**Complaints and Concerns**

**Policy**

The Canadian Mental Health Association Haliburton, Kawartha, Pine Ridge, (C.M.H.A. H.K.P.R.) recognizes the rights of clients and other interested parties:

* to make inquiries about our services
* to understand their rights in the service relationship
* to express complaints or concerns about their treatment or our services
* to understand C.M.H.A. H.K.P.R.’s processes to review complaints or concerns about service or that their rights have been violated
* to understand what to expect with regard to outcomes from expressed complaints or concerns
* to request and receive a hard copy of this policy, or be directed on how to access it on our website if they choose
* to understand how C.M.H.A. H.K.P.R. handles potential conflicts of interest and/or bias, and
* to know that expressing a complaint or concern will not negatively affect the services they receive

Furthermore, C.M.H.A. H.K.P.R. recognizes that a clear and timely feedback process is an important part of supporting the continuous quality improvement of our services.

C.M.H.A. H.K.P.R. is committed to ensuring that we constructively manage and respond to complaints and concerns in a timely and respectful manner with a “just culture” approach, (please see *Just Culture* policy).

**Procedures for Complaints, Concerns and Inquiries**

Note: For the purposes of this Procedure, the word “complaint” will be taken to also include expressing concerns that fall short of a formal complaint.

***Who Can Make a Complaint?***

Clients and other interested parties, including family, persons acting on behalf of a person with a developmental disability, other service providers and the general public have an opportunity to make complaints, and understand how C.M.H.A. H.K.P.R. handles these matters. The organization’s *Complaints and Concerns brochure* is available at all C.M.H.A. H.K.P.R. office locations and on the website. The brochure is also available so staff can print copies for clients on request.

***Methods of Making a Complaint***

People may use various methods to make a complaint, including in person, by telephone, or in writing, (in either hard copy or electronically):

* with their worker
* with the relevant Manager
* with any C.M.H.A. H.K.P.R. employee, who is then responsible for directing the complaint to the most appropriate person

Where complaints are communicated in writing, use of the organization’s *Complaints and Concerns Form* is encouraged. This form is available at all C.M.H.A. H.K.P.R. office locations, on the C.M.H.A. H.K.P.R. website, and from workers who are able to print it.

Alternative methods of making a complaint will be put in place where required by a person with a disability, in compliance with the Accessibility for Ontarians with Disabilities Act, (A.O.D.A.).

***Client-Specific versus General Complaints and Concerns***

This policy acknowledges that complaints may be expressed either in relation to a specific client’s service, or more generally about C.M.H.A. H.K.P.R.’s services. Generally, the process for handling complaints will be very similar, noting that there may be slight differences depending on the nature of the complaint.

Where the complaint is about a specific client’s service experience, the most directly involved worker may be involved, as appropriate, and client consent will be required, (please see step 1 below).

Where complaints are more general in nature, they will not generally be referred to a specific worker, but will ordinarily be referred to the most appropriate Manager or Director of Programs and Services, depending on the nature of the complaint.

***Ministry of Children, Community and Social Services (M.C.C.S.S.), Quality Assurance Measures (Q.A.M.) Exceptions to this Policy***

In any situation where the complaint or concern is by or on behalf of a person with a developmental disability, in a Ministry of Children. Community and Social Services (M.C.C.S.S.) funded program, and alleges abuse that could constitute a criminal offence, C.M.H.A. H.K.P.R.’s *Quality Assurance Measures (Q.A.M.) – Abuse* policy supersedes this policy.

In any situation where the complaint or concern is in an M.C.C.S.S. funded program, by or on behalf of a person with a developmental disability, or a youth in conflict with the law in the Youth Mental Health Court program, which would constitute a “Serious Occurrence” as defined by M.C.C.S.S., the organization’s *Serious Occurrence* policy supersedes this policy.

***Conflicts of Interest and Bias***

This policy acknowledges that there may be circumstances where the worker who is outlined in this process may not seem to be the most appropriate person to hear a complaint.

Where the person with the complaint identifies that they perceive a risk of conflict of interest or bias, they may request that a person other than the person identified in the policy addresses their complaint.

The person who receives a complaint where a potential for conflict of interest or bias is identified, is responsible for referring the matter to the most appropriate person, (for example, to the Manager rather than a worker, or to a Director of Programs and Services rather than a Manager, or to the alternate Director of Programs and Services, as applicable).

***No Negative Impact***

This policy explicitly protects clients from any negative outcome or impact to their service as a result of expressing complaints.

***Timely and Clear Processes***

Every effort will be made to investigate and resolve issues in the least formal and most direct manner, in accordance with the steps and timelines outlined in this policy.

**Complaints Resolution Process**

***Resolution by Worker***

1. When a complaint arises about services for an individual client, the most involved worker will attempt to resolve the situation at the earliest reasonable opportunity and within five (5) business days.
2. The worker will advise their Manager of the complaint as soon as is reasonable, depending on the immediacy of the issue. It is recognized in this policy that the complaint may come from a client of service or from another person involved in that client’s care, (such as a family member). A worker can receive a complaint, whether or not there is consent from the client. Workers will not provide information about any client to a person making a complaint, unless the client has consented.
3. In situations that cannot be resolved by the client and worker directly, the worker will inform the person with the complaint of their right to refer the matter to the worker’s Manager.
4. The worker will either provide the person who has the complaint with the *Complaints and Concerns Form,* in hard copy and will ensure that the person is supported to complete and deliver it to the Manager (if required), or will direct the person to the website and the location of this policy and form, if the person has internet access and computer literacy.
5. The worker will document these interactions in the client’s electronic record.

***Referral to the Manager***

1. The Manager will review the relevant documents and contact the person with the complaint to either discuss the matter by phone, or to arrange an in-person meeting. Other parties may be involved as appropriate. Every reasonable effort will be made to arrange this meeting within five (5) business days of receipt of the complaint. Where further investigation is required and this timeline cannot be met, the Manager will advise the person with the complaint of the expected timeline. The Manager will fully document the processes and results of their investigation and meetings.

***Referral to the Director of Programs and Services (D.P.S)***

1. If the matter remains unresolved following the meeting(s) between the Manager and person with the complaint, within five (5) business days, the Manager will refer the matter to a D.P.S. by providing the D.P.S. with a written package of all prior documentation that is pertinent to the complaint.
2. Depending on the circumstances of the complaint, and to avoid any potential conflict of interest, the Manager may first advise the person with the complaint, that they may request the matter be reviewed by the D.P.S. who oversees the program, or by the other D.P.S.
3. The D.P.S. to whom the matter has been referred, will conduct a review of the matter, which may include additional consultation with the person with the complaint, the Manager, any other relevant workers, and other directors if required. The D.P.S. will document all the interactions, knowledge gained and results that result from their review, and add it to the existing record about the complaint.
4. The D.P.S. to whom the matter was referred, will respond in writing to the person with the complaint, within twenty (20) business days after the D.P.S. receives the complaint package from the Manager.

***Referral to the Board of Directors***

1. If the person with the complaint is not satisfied with the D.P.S.’s response, that person may request their written complaint to be forwarded to the Chief Executive Officer (C.E.O.), who will refer the matter to C.M.H.A. H.K.P.R.’s Board of Directors. The Board of Directors will review all relevant written materials and will consult at the next available Board meeting. The decision made by the Board of Directors will be final and binding, and will be communicated to the person making the complaint, in writing, within ten (10) days after the decision being made.

***Organizational Review of Complaints and Concerns***

1. Managers and D.P.S.s that have been involved in a complaints process will ensure that a non-identifying summary of each complaint is forwarded to the Executive Administrative Assistant (E.A.A.), who maintains an annual aggregated *Complaints Log*, including their resolutions. The *Complaints Log* template is available on the management drive.
2. As part of its quality improvement framework, the Senior Leadership team reviews the *Complaints Log* and completes a *Complaints Log Review* form on a quarterly basis, to identify broad trends, risks, and/or other areas of concern. They may choose to follow up in depth on particular complaints and to review the entire documentation package(s) where appropriate. Areas of organizational concern will be directed to the Management team for further follow up at the next monthly meeting, as required.
3. The C.E.O. communicates a summary of the quarterly *Complaints Log* *Review* forms to the Board of Directors at a minimum of annually for their review.

**Cross Reference**

*Complaints and Concerns* form

*Complaints and Concerns* brochure

*Complaints Log Review* form