

Community Living Welland Pelham – Policy and Procedures	Subject Number: 4
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GENERAL STATEMENT

An underlying value of Community Living Welland Pelham is to support persons and families in a respectful and fair manner. **The support system must recognize and accept the right of all persons using services to question supports offered by Community Living Welland Pelham.** People will be encouraged and supported to bring their concerns forward and be assured that any issue will be addressed in a timely and fair manner.

The general public, partners and volunteers who are connected with Community Living Welland Pelham will be supported in bringing forward any complaint/feedback. It is recognized by CLWP, that the involvement of the larger community offers an unbiased monitoring and assessment of supports that assists in keeping people safe.

Process for Accepting and Investigating Complaints/Feedback (People supported, family, advocates).

1. Individuals supported by Community Living Welland Pelham, their families and advocates will be informed of the complaint/feedback process. ***A copy of the Customer Service Standard (APPENDIX B) will be posted in all Community Living Welland Pelham locations.*** Individuals who are involved in direct service will receive information on this process, either through individual discussion or training sessions.
2. A complaint/feedback can be:
 1. Any issue that a person or family feels is unfair or hurtful to them.
 2. Raised by an advocate, friend, support staff or community partner/connection.
 3. Related to a present or past support.
 4. An issue relating to outside services or community interactions.
3. All complaints/feedback will be listened to and heard, regardless of the association's ability to rectify or make changes, immediately. The complaint will be taken seriously and reasonable steps are to be initiated to address it.

4. All complaints/feedback will be accepted, reported to the supervisor of the program or his/her designate. Each verbal or written complaint is taken seriously and investigated by a designated staff person who is free of conflict of interest.

Any staff person who denies or ignores or refuses to move a complaint/feedback forward may be subject to discipline action if the circumstances warrant it.

5. In those situations where the complaint/feedback can be dealt with immediately, the support staff is to complete a written report that includes the complaint/feedback and its resolution. The Executive Director or his/her designate is responsible for ensuring the outcome of the investigation is dealt with fairly, where ever possible, a resolution is in place, and the person who has submitted/initiated the complaint, has been informed of the outcome.
6. The resolution of the complaint/feedback is to be dealt with in a timely fashion. In those situations where an investigation is required the expectation is to have it completed within ten (10) working days.
7. The person supported by the association and/or family will choose who they are most comfortable in submitting this information to. The submission may start with the front line support worker and continue up the hierarchy of the organization, as outlined in Appendix A, Steps to Complaint/Feedback Resolution. However, depending on who is submitting the information, it is their choice who they wish to discuss this information with. It may be a front line support staff that they feel comfortable with, or it could be the Executive Director. The acceptance, investigation and documentation process is the same.
8. The association will receive complaints/feedback through direct communication (verbal), written communication (letter, e-mail).
9. No formal process is required to submit a complaint or give feedback. Those individuals who do not have verbal, written or other communication skills will rely on the support staff to assist in moving the complaint/feedback forward.
10. Individuals who have advocates (family, friends) are encouraged to express their complaint/feedback through those advocates if they are uncomfortable or unable to move the issue forward. Depending on the severity or nature of the complaint/feedback, a formal investigation may occur, where written reports will be completed and sign off is required by the persons involved.
11. The Executive Director or his/her designate is responsible for determining the extent of the investigation, which could include notification of the Board of Directors and/or the Ministry of Community and Social Services. The Executive Director or his/her designate is responsible for ensuring the outcome of the investigation is dealt with fairly, where ever possible, a resolution is in place, and the person who has submitted/initiated the complaint, has been informed of the outcome.

12. The response process is determined by the nature of the complaint/feedback that is presented and by whom. If the complaint/feedback can be rectified within an immediate fashion, the response may be communicated verbally or in written fashion.
13. If the complaint/feedback is of a serious nature and requires a full investigation, then a formal response, in writing, is provided.
14. If the complaint/feedback process requires that others will need to be involved to gather further information, the person submitting the complaint/feedback will be informed, and when it is appropriate, decide whether or not he/she is in agreement with the gathering of this information. The individual's decision is to be documented regarding this.
15. The person who submitted the complaint/feedback may withdraw it, at any time during this process.
16. The investigation will address any concerns relating to possible coercion, intimidation and/or bias that may occur either during or after the investigation relating to those persons who are involved in the complaint/feedback.
17. In the circumstances where there is an allegation of abuse, the Allegation of Abuse Policy procedures are implemented.
18. The Board of Directors is made aware of any complaint/feedback that is of a serious nature that requires a Serious Occurrence Report to be submitted or has the potential to cause a public/media crisis.
19. In those situations where the investigation determined that the complaint/feedback is frivolous, malicious and/or vexatious, action may be taken against the person who submitted the complaint. (Specifically if it originates from a paid staff, disciplinary action may occur)
20. If required, the complaint/feedback process will include the reporting of the complaint/feedback to the police, if it is a criminal offence, in nature.
21. As a part of the monitoring of the organization, reports are provided to the Board of Directors relating to serious occurrences, staff treatment, general executive constraints, governance process and outcomes for people. This information is reviewed and evaluated to determine changes in present policy and procedures.
22. All staff complaints/feedback relating to personnel concerns will follow the grievance procedures outlined in the union agreement and/or personnel procedures.
23. The Board of Directors will review complaints/feedback as brought to its attention by the Executive Director and will provide a Board response, as required.
Individual Board members may bring to the attention of the Executive Director or his/her designate a complaint/feedback brought to his/her attention, but will not provide an individual response on behalf of the Board.

24. The Ministry of Children, Community and Social Services may be contacted at any time during this process should the person submitting the complaint/feedback choose to do so. The Ministry can be contacted at ReportON by phone 1-800-575-2222, e-mail – reportONdisability@ontario.ca, TTY – 416-916-0549 (for hearing impaired), to report any concerns of alleged, suspected or witnessed incidents of abuse and/or neglect of adults receiving MCSS funded developmental services. A staff member might do so at the request of the individual and/or if they felt CLWP was not addressing the concern adequately.

Process for Accepting and Investigating Complaints/Feedback (Community Partners, Volunteers, Neighbours, Businesses, etc.)

1. Persons from the general community, who submit a complaint/feedback regarding CLWP, will be informed of this process.
2. All employees and Board Members will accept a complaint/feedback, in a respectful manner.
3. A complaint/feedback can be:
 1. Any issue that a person or family feels is unfair or hurtful to them.
 2. Raised by an advocate, friend, support staff or community partner/connection.
 3. Related to a present or past support.
 4. An issue relating to outside services or community interactions. Individuals who receive the Professional and Specialized Services of the Sexuality Clinic (Developmental Services – Detail Code – 9132 should use this process to make a complaint to the professional association(s) of the clinic professionals.
4. All complaints/feedback will be listened to and heard, regardless of the association's ability to rectify or make changes, immediately. The complaint will be taken seriously and reasonable steps are to be initiated to address it.
5. In those situations where the complaint/feedback can be dealt with immediately, the person receiving the complaint, on behalf of CLWP, is to complete a written report that includes the complaint/feedback and its resolution. The person from the community may submit their complaint/feedback to the person they have contact with in CLWP, submit it through the main office at 535 Sutherland Avenue to the Manager of Administration. The Manager of Administration will review all complaints/feedback with the Executive Director
6. Based on the circumstances surrounding the complaint/feedback, an investigation will occur. The lead of this investigation will be determined by the Executive Director or his/her designate, depending on the severity of the complaint/feedback.
8. The investigation will address any concerns relating to possible coercion, intimidation and/or bias that may occur either during or after the investigation relating to those persons who are involved in the complaint/feedback.

The Executive Director or his/her designate is responsible for ensuring the outcome of the investigation is dealt with fairly, wherever possible, a resolution is in place, and the person who has submitted/initiated the complaint, has been informed of the outcome.

9. In the circumstances where there is an allegation of abuse, the Allegation of Abuse Policy procedures are implemented.
10. The Board of Directors is made aware of any complaints/feedback that is of a serious nature that requires a Serious Occurrence Report to be submitted or has the potential to cause a public/media crisis.
11. In those situations where the investigation determined that the complaint/feedback is frivolous, malicious and/or vexatious, action may be taken against the person who submitted the complaint. (Specifically if it originates from a paid staff, disciplinary action may occur)
12. If required, the complaint/feedback process will include the reporting of the complaint/feedback to the police, if it is a criminal offence, in nature.
13. As a part of the monitoring of the organization, reports are provided to the Board of Directors relating to serious occurrences, staff treatment, general executive constraints, governance process and outcomes for people. This information is reviewed and evaluated to determine changes in present policy and procedures.
14. The Board of Directors will review complaints/feedback as brought to its attention by the Executive Director and will provide a Board response, as required.
Individual Board member may bring to the attention of the Executive Director or his/her designate a complaint/feedback brought to his/her attention, but will not provide an individual response on behalf of the Board.
15. The Ministry of Community and Social Services may be contacted at any time during this process should the person submitting the complaint/feedback choose to do so.
16. If a member of the public reports to someone at CLWP a concern of alleged, suspected or witnesses of an adult receiving MCCSS funded developmental services other than from CLWP, this concern is to be reported to Report ON at (phone) 1-800-575-2222, or (e-mail) reportONdisability@ontario.ca or (TTY) 416-916-0549 (for hearing impaired) by CLWP staff, or the contact information can be given to the community member if they choose to report themselves.

Expectations of Support Staff in the Complaint/Feedback Process

- All staff are to read, understand and support this policy.
- All staff are to receive training in this policy and where it is their designated responsibility, to provide training and support to new employees and volunteers in understanding this policy.
- All direct support staff are to provide assistance to persons they are supporting in submitting a complaint/feedback. Depending on the abilities of the individual, family member or community member, this may include assistance in contacting the appropriate person within CLWP, provide written or verbal support in communicating the complaint/feedback as well as, assurance that the person submitting the complaint will be listened to and treated fairly.
- All staff are expected to accept any complaint/feedback, regardless of its source.
- All staff are expected to accept the complaint/feedback in a respectful manner, ensuring the individual is listened to and heard, as well as, all complaints/feedback will be accepted, reported to the supervisor of the program or his/her designate.
Each verbal or written complaint is taken seriously and investigated by a designated staff person who is free of conflict of interest.
Any staff person who denies or ignores or refuses to move a complaint/feedback forward may be subject to discipline action if the circumstances warrant it.
- All staff are expected to provide information on the process of the review of a complaint/feedback and provide information regarding who else the individual is able to contact, within CLWP. This includes providing a name, position and phone number.
- All staff are expected to resolve complaints/feedback in a timely fashion.
Whenever possible, the complaint/feedback should be dealt with immediately. In those situations where a formal investigation is required, the expectation is to have it completed within ten (10) working days.
- All staff are responsible for documenting the complaint/feedback, their involvement in accepting the complaint/feedback, where applicable, the resolution of the complaint/feedback and in those situations where the complaint/feedback is directed to a more senior staff person, written documentation is provided.
- The Director of Adult Service will retain documentation on all instances of Complaint/Feedback. For each instance a Feedback and Complaints form will be completed (Appendix C) as part of the documentation. The Director of Adult Services will conduct an annual review and produce a written summary of all Complaints/Feedback for the year in order to identify trends and make required changes in policy, procedure, staff training, etc. as indicated.
- Staff who are directly involved in the complaint/feedback are to recognize that they must not be involved directly in the investigation, and they must not give any indication of bias, coercion or intimidation either during or after the completion of the investigation.

- The professionals who offer services through the Sexuality Clinic are not employees of CLWP and are not required to follow the above delineated expectations of support staff in the complaint/feedback process. As professionals providing an outside service, they will follow their own protocols related to complaints regarding the services they provide. They may wish to make CLWP aware of the complaints they receive regarding their services and may inform individuals/families that they can follow the CLWP complaints/feedback process if they choose.

Training:

The staff of CLWP will be trained in the Complaints/Feedback Policy and Procedure.

This will be part of their orientation as a new employee.

This policy will be required to be reviewed annually by staff to maintain knowledge of their responsibilities in supporting people, volunteers, family and community.

Staff will also be required to understand their responsibilities supporting people who are unable to initiate complaint/feedback, recognizing it is an expectation of the staff to follow through in submitting the complaint/feedback.

Volunteers of CLWP will be given information regarding the Complaint/Feedback, Policy and Procedure.

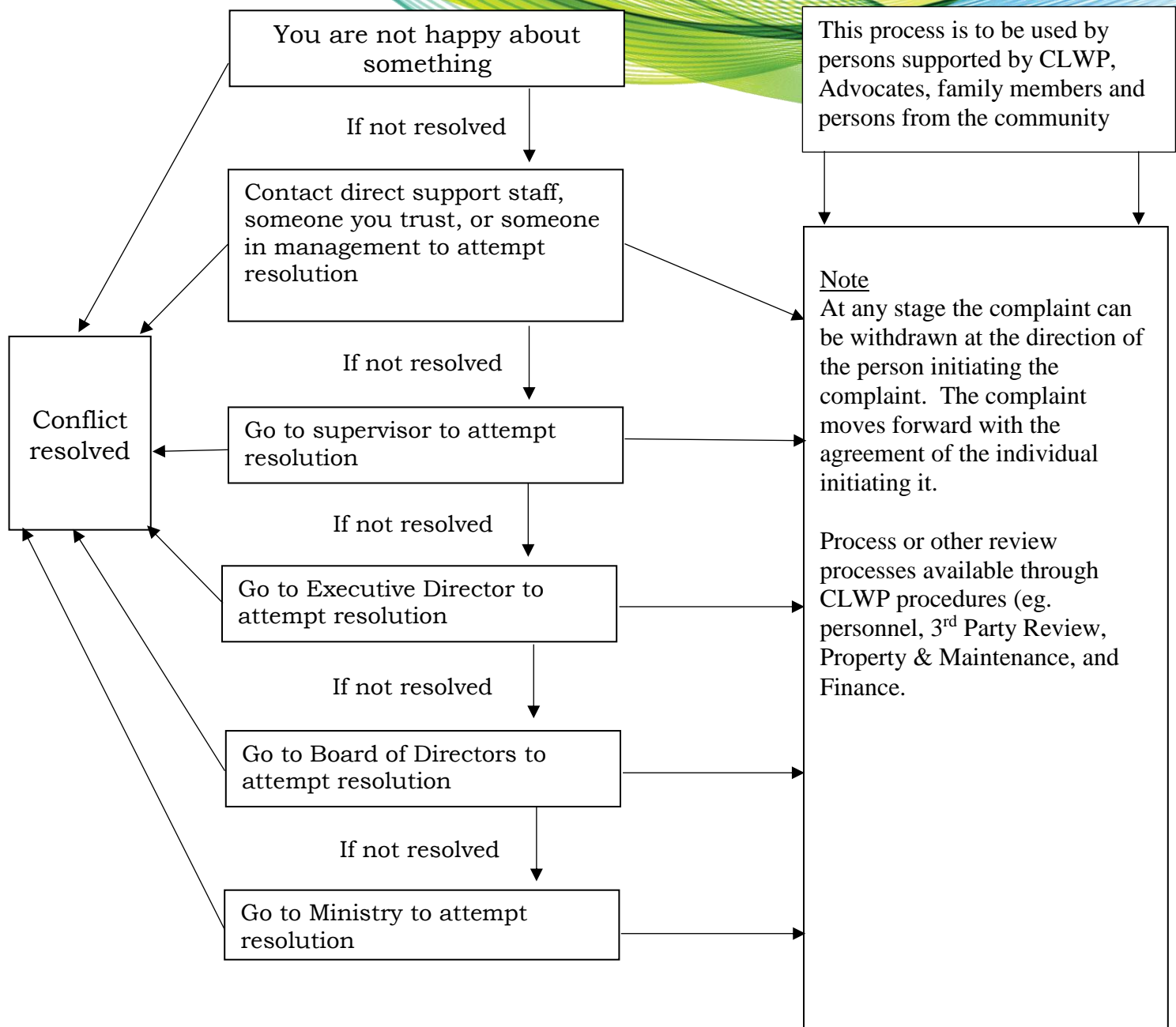
Volunteers will be required to understand their responsibilities in submitting complaints/feedback to the appropriate person, especially if it is directly related to an individual supported by CLWP.

The Board of Directors is provided information on the Complaint/Feedback Policy and Procedures and is made aware of its roles and responsibilities for the review.

People utilizing supports through CLWP will be provided information on the Complaints/Feedback Policy and Procedures in a manner that meets their interests.

APPENDIX A Community Members See “Service Standard” Appendix B

Steps to Complaint/Feedback Resolution



All staff are instructed to share this information with an individual, family member, advocate, and community person as required, provide a telephone number or address of the main administration office to the person submitting the complaint. The resolution of the complaint/feedback is to be dealt with in a timely fashion. In those situations where an investigation is required the expectation is to have it completed within ten (10) working days.

APPENDIX B COMPLAINTS/FEEDBACK PROCESS

Service Standard

Mission Statement

To advocate for, promote and facilitate full participation, inclusion and citizenship of people who have an intellectual disability.

Vision Statement

An inclusive caring community where all people belong and have equal opportunity to participate effectively.

An underlying value of Community Living Welland Pelham is to support persons and families in a respectful and fair manner. The support system must recognize and accept the right of all persons using services to question supports offered by Community Living Welland Pelham. People will be encouraged and supported to bring their concerns forward and be assured that any issue will be addressed in a timely and fair manner.

The general public, partners and volunteers who are connected with Community Living Welland Pelham will be supported in bringing forward any complaint/feedback. It is recognized by CLWP, that the involvement of the larger community offers an unbiased monitoring and assessment of supports that assists in keeping people safe

For Ontarians with disabilities:

- We will ensure that all staff are trained and familiar with various devices that may be used by people while accessing our services.
- We will communicate with people in ways that take into account their disability.
- We welcome people who have service animals. Service animals are welcome on the parts of our premises that are open to the public.
- Anyone who is accompanied by a support person will be welcome to have that person accompany them on our premises.

Feedback

We value your opinion! To achieve this, we need to involve you in helping us to reach the highest possible standards of service. Please share your concerns or your comments, either verbally or in writing to the Manager of Administration.

People who wish to provide feedback on the way Community Living Welland Pelham provides services to people with disabilities can communicate with us verbally, by email, or in writing, directing their comments to the Manager of Administration, who will respond to your inquiry within two working days. Complaints will be addressed according to our organization's Complaints/Feedback which is available to the public on our website.

Contact information:

tt@cl-wellandpelham.ca

535 Sutherland Avenue, Welland, ON L3B 5A4 905-735-0081 ext. 208

Community Living Welland Pelham is committed to developing policies that respect and promote the dignity and independence of people with disabilities.

APPENDIX C
COMMUNITY LIVING WELLAND PELHAM
FEEDBACK AND COMPLAINTS

Feedback and Complaints Form

Date: _____ Time _____ a.m./p.m.

How was the feedback received? (e-mail, verbally, weblink, complaints feedback form, etc.)

Explain situation: _____

Where did it occur? _____

When did it happen? _____

Date resolved: _____

Date the person was informed of resolution: _____

Method the person was informed: (e-mail, verbally, weblink, complaints feedback form, etc.)

Was person satisfied with resolution? Yes _____ No _____

If not, follow-up: _____

Who completed the investigation? _____

Signature: _____ Date: _____

(Investigator)

Signature: _____ Date: _____

(If applicable)