



CUSTOMER COMPLAINT POLICY

Approved by	Executive Management Team
Last reviewed:	July 23, 2019 (next review to be within two years of this date)
Responsible Role	Quality Assurance Designate on behalf of the President & CEO
Responsible Department	Executive Office

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SECTION 1 – INTRODUCTION

1.1 Purpose

JVS Toronto is committed to providing high quality and appropriate services for each customer seeking services. JVS Toronto recognizes that customers have the right to the opportunity of voicing their complaints to the agency about their experience with JVS Toronto services and to have their concerns addressed in a transparent and timely manner.

1.2 Scope

The policy applies to all JVS Toronto employees, students, volunteers, Board and Board Committee members, contractors, consultants, employers, donors, community agencies, customers, unregistered visitors and anyone working at or acting on behalf of JVS Toronto.

1.3 Definitions

Word/Term	Definition
Customer	The term customers includes individuals and their accompanying guardians/care givers accessing and/or participating in services at JVS Toronto and include students, volunteers, Board and Board Committee members, contractors, consultants, employers, donors, community agencies, unregistered visitors and anyone working at acting on behalf of JVS Toronto. Customers at JVS Toronto are known as “client”.
Complainant	A person who filed a complaint.
Complaine	A person who is the subject of a complaint. The complaine can be a JVS Toronto employee, student, volunteer, Board and Board Committee member, contractor, consultant, employer, donor, community agency, customer, unregistered visitor or anyone working at or acting on behalf of JVS Toronto.
Complaint	A complaint is a formal expression of dissatisfaction or concern regarding services received. It can be expressed verbally, in writing or electronically. As it relates to this policy, a service provision complaint can include issues related to program accessibility, quality, professionalism, communication, discrimination, privacy, facilities, staffing, customer service, safety, or other similar issues.

1.4 Related Policies

Client Disruptive Behaviour Policy
 Client Abuse Prevention and Reporting Policy
 Privacy Breach Policy

1.4.1 Privacy Policies

1.5 Legislative Context

Ontario Human Rights Code
 Occupational Health and Safety Act
 Ontarians with Disabilities Act
 Child and Family Services Act
 Health Care Consent Act
 Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act



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SECTION 2 – POLICY

2.1 Policy

JVS Toronto is responsible for reviewing and addressing all customer complaints in a timely manner. Management reviews the nature of complaints regularly for quality, access and process improvements to service.

NOTE: The following section “RESPONSIBILITY & PROCEDURE” represents best practices as determined by JVS Toronto, and is largely designed to provide guidance to designated JVS Toronto representatives. However, it is understood that, where appropriate, these representatives may adopt modified procedures in response to any given circumstance. Procedural Guidelines continue on this and the following page(s).

SECTION 3 – RESPONSIBILITY & PROCEDURE

3.1 For Consideration

Consider the following to be prepared for potential complaints.

- The President & CEO will assign a member of the management team to act as the Quality Assurance Designate for all customer complaints on their behalf.
- A complaint is made in person, by telephone, e-mail or mail.
- Individuals can make a complaint directly or by someone acting on their behalf like a parent or guardian.
- Complaints directed towards a JVS Toronto employee receiving the complaint must be forwarded to the employee’s manager or a JVS Toronto contact who will determine if further contact with the complainant by the complainees should occur. No direct contact should occur with the complainant, after the complaint, without agreement from the complainees’s manager or JVS Toronto contact.
- If someone else, such as a Board member, receives a complaint, the complaint should be referred to the President & CEO who will direct it to the right individual for follow up.
- A complaint might be escalated at any point by the complainant to the Quality Assurance Designate, President & CEO, Board Member or funder. If a complainant indicates their intention to escalate the complaint, the individual receiving the complaint should immediately inform the person they intend to contact.
- A complaint may involve others for consultation, or require negotiation with customer to resolve it.
- It is the responsibility of Human Resources to interact with and involve the union as required.

3.1.1 Complaint Intake Phase

The individual who receives the complaint informs the complainant of the process in the Customer Complaint Policy, or provides a copy of the policy, and refers the complaint to the appropriate manager by completing the *Intake Section* of the *Complaint Log Form* within one (1) business day of receiving the complaint.

If the complaint relates to privacy, follow the Privacy Breach Policy procedure.



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The manager will review the complaint details in the *Intake Section* of the *Complaint Log Form* to determine the issue and identify the complainee, if applicable. If the complaint is about the manager, refer the complaint to the appropriate director. The director will assume responsibility for the complaint and completes the phases of the process.

The manager initiates the *Client Complaint Communication Record* in order to document all communications (e.g. e-mail, telephone, in person) with the complainant throughout the complaint process. The manager maintains all communication until the complaint is resolved. If immediate action was taken as a Caution or Denial of Service for a complainant who is an active JVS Toronto client, record this status in the client's case management database and hard file.

3.1.2 Information Gathering

The manager will initiate verbal contact with the complainant within two (2) days of receiving the complaint. The complainant will explain the nature of the complaint to the manager in more detail.

The manager will complete the remaining sections of the *Complaint Log Form* and sends a copy to their director or next level of management. The director will review the complaint to determine if further involvement is required. The Quality Assurance Designate will review the complaint for quality outcomes and consider trends.

The manager will meet with the complainee to discuss the complaint, gather further information and have them provide their own details of the incident in the Complainee Response Form. If the complainee is from a community agency, the manager will meet with the complainee and their manager or another contact from the community agency to discuss the complaint.

3.1.2 (a) Complaint File

The manager continues to gather as much information as needed until there is an understanding of the complaint, and it is documented. If helpful, the manager can meet with the complainant and complainee together to facilitate information gathering or a resolution. The manager will then send a copy of all documentation related to the complaint to the Quality Assurance Designate. The Quality Assurance Designate will log the complaint into the central system and will inform the manager if there are any previous complaints and resolutions that are documented for the complainee.

3.1.3 Determining Action

The manager will explore options to address the complaint and determine suitable actions for addressing concerns. The manager will use their discretion in determining the appropriate level of consultation required with their director. If the complainee is a JVS Toronto employee, the manager will work with Human Resources to seek advice and direction as needed and address any required actions. If the complainee is from a community agency, the manager will determine a suitable action in consultation with the Director or President & CEO.

The manager will follow up with complainant within two (2) business days to present resolution option(s) (or a plan with timelines) and determine if this course of action will resolve the complainant's issue(s). If the resolution is acceptable to the complainant, the manager completes the *Complaint Resolution Form* and proceeds to closing the file. The complainee will be informed of the outcome/resolution. The manager will also inform the director of the outcome/resolution. If the complainee is from a community agency, the manager will either inform the complainee, inform the complainee's manager or another contact from the community agency, depending on



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the situation.

If helpful, the manager can meet with the complainant and complaineé together to facilitate a resolution.

If the situation is not acceptable to the complainant, the manager refers the complaint to the next level of management and informs the complainant.

The director will identify alternate resolutions or consult with the complaint to the Quality Assurance Designate, for alternative actions or recommendations if required. Once an outcome is decided, the director will present the final resolution to the complainant. There may be several discussions back and forth with the complainant to identify a resolution. When the complaint is resolved the *Complaint Resolution Form* is completed and the file closing process is initiated.

3.1.4 Complaint Closing

The manager completes the *Complaint Closing Checklist* and maintains a copy in the customer's file, if applicable. Also note in the customer's electronic file in the case management database that the complaint and resolution details are resolved, if applicable.

The manager drafts a letter to the complainant (using the template) outlining the details of the situation and the final resolution. The manager forwards the draft letter to the director. The Quality Assurance Designate provides input/direction as required. The manager sends the final letter to the complainant and copy to the Quality Assurance Designate.

The manager transfers the complete documentation including any scanned or original documents to the Quality Assurance Designate. The Quality Assurance Designate holds the complaint files and responds to requests for complaint details as required, on behalf of the President & CEO.

If warranted, note *Reasons for Caution* or *Denial of Service* in the case management database.

3.1.5 Escalation Process

If the complainant is not satisfied with the final resolution, he or she can escalate the decision for further review to the Quality Assurance Designate. The Quality Assurance Designate will consider whether or not due process was followed and advise all internal parties of the findings. If the due process was followed, the Quality Assurance Designate, will prepare a letter as a final response to the complainant, signed by the President & CEO. The President & CEO, or assigned senior team member may choose other internal resources to review the details of the complaint.

If due process was not followed, the outcome may be changed. If this occurs, the Quality Assurance Designate will communicate the decision and will prepare a formal letter for the complainant. Once a final resolution is achieved the Quality Assurance Designate completes the Complaint Resolution Form documentation.

3.1.6 Ongoing Complaint Review

All documents in electronic form related to the complaint will be filed and stored by the Quality Assurance Designate.

The Quality Assurance Designate will advise Human Resources about any complaints that involve JVS Toronto employees. Human Resources will consult with the employee's manager regarding any required action and/or documentation.



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A report is submitted annually to the Board of Directors summarizing the complaints and outcomes. This is compiled by the Quality Assurance Designate.

Managers will hold “lessons learned” discussions in their team meetings to make changes and/or improvements to service as required. This can be optional if there are confidentiality concerns with sharing the details of the complaint to the team.

3.1.7 Funder Initiated Complaint

A funder complaint is typically made to the President & CEO who will record as much detail as possible will be completed in the *Intake Section* of the *Complaint Log Form*. The President & CEO will oversee complaint and involve the Quality Assurance Designate if appropriate. The President & CEO will initiate verbal contact with the funder within 24 hours. The President & CEO will forward the complaint details to the manager and director who will begin the documentation and information gathering process. The President & CEO will be involved as required.

The director will follow the policy and processes until a resolution is achieved and will inform the President & CEO of the outcome. The President & CEO will update the funder on the resolution of the complaint including a formal letter or email. The manager will complete all of the required documentation and forward it, including the *Complaint Resolution Form*, will be sent to the President & CEO, or assigned team member.

If the complaint initiates with the manager from the funder, the manager responds to the complaint and keeps others (eg: President & CEO, Director, etc.) informed as required. All documentation is forwarded to the President & CEO, or assigned team member.

3.2 Supporting Documentation

Name	Location	Document Type
JVS Privacy Breach Report	JVS Insider	PDF, Word
Template Letter Response To A Privacy Breach	JVS Insider	PDF, Word
Complaint Log Form	JVS Insider	PDF, Word
Complainee Response Form	JVS Insider	PDF, Word
Complaint Communications Record	JVS Insider	PDF, Word
Complaint Resolution Form	JVS Insider	PDF, Word
Complaint Closing Checklist	JVS Insider	PDF, Word
Complaint Letter Template	JVS Insider	PDF, Word



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SECTION 4 – GOVERNANCE

4.1 Policy Owner

Policy Owner	President & CEO
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4.2 Version Control and Change History

Version Number	Approval Date	Approved by	Amendment
Version 8	n/a	n/a	This policy was reviewed and edited for clarity on July 23, 2019.
Version 7	n/a	n/a	This policy was reviewed and edited for clarity on November 29, 2018.
Version 6	n/a	n/a	This policy was reviewed on December 22, 2016 and minor wording changes were made to reflect staffing changes and currently used internal terms.
Version 5	n/a	n/a	This policy was reviewed and edited on October 15, 2015 to update logo and position titles.
Version 4	n/a	n/a	This policy was reviewed and edited on March 20, 2014 during the Imagine Canada accreditation process.
Version 3	n/a	n/a	This policy was edited for clarity and consistency on June 24, 2013.
Version 2	April 8, 2011	EMT	
Version 1	March 2011		