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## POLICIES & PROCEDURES

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### SUBJECT: COMPLAINTS / FEEDBACK PROCESS

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#### 1.0 POLICY

Ongwanada is committed to ensuring that a readily available and easily understandable process is in place to receive and address complaints and other feedback about the services and supports that the organization provides. Supported Individuals, and their families, as well as the general public are welcome to offer suggestions, make a complaint or provide feedback. All complaints/feedback are taken seriously and Ongwanada will ensure a timely and full review.

Whenever possible, Ongwanada will make reasonable efforts to resolve or address the matter to the mutual satisfaction of both Ongwanada and the person who has made the suggestion, complaint or feedback. Any person who submits a complaint or provides feedback is not at risk of having his/her services and supports negatively impacted or withdrawn, as a consequence of their actions.

Ongwanada views the complaints and feedback process as a critical component in ensuring continuous quality improvement in the services and supports provided to supported individuals and believe it will assist in the identification and mitigation of risk to the organization.

#### 2.0 DEFINITION

##### Complaint<sup>1</sup>:

A complaint is an expression of dissatisfaction related to the services and/or supports provided by a service 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).

##### Feedback<sup>2</sup>

"Feedback" may be positive or negative (including complaints) and is related to the services and/or supports that are provided by a service 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 information (such as a verbal complaint expressed to a staff person).

#### 3.0 PROCEDURE

Complaints and feedback can be made:

- in person to staff at any Ongwanada site (e.g. community residence, administrative building)
- by telephone
- in writing

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<sup>1</sup> & <sup>2</sup> Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities - Policy Directives for Service Agencies



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- by e-mail

If it is unclear as to whom the complaint or feedback should be directed, it may be directed in writing to: [info@ongwanada.com](mailto:info@ongwanada.com) or to the Chief Clinical and Planning Officer

In order to assist Ongwanada in fully addressing the complaint or feedback received, the following information is required:

- a clear description of the feedback/complaint
- the date and time of the event that prompted the feedback/complaint
- the location of the event
- individuals/parties involved in the event (if known)
- the resolution being requested
- contact information ( including full name, mailing address, , telephone number, e-mail address or other means of contact)

The following process outlines how a complaint or feedback is addressed. If satisfactory resolution is not reached, the complainant may request a further review of the issue the organization up and to and including a Board review.

#### 4.0 **SOLICITED FEEDBACK**

##### 4.1 Supported Individual t/Family/Representative

Ongwanada supported individual and their family or representative are encouraged to express their opinions in a receptive, understanding and non-threatening environment through the following processes:

##### 4.1.1 Family Satisfaction Survey

A 'Client Experience Survey' is sent to supported individuals, their family or representative every four years.

##### 4.1.2 Support Plan Satisfaction Survey (Policy# 2-3-01)

As a component of each supported individuals annual Person Centred Plan /Individual Support Plan, the individual, family or representative are provided with a Satisfaction Survey inviting them to provide Ongwanada with their comments/feedback relating to satisfaction with the supports/services provided to the supported individual.

#### 5.0 **UNSOLICITED FEEDBACK – SUPPORTED INDIVIDUAL /FAMILY/REPRESENTATIVE/PUBLIC**



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Supported Individual t/family/representatives or members of the public may register their complaints or feedback to any direct support staff, clinical services staff, Supervisors, Managers, Chief Officers or to the Office of the Chief Executive Officer (See Policy #2-1-10 Individual Rights). When a complaint/feedback is received the responsible supervisor will log the complaint, determine the most appropriate staff member(s) to review /investigate and respond to the person submitting the feedback/complaint.

#### 5.1 Response Process

- 5.1.1 Positive comments/feedback from a supported individual, family, representative or member of the general public will be shared with staff members by the appropriate area Supervisor/Manager.
- 5.1.2 Concerns or complaints received will be acknowledged within 24 hours of receipt, indicating the following:
  - the individual who will be responding to the concern;
  - the date by which the response should be received.
- 5.1.3 The staff receiving the complaint/concern will complete the Complaints / Feedback form and forward to their immediate supervisor of the area within 24 hours.
- 5.1.4 The Supervisor and the staff member will:
  - a) initiate a review of the concern/ complaint
  - b) ensure there is no conflict of interest (see Section 6.0 - Conflict of Interest).
  - c) gather the necessary background information
  - d) ask other staff or individuals for information, opinions, options and recommendations
  - e) ensure documentation of any approved action or follow-up is placed in the current note section of the client's file
- 5.1.5 The Supervisor will complete the Complaints/Feedback form indicating the actions to be taken to resolve the concern/complaint, sign and submit to the appropriate Manager.
- 5.1.6 The Manager will sign the completed Complaints/Feedback form indicating agreement with the actions to be taken to resolve the concern/complaint. Follow-up will be completed with the complainant and the outcome will be documented on the Complaints/feedback form. The completed form will be sent to the Chief Officer for sign-off, who will then forward the original to the Chief Clinical and Planning Officer



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/for entry into the data base..

- 5.1.7 Should the concern not be resolved, the Supervisor/Manager will review the concern again, investigate where appropriate and develop various ways of resolving the concern and draft a response to the complainant.
- 5.1.8 Actions to be taken to resolve the concern/complaint will be documented on the Complaints/Feedback form by the Manager and reviewed with their immediate Chief Officer, along with a draft response to the complainant.
- 5.1.9 The Chief Officer may request an additional review or recommend additional or alternate ways of resolving the concern.
- 5.1.10 The Chief Officer will sign the completed Complaints/Feedback form indicating approval for the actions taken to resolve the concern/ complaint and submit to the Chief Executive Officer/delegate along with a draft response to the complainant.

#### 5.1.11 TIME FRAMES FOR FOLLOW-UP

ACTION	TIME FRAME	Day
Acknowledgement to complainant indicating the following: <ul style="list-style-type: none"> <li>• who will be responding to the concern;</li> <li>• a date when the response should be expected</li> </ul>	Within 24 hours from receipt of complaint	1
Staff will advise Supervisor/Manager	Within 24 hours from receipt of complaint	2
The Supervisor and the staff member: <ol style="list-style-type: none"> <li>a) will initiate an investigation of the concern/ complaint</li> <li>b) ensure there is no conflict of interest (see Section 3.0 - Conflict of Interest).</li> <li>c) background information will be efficiently and quickly gathered</li> <li>d) seek information, opinions, options and recommendations from other staff</li> <li>e) ensure documentation of any approved action or follow-up in the current note section of the client's file</li> </ol>	Within 5 calendar days from receipt of complaint	5



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The Supervisor/Manager will review the information collected and draft a response to the complainant.	Within 7 days from receipt of complaint	7
The Manager will sign the completed Complaints/Feedback form indicating the actions to be taken to resolve the concern/complaint.	Within 7 days from receipt of complaint	7
Follow-up will be completed with the complainant and the outcome will be documented on the Complaints/feedback form	Within 7 days from receipt of complaint	9
The completed form will be sent to the Chief Officer for sign-off, who will then forward the original to the Chief Executive Officer/delegate	Within 2 days from receipt of Complaints/Feedback form	11
The administrative support for the Chief Clinical and Planning Officer will input the complaint into "Complaints/Feedback" - database and maintain in a confidential file along with the Complaints/ Feedback form.		15

5.1.12 If the concern or complaint cannot be resolved, the Manager will:

- advise the complainant and any affected parties that the issue can be/will be pursued through the Chief Executive Officer

5.1.13 If the concern/complaint was referred through the Chief Executive's Office, the response to the complainant will be signed by the Chief Executive Officer.

## 5.2 Client Representative Role

5.2.1 At the discretion of the Chief Executive Officer, a Client Representative may be engaged to address feedback/complaints received.

5.2.2 If a Person Centred Planner is engaged in the client representative role, the Person Centred Planner will act on behalf of the Chief Executive Officer /delegate.

5.2.3 Concerns involving more than one area, will be forwarded to the client representative who will coordinate the investigation and the response.



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- 5.2.4 At the direction of the Chief Executive Officer/delegate, some concerns may be investigated by the client representative and another manager. This method will be used where concerns are complex and/or require immediate action.
- 5.2.5 Any required remedial action and the monitoring of specific issues will be as assigned by the Chief Executive Officer/delegate.
- 5.2.6 Client representatives will complete the "Complaints/Feedback form" and forward to the Chief Executive Officer/delegate.
- 5.3 The Chief Executive Officer /delegate will request the administrative support for the Chief Clinical and Planning Officer r enter the complaint into the "Complaint/Feedback" – data base and maintain in a confidential file along with the Complaints/Feedback form.
- 5.4 If the concern/complaint has not been resolved, the Chief Executive Officer will consider the following:
- a meeting with the respective parties
  - other persons to resolve the concern/complaint,
  - advise the parties that an appeal regarding the complaint can be made to the Executive Committee of the Board of Governors.
- 5.5 The Chief Executive Officer will advise the Executive Committee, that a concern/complaint has been raised and has not been resolved through the normal organizational processes. An Ad Hoc committee may be established by the Executive Committee to review the concern/complaint in order to attain resolution.
- 6.0 **CONFLICT OF INTEREST**  
 A conflict of interest refers to a situation in which private interests or personal considerations may affect an employee's judgment in the review, documentation, investigation, resolution and notification/confirmation of a complaint/feedback. All Ongwanada employees/managers and members of the Board of Governors are bound by Ongwanada's Code of Ethics and Ethical Framework. In situations where employees/managers/ Board Members believe there is a conflict of interest it is the responsibility of the individual and the organization to declare such a conflict. Consultation with the Chief Executive/delegate will occur in situations where a conflict of interest is declared to ensure alternative resources can be allocated to address the concern/complaint.
- 7.0 **CONTINUOUS QUALITY IMPROVEMENT**  
 In order to promote quality improvement, Ongwanada will review and analyse the complaints and feedback received to evaluate the effectiveness and need for revision to of its policies and procedures. This will occur on an annual basis and a summary report will be completed based on the above review



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A copy of the summary report will be shared with the Quality Improvement Committee

#### 8.0 **SERIOUS OCCURRENCE**

Complaints concerning **operational, physical or safety standards** of the service that is considered by Ongwanada to be of a serious nature may result in a 'Serious Occurrence' and should be reported to the Ministry of Children Community & Social Services. (Refer to Policy #1-14-18 - Serious Occurrence and Enhanced Serious Occurrence Reporting to the Ministry of Community & Social Services and the Ministry of Children & Youth Services).

The current practices outlined in separate policy will be followed for:

Policy #1-14-06 – Abuse, recognizing responding and reporting  
Policy #1-14-08 - Serious Occurrence Reporting

#### 9.0 **INDIVIDUALS UNDER AGE 18<sup>3</sup>**

If an individual is under the age of 18 years the concern/ complaint should be further followed up with the Ministry of Children Community & Social Services in the following manner:

##### **For Individuals under the age of 18 only:**

A child may express concerns with respect to alleged violations in private to a program staff person. If the concern/complaint is not resolved to a child's nearest relative/representative's satisfaction, he/she may submit a written request to the Minister of Children Community and Social Services to appoint a person independent of Ongwanada to conduct a further review of the complaint. If the child's nearest relative/representative is for any reason unable to formulate a written request to the Minister, assistance will be provided upon request by Ongwanada.

**Note:** The person appointed by the Minister shall review the complaint and may, but is not required to, hold a hearing. The person appointed by the Minister shall complete the review within thirty days after the day of appointment. A report will be prepared including findings, recommendations and reasons for not holding a hearing if none was held. Copies of the report will be provided to the person making the complaint, Ongwanada and the Minister. The Minister shall advise the person who made the complaint and Ongwanada if he/she decides to take any action with respect to a complaint after receiving a report.

#### 11.0 **FORMS RELATED TO POLICY** **[Abuse Plain Language.pdf](#)**

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<sup>3</sup> Child and Family Service Act Complaint and Review Procedure, (Chapter 5, Section 109, 110, 111)



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- [Rights Plain Language.pdf](#)
- [Complaints Plain Language \(2\).pdf](#)
- [Complaints/Feedback Form](#)
- [Complaints/Feedback - Log](#)

#### **12.0 LEAD PERSON:**

Chief Executive Officer