

	<b>Policy Type</b>	<b>Number</b>	<b>Title</b>	<b>Created</b>	<b>Revised</b>
	Finance and Administration	FA P018	Complaints Process	May 2019	

## Policy Statement

Evangel Hall Mission (ehm) expects that in the normal course of operations there will be occasions where tenants or participants or patients do not feel that they have received adequate services, or that there are other issues that should be further addressed. ehm will endeavour to provide exemplary service and will respond to tenants/participants/patients promptly when concerns have been raised.

## Purpose

ehm expects that in the course of delivering services to tenants/participants/patients there will be complaints made about these services or about the manner in which the services were delivered. ehm is committed to establishing processes to ensure these complaints are heard, the facts of the complaint established, and where required, that remedial actions are undertaken.

## Scope

This policy will apply to service provision from all ehm departments including the Residence, Drop-In and Dental Clinic.

This policy does not apply to tenants/participants/patients who have been issued a No Trespass Order or are currently under a Service Restriction.

This policy does not apply to Human Rights or Discrimination complaints; those complaints will be resolved as per policy HR P015 Anti-Discrimination Policy.

## Policy

### 1. Informal Resolution

All efforts will be made to find an informal resolution using communication, between the immediate parties involved. These efforts will include the following steps:

- a. The tenant/participant/patient should first speak directly with the staff person involved with the complaint;
- b. If that initial conversation is unsuccessful, the tenant/participant/patient should speak with the supervisor of the staff person involved. During this conversation:
  - The tenant/participant/patient has the opportunity to share his/her/their complaint
  - The staff member will have an opportunity to address a complaint about a service/decision they have made
- c. For issues within the Drop-In, the Drop-In Manager is accountable for the department and decisions made within it, so the Manager is entitled to an opportunity to resolve or address the situation.
- d. The tenant/participant/patient may appeal the Manager's decision to the Director of Programs and Client Care. To do so, the participant must make an appointment with the Director and provide a written outline of his/her/their complaint and the reasons for his/her/their appeal of the manager's decision.

- e. The Director of Programs and Client Care will review the situation and make a decisions about next steps to resolve the situation.
- f. If the tenant/participant/patient is unsatisfied with the decision made by the Director of Programs and Client Care, the issue will escalate to Step 2 – Reporting.

## **2. Reporting**

When communication is unable to achieve a resolution, a written report documenting the complaint will be prepared. These efforts shall include the following steps:

- a. The tenant/participant/patient should prepare a written complaint detailing the issue at hand. This report will be given to the Director of Programs and Client Care. Should the tenant/participant/patient be unable to write the report himself/herself/themself, the tenant/participant/patient may dictate their report to the Director of Programs and Client Care who will write the report as it is dictated.
- b. The Director of Programs and Client Care will prepare a report for the Executive Director outlining the tenant/participant/patient's complaint and the steps that have been taken in attempting to resolve the complaint.
- c. The Executive Director will review the report with the Director of Programs and Client Care, and will determine what necessary actions are required to resolve the issue. All decisions and follow up actions will be documented and stored with the report, and the Director of Programs and Client Care will implement any follow up actions and communicate all decisions.

## **3. Referral to the Board of Directors**

- a. The tenant/participant/patient may appeal the Executive Director's decision. To do so, the tenant/participant/patient must provide a written letter outlining the reasons for his/her/their appeal of the Executive Director's decision. The letter will be reviewed by the Executive Director and Director of Programs and Client Care.
- b. This letter, will be attached to the full report, and be submitted to the President of the Board of Directors. Confirmation of receipt of this written complaint will be provided to the tenant/participant/patient within seven (7) days.
- c. The President of the Board of Directors will review the report, consult with the board, and will determine whether the complaint will be further investigated, and if any additional action items are required. The President will provide a written response outlining this decision to the tenant/participant/patient, with copies sent to the Executive Director, within twenty-one (21) days.

## **4. Plain Language Communication**

The Drop In Manager and/or Director of Programs and Client Care will ensure that a plain language copy of this policy is available to any individual that expresses interest in making a complaint.

## **5. Right to an Advocate**

Anyone making a complaint may invite an advocate or support person to accompany them to all meetings.

## **6. Behaviour**

Yelling, swearing, verbal and non-verbal threats, raised voices, name-calling, gestures or any other verbal and/or non-verbal signs of aggression will not be tolerated during any points of communication, and will result in the immediate cessation of any meetings, which will be rescheduled at a later date.