

STATEMENT OF POLICY AND PROCEDURE

Department:	Finance and Administration	
Approved by:	Executive Team	
Operational Lead:	Director, Quality & Risk Mgmt	
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Policy Title:

Stakeholder Feedback And Complaints

1 POLICY

- 1.01 Surrey Place Centre (SPC) views <u>stakeholder feedback</u> and <u>complaints</u> as important parts of providing quality services and supports that are responsive to stakeholder needs and support continuous improvement.
- 1.02 The information received through a feedback and/or complaint process can assist SPC in taking steps to better support individuals and/or improve administrative practices.
- 1.03 Key support contacts for stakeholder feedback and complaints include:
 - a) <u>feedback@surreyplace.on.ca</u>
 - b) Felix Camposano, Director, Quality & Risk Management at 416-925-5141 ext. 2455 or felix.camposano@surreyplace.on.ca

2 PURPOSE

2.01 The purpose of this Statement of Policy and Procedure is to establish appropriate processes and procedures to receive and address stakeholder feedback and complaints on services and/or supports provided and administrative practices.

3 SCOPE

3.01 This policy applies to all clients who receive services and supports, a person acting on behalf of clients who receive services and supports, employees, students, volunteers, community partners, contractors, consultants and members of the general public.

4 RESPONSIBILITY

- 4.01 The Vice-President, Finance and Administration is responsible for:
 - a) Updating and maintaining this policy
 - b) Providing annual statistics and themes from stakeholder feedback to senior management and other internal and external accountability systems
- 4.02 The Director of Quality, Risk Management, Decision Support and Administrative Services is responsible for:

- a) Creating stakeholder awareness of and access to this policy and its associated procedures
- b) Receiving and directing stakeholder feedback and/or complaints in accordance with this policy

5 DEFINITIONS

- 5.01 *Complaint* an expression of dissatisfaction related to services and/or supports provided or administrative practices. A complaint may be expressed by any SPC <u>stakeholder</u> regarding services and/or supports or administrative practices. A complaint may be made formally (such as a written letter to the organization) or informally (such as a verbal complaint expressed to a staff person).
- 5.02 Conflict of Interest A real or perceived conflict of interest may exist where an individual's actions or decisions are, or seem to be, compromised by consideration of personal benefit. Real or perceived conflicts of interest should be documented and avoided in all feedback and/or complaints processes.
- 5.03 *Feedback* positive or negative (including complaints) observations related to services and/or supports that are provided by SPC. 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). Feedback may be formal (like the survey or letter noted above) or informal (such as a verbal complaint expressed to a staff person)
- 5.04 **Stakeholder** includes a client who receives services and supports, a person acting on behalf of a client who receives services and supports, employees, students, volunteers, community partners, contractors, consultants and members of the general public.

6 REFERENCES and RELATED STATEMENTS of POLICY and PROCEDURE

- 6.01 Ministry of Community and Social Services Policy Directives for Service Agencies, February 2017
- 6.02 Services and Supports to Promote Social Inclusion of Persons with Developmental Disabilities Act, 2008
- 6.03 Accessibility Standards for Customer Services, Ontario Regulation 429/07

7 PROCEDURES

Receipt and Documentation of Feedback and Complaints

7.01 SPC's services and supports and administrative practices are to be proactively designed to encourage important positive and negative stakeholder feedback that helps the organization assess satisfaction and support continuous improvement.

7.02 SPC requires that the receipt and documentation of feedback and complaints are submitted to feedback@surreyplace.on.ca or 416-925-5141 ext. 2455 as follows:

Type of Feedback:	Verbal Solicited or Unsolicited Feedback	Written Solicited or Unsolicited Feedback	Verbal or Written Solicited or Unsolicited Complaints
Requirement:	Document and submit for tracking purposes	Immediately scan and email with original document sent to Director, Quality and Risk Management	Immediately document and/or scan and email with original document sent to Director, Quality and Risk Management

- 7.03 General documentation standards for feedback and complaints are:
 - a) Date of feedback/ complaint
 - b) Full name of feedback source/complainant. Note that the feedback source or complainant has the right to choose to remain anonymous.
 - c) Name and title of person submitting feedback or complaint
 - d) Brief summary of feedback or complaint
- 7.04 The Director, Quality and Risk Management or their delegate will compile all feedback and/or complaint information into a confidential database and engage the appropriate personnel in follow up in accordance with this policy.

Investigating Complaints

- 7.05 All solicited, unsolicited, informal or formal complaints must be investigated by the Director, Quality and Risk Management (DQRM).
- 7.06 Subject to third party specialist advice regarding complex matters, the Director, Quality and Risk Management will follow these steps to resolve and respond to complaints:

Timeline	Immediate	Within 5 Business Days	Within 30 Calendar Days	
Steps	DQRM creates electronic complaint file with complaint information	DQRM engages the appropriate internal or external investigation lead (IL) DQRM sends written update to complainant on status of complaint and their investigation contact	IL conducts investigation with appropriate parties	IL informs complainant and parties of investigation outcome and corrective action, where needed. Documentation is coordinated with HR, DQRM is informed and electronic files are updated.
Outcome	Complete electronic complaint file	Investigation lead appointed and complainant informed of investigation process	Investigation conducted	Investigation completed, parties informed, corrective action taken, record keeping is maintained.

- 7.07 All parties involved in a feedback or complaint process are required to :
 - a) Comply with SPC's Code of Conduct, address matters in a respectful manner free of frivolous or vexatious claims or comments and in a confidential manner
 - b) Provide support or ensure appropriate supports are available to the parties involved including, but not limited to: access to policies and simple language; differing ways of providing feedback or addressing complaints; clarifying roles and responsibilities in the complaints process; avoiding real or perceived conflicts of interest; ensuring the investigation process is free of any coercion, intimidation or bias; and making reasonable efforts to resolve or address matters to the mutual satisfaction of parties involved.
 - c) Ensure 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 a complaint or feedback.
- 7.08 The parties involved in a complaint have the right to file an appeal to the outcome of a complaint process to the Director, Quality and Risk Management for its potential review in an alternative feedback or complaint process.

Review, Analysis and Reporting of Feedback and Complaint Trends

- 7.09 Statistics and trends from stakeholder feedback and complaints will be monitored by the Director, Quality and Risk Management for appropriate discussion with senior management.
- 7.10 Where appropriate serious matters or trends will be reported to the relevant internal and external authorities such as the CEO, Human Resources, the police (e.g. in the case of alleged, suspected or witnessed abuse that may constitute a criminal offence) and/or the appropriate ministry (e.g. serious occurrence or risk assessment processes).
- 7.11 In order to promote continuous quality improvement, SPC shall conduct a review and analysis of complaints and feedback received at least annually to evaluate the effectiveness of this policy and its associated procedures.

8 Attachments

None noted.