

COMMUNITY CARE PETERBOROUGH**Standards Policies and Procedures**Policy Name: Client Feedback, Complaints
and Appeals

Policy Number: CLI-1-80

Date Approved: April 26, 2000

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Date Revised/Reviewed: Mar. 25, 2015

SCOPE

All employees, students and volunteers

RATIONALE

To provide a fair, timely and confidential process that results in client satisfaction while upholding the integrity and mandate of the agency.

POLICY

Community Care Peterborough will provide and publicize a means of resolving complaints from clients, including complaints about the accuracy, currency or completeness of client information; and appeals of eligibility for service decisions relating to clients and potential clients.

Through its quality assurance process, CCP will periodically examine service complaints to identify agency-wide issues that may require CCP's review. Trends and issues identified, as well as steps taken to address them will be included in CCP's Annual Service Plan.

Client feedback of a positive and anecdotal nature will also be retained and tracked.

Approved: 
(Signature – Board President)

Date: March 27, 2015

PROCEDURE

Information regarding CCP's Client Feedback, Complaints and Appeals process will be made available to clients at the time services are initiated and on CCP's website. The brochure includes a Client Feedback Report form.

Clients or potential clients, who wish to appeal a decision or make a formal complaint about an incident or service issue, will adhere to the following procedures:

1. The client will submit his or her appeal or complaint, in writing, to the Coordinator who will respond within 5 working days. If the complaint is related to the Coordinator, the appeal will be made to the Director of Support Services. If the complaint is related to the Director, it will be made to the Executive Director.
2. If the appeal or complaint is not resolved, the Coordinator will immediately forward it to the Director who will respond within 5 business days.

3. If the appeal or complaint is not resolved, the Director will forward it to the Executive Director who will respond within one week.
4. Should there not be a resolution, the Executive Director will forward the issue to the Executive Committee of the Board. The decision of the Executive Committee will be communicated to the client in writing. In this letter, the client will be advised of his/her right to appeal (including any right to appeal to the CE-LHIN).
5. Information with regard to complaints and positive feedback will be retained by the Director of Support Services in hardcopy for a period of seven years.
6. Information relating to the nature of the complaint, date, office, and appeal outcome will be tracked by the Director of Support Services.
7. The trends and themes will be reviewed and monitored by the Continuous Quality Improvement (CQI) Committee every 6 months.

Approved: *DeLain*
(Signature – Executive Director)

Date: *March 27/15*

Reference:

Policy HR-3-10 Complaint Resolution