



Woodstock and District Developmental Services

<b>SECTION:</b>  Ethical Practices, Rights & Responsibilities	<b>SUBJECT:</b>  Service Delivery Feedback/Complaints and Grievances and Appeals ( ref. Agency Manual AGY 7-7.02)	<b>REF: SS-1.03</b>  <b>DATE: April 1, 2008</b> <b>Revised: March 2014,</b> <b>June 2015, September</b> <b>2020</b> <b>Reviewed: August 2018,</b> <b>August 2019, August 2021</b>
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**Policy:**

As we work together there will be occasions when differences arise. Informal resolution of these differences between people is encouraged, however at times this process may not be effective. WDDDS supports the formal/informal expression of complaints and grievances by people using services and key stakeholders and utilizes them to improve the quality of service.

WDDDS is committed to ensuring that people supported and/or stakeholders have access to a formal system of feedback/complaint with respect to matters of the agency and its staff.

“Feedback” may be formal or informal, positive or negative 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 letter from a person or family member about the services and supports that the agency provides).

“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 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 informally or formally. A complaint does not include feedback on matters unrelated to the agency and the services and supports that it provides.

WDDDS will ensure that support is provided to people in lodging a complaint/dispute, if necessary, using alternative forms of communication as required.

This process will ensure the fair and unbiased review of any complaint or dispute. A person who submits a complaint or provides feedback is not at risk of having their services and supports negatively impacted or withdrawn, as a consequence of

submitting the complaint/feedback, and the agency will ensure that the person is aware that their services and supports will not be impacted in that way.

## **PROCEDURE**

### **1. Informal Resolution Process**

Informal resolution of difference between parties is encouraged. People are encouraged to follow the steps of conflict resolution taught during CPI training. Using active listening techniques, “I feel” statements, providing solutions and committing to a resolution, are effective strategies to resolving disputes between people. A more formal process may be required if this is ineffective.

### **2. Services Delivery Complaint and Grievance Procedures**

In the event a person supported by WDDS has an issue with regards to personal safety, the quality of his or her support, or the restriction of rights – a person, advocate, family member or staff should utilize the following procedure:

1. The issue is reported to the immediate Supervisor or a Manager as soon as possible. If possible, the person or when unable to, the Advocate or Supervisor will complete a Complaints/Allegations report on AIMS
2. The Supervisor will notify the Quality Assurance Manager and/or the Director within twenty-four (24) hours. The criteria for reporting a Serious Occurrence will be reviewed, and if appropriate, the action taken will follow this format.
3. Within a minimum of one (1) day following the submission of the complaint; the person advocate, staff or family member will receive a response that is reviewed with them outlining the resolution to the complaint.
4. Should this resolution remain unsatisfactory, the original complaint and recommendations are submitted to the Director within one (1) week of the original decision.
5. Within a minimum of one (1) day following the submission of the complaint; the person, advocate, staff or family member will receive a response that is reviewed with them outlining the resolution to the complaint.
6. Should this resolution remain unsatisfactory, the original complaint and recommendations are submitted to the Chief Executive Officer within one (1) week.
7. Within a minimum of one (1) day following the submission of the complaint; the Chief Executive Officer will inform the person of the status of the decision, and if revised, what action is to be taken.

8. Should this resolution remain unsatisfactory, a Committee of the Board of Directors, will review and address the issue with the person, family member, and staff including the Chief Executive Officer and will provide a response within two (2) weeks of receiving the appeal.
9. At all points in the process, the person has the right and should be informed they have the right to determine family involvement, or involvement of the Human Rights Commission or the Office of the Ontario Ombudsman.
10. All complaints will be included in the semi-annual report to be received by Directors in order to determine lessons that can be learned as per Risk Management Policy AGY -7-7.01.
11. The Chief Executive Officer will maintain a record of: legal actions, allegations of wrongdoing, malpractice, and violation of ethics for a period of twenty (20) years for organizational learning and for references.

In order to promote continuous quality improvement, a semi-annual review and analysis of the complaints/ feedback received, will be conducted to determine the effectiveness of the policies and procedures and to revise as necessary. (Risk Management Policy AGY 7-7.01)

As a source of review and improvement, all Service Delivery Complaints will be reviewed at Leadership meeting every 6 months or earlier if required. Subsequent discussions and actions will be recorded on the AIMS Complaint/Allegations report in the - Additional Comments /Reflection on Process section and forwarded to the Chief Executive Officer and the Board of Directors as required. Completed forms will be kept in accordance with the Records and Retention Policy (7 years plus current).

### **External Service Delivery Complaint Procedure**

As a human service provider, complaints will arise. WDDS aims to constructively address all concerns as they help us to re-examine and improve the quality of services.

The purpose of this process is to constructively resolve issues which may be impeding the delivery of effective services. Community members, partners and people are entitled to and encouraged to present their concerns. Together we will resolve differences and work together to ensure quality services are provided within the resources available.

1. External Service Delivery Complaints should be forwarded to the Chief Executive Officer or Designate. The complaint is recorded in AIMS – Complaints/Allegations. The criteria for reporting a Serious

Occurrence will be reviewed, and if appropriate, the action taken will follow this format.

2. Within a minimum of one (1) day following the submission of the complaint; the person, advocate or family member will receive a response outlining the proposed resolution to the complaint.
3. Should this proposed resolution remain unsatisfactory, the parties will forward the original complaint and the proposed resolution to the Board of Directors for review.
4. A committee of the Board of Directors will review and address the issue with the person and/or family member and staff including the Chief Executive Officer and will provided a response within two (2) weeks of receiving the appeal.

Note: At any point in time during the review of an internal or external complaint, a serious occurrence will be filed with MCCSS and appropriate action taken, based on the nature of the complaint and the information uncovered. Refer to the abuse policy (1 - 1.04) for those complaints that would require the involvement of the police.

**Reference: WDDS Staff Website/Agency Forms/Policy Forms/Ethical Practices, Rights & Responsibilities**