keeping the matter confidential.

Confidentiality will be maintained throughout the process to the extent practicable and appropriate under the circumstances. All records, notes and files will be kept confidential except where disclosure is required by a disciplinary or other remedial process, or as is required by law.

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## COMPLAINT and FEEDBACK Form

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

PERSON ISSUING: \_\_\_\_\_

PERSON TAKING: \_\_\_\_\_

1. COMPLAINT OR FEEDBACK: *(please explain in detail – use extra form if needed):*

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PERSON ISSUING COMPLAINT/FEEDBACK **Date:**

2. ACTION TAKEN: SENIOR STAFF/SUPERVISOR:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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CEREBRAL PALSY PARENT COUNCIL OF TORONTO" is a registered Charitable Organization  
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TEL: 905-294-0944 FAX: 905-294-7834

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(continued – ACTION TAKEN)

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SENIOR STAFF SIGNATURE

DATE

**3. FOLLOW-UP MANAGER:**

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MANAGER'S SIGNATURE

DATE

EXECUTIVE DIRECTOR

DATE

FOLLOW UP SENT TO PERSON THAT ISSUED COMPLAINT/FEEDBACK

YES  NO

Staff Quality of Services Committee \_\_\_\_\_ Date: \_\_\_\_\_

Reported to Executive Committee \_\_\_\_\_ Date: \_\_\_\_\_

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