

	<b>CLINICAL POLICY &amp; PROCEDURE MANUAL</b>	Approved: Executive Team Implemented: January 2002 Date Revised: January 2024 Date Reviewed: January 2024
<b>Introduction</b>		<b>1-30</b>

## Complaints

### Policy

Each child or parent receiving services at Vanier has the right to express concerns if dissatisfied with the services provided, or if he or she feels that his or her rights have been violated including alleged harassment of any form (see Administration Manual - Anti-Harassment, 4-35). Written information regarding the complaints procedure is provided at the time of the Intake process. Community professionals can also express concerns when they feel that the services provided to a client have not been satisfactory, or if they feel there have been difficulties working with the professional staff at Vanier. Other members of the community can also express concerns, depending on the nature of their contact with the agency. Each child and /or caregiver that reports a complaint shall receive no retaliation or retribution. In addition, the reporting of the complaint will not result in any barriers to care. The client and / or caregiver have the opportunity to request involvement of their Resource Person or anyone else that would assist and support them with the complaints process.

Concerns are addressed in a progressive manner within the organization, and efforts are made to engage in mutual problem solving at each step of the procedure. Concerns are heard and addressed as quickly as possible in each step of the procedure. Concerns will be handled according to the following steps. If a person at a higher step is the first person to receive a concern, then the person receiving the concern has discretion to refer the issue to an appropriate person at a lower step or to address the concern immediately. In the event that the person who would normally receive the concern at a particular level is absent, the process moves to the next step. In exceptional circumstances, the Executive Director can elect to by-pass earlier steps in the Complaint Procedure, where the nature of the complaint is judged to be very serious in nature.

Complaints regarding agency operations generated from members of the broader public (non-clients of the organization) can be directed to any Vanier manager and, depending on the disposition, may also involve representatives of the Vanier Executive, including the Executive Director.

### Definition

For the purposes of this policy, a *Formal Complaint* is a concern that meets one or more of the following criteria:

1. the person expressing the concern has requested a formal complaint process with a view towards resolving the concern (not merely expressing dissatisfaction or making a request for an exception from standard operating procedures); or
2. is escalated to the Director level (Step 3) because it was not resolved at an earlier step or has gone directly to an external complaint (Step 5); or
3. is judged by the person receiving the concern or by any manager to whom it is escalated to be of serious enough nature to be processed as a Formal Complaint.

### Tracking of Formal Complaints

All Formal Complaints are tracked in a central log maintained by the Executive Assistant. The first manager who becomes aware of a Formal Complaint is required to complete the Complaint Form (Form Ref # Gen. 108). This form will record details of the complaint, the type of complaint, actions taken, and outcome (including whether the complaint was referred outside of the agency). This form is provided to the Executive

Assistant when the complaint is resolved or closed by the Executive Director. The Director of Quality Improvement provides annual summaries of this log to the Value Team, Executive Team, and the Board.

## **Procedure for complaints regarding clients receiving community based services**

### **Step 1**

The person expressing a concern indicates verbally or in writing, the nature of his or her concern. Staff will share with the client and caregiver the opportunity to request involvement of their Resource Person or anyone else that would assist and support them with the complaints process. The Resource Person or advocate can be identified by the caregiver or Vanier can work with the client and / or caregiver to match them with an appropriate advocate based on their needs and preferences. The client and / or caregiver can determine how they would like the Resource Person or anyone else that they have selected involved in the procedures for the complaint.

The staff member receiving the concern must respond within five working days of receiving the complaint.

In Step 1, the primary worker, or other staff member involved will attempt to resolve the problem directly. If the person expressing the concern does not wish to interact directly with the staff member involved, the process can move directly to Step 2. The process is documented in the form of a case note that includes the following information: The nature of the concern, persons involved in problem-solving, steps taken to resolve the problem, the outcome of the process, and any further action necessary.

If the problem cannot be resolved at Step 1, the staff member notifies his or her Supervisor to initiate Step 2, and notifies the person expressing the concern that the matter will move to Step 2.

If a concern meets the definition of a Formal Complaint, then the staff member receiving the complaint will inform his or her Supervisor, regardless of the outcome of the complaint. The Supervisor is responsible for ensuring that the complaint is tracked properly.

### **Step 2**

The Supervisor contacts the person expressing the concern, and arranges a telephone or face to face interview. Contact must be attempted within five working days of being notified that Step 2 is to begin. The Supervisor can elect to interview staff, and to review any relevant documentation, to assist in reaching a resolution. If mutual problem solving is not successful, the Supervisor can make a recommendation to the person as to how the matter can be settled. The process is documented in the form of a letter to the person expressing the concern. The same information required in recording at Step 1 is included in the letter.

If the problem cannot be resolved at Step 2, the concern is escalated to a Formal Complaint. The Supervisor notifies the Director responsible, and the person making the complaint that Step 3 will be initiated. The Supervisor provides the Director with the formal Complaints Form.

### **Step 3**

The Director arranges an interview with the person expressing the complaint. Contact is attempted within three working days of being notified that Step 3 has begun. The same methods are used as in Step 2. The letter is sent to the person making the complaint, and the Director adds his or her notes to the Complaint Form.

If the problem remains unresolved after Step 3, the Director notifies the Executive Director that Step 4 should begin, and informs the person making the complaint that the final stage of the Complaint Procedure has been reached.

### **Step 4**

The Executive Director contacts and interviews the person making the complaint. Contact is attempted within two working days of being notified that Step 4 has begun. The Executive Director makes efforts to resolve the difficulty with the person expressing the complaint, whenever possible. If this does not produce a resolution, the Executive Director makes a final decision and presents it to the person making the complaint, and sends a letter to that person. The Executive Director adds his or her notes to the Complaint Form. The Executive Director informs the Board of Directors of any complaint that reaches Step 4.

## Procedure for complaints regarding clients in live in programs

1. On the day of admission the complaint procedure is reviewed with the client and their parent/guardian. Staff review with the client and their parent/guardian the processes of what is a complaint and how to make a complaint. Both the client and parent/guardian receive a copy of the complaint procedure on day of admission, as well as the following additional resources. Staff will share with the client and caregiver the opportunity to request involvement of their Resource Person or anyone else that would assist and support them with the complaints process. The Resource Person or advocate can be identified by the caregiver or Vanier can work with the client and / or caregiver to match them with an appropriate advocate based on their needs and preferences. The client and / or caregiver can determine how they would like the Resource Person or anyone else that they have selected involved in the procedures for the complaint.

[Rights in care.pdf](#)

[Ombudsman Ontario - Ask the Ombudsman.pdf](#)

[Gen. 211 If You Have a Complaint.pdf](#)

2. Staff member or manager will make a record of any complaint in a central log maintained by the Executive Assistant. The first manager who becomes aware of a Formal Complaint is required to complete the Complaint Form (Form Ref # Gen. 108). This form will record details of the complaint, the type of complaint, actions taken, and outcome (including whether the complaint was referred outside of the agency). This form is provided to the Executive Assistant when the complaint is resolved or closed by the Executive Director. The Director of Quality Improvement provides annual summaries of this log to the Value Team, Executive Team, and the Board.
3. Provide an acknowledgement of a complaint within 24 hours of receiving it.
4. Within 24 hours of receiving a complaint, determine what, if any, immediate action can be taken to respond to the complaint and what, if any, supports the child in care or the person making the complaint may require in order to participate in the complaints review process.
5. Provide an update to the person on the status of the review:
  - if requested by the person, and
  - at such other times as necessary to ensure that the person receives an update on the review no later than 15 days after the service provider receives the complaint and subsequently at intervals of no more than 15 days.
  - \*Note: This requirement does not apply if the complaint was made anonymously
6. When necessary and appropriate, ensure complaints are reviewed and responded to by a person other than a person in respect of whom the complaint is made.
7. Document the steps taken in response to the complaint in the file of the child in respect of whose rights the complaint is made.
8. Make reasonable efforts to ensure that any person who is informed of the results of the complaints review understands those results.
9. In all cases, evaluate whether there are any measures that could be implemented to prevent the same violation from recurring and implement any such measures, if it is determined during the review that there has been a violation of the rights of a child in care.

**Regardless of whether the complaint is regarding a client receiving community-based services or in a live-in program** Persons who are expressing complaint are encouraged to make use of the agency's internal Complaint Procedure,

Steps 1 - 4. If the person chooses not to do this, he or she may request that his or her concerns or complaints be reviewed outside of the agency.

This outside review can be initiated by the person, in writing, to any of the following:

The local office of the:

**Ministry of Health**

Program Supervisor  
217 York Street  
London, Ontario N6A 1B7  
519-438-5111, Ext. 3307

**OR**

**Ministry of Community, Children & Social Services**

Program Supervisor  
217 York Street  
London, Ontario N6A 1B7  
519-438-5111, Ext. 3222

**OR**

**Information and Privacy Commissioner/Ontario**

2 Bloor Street East, Suite 1400 34 Toronto,  
Ontario M4W 1A8  
1-800-387-0073 (within Ontario)  
TDD/TTY: 416-325-7539  
FAX: 416-325-9195  
[www.ipc.on.ca](http://www.ipc.on.ca)