

	SECTION: 05 Program and Service Operation	Pages: 2	Policy Number: 05-7
	Subject Client Complaint Resolution		

POLICY

Banyan is committed to providing quality service to our clients and young persons and will ensure complaints are investigated and that the Manager or Director of the program respond to the complaint in a timely manner.

All complaints and concern processes will have regard for the client/ young person's individual abilities and needs and will appreciate the significance of language barriers. A client/ young person must not experience reprisals or duress as a result of a decision to access an internal or external complaints procedure.

PURPOSE

To provide a consistent format for the reporting and handling of concerns and complaints from clients, young persons, their family members and other partners. The Complaint Resolution Process facilitates the resolution of specific client/ young person's complaints, and provides feedback to appropriate staff.

A. DEFINITIONS:

None

B. PROCEDURES:

1. Banyan has a wide range of services and as a result, the complaints resolution process differs depending on the program,
2. All BSC clients and young persons will be advised on admission to service, and regularly thereafter, of their right to voice concerns or complaints regarding the services they are receiving. Each program will adhere to its own program specific procedures.
3. Training
 - 3.1. Employees
 - 3.1.1. All new employees will receive training on program specific Client/Youth complaint process and their responsibilities at the regular orientation session for new employees
 - 3.1.2. Re-training will be conducted at a minimum every two years
 - 3.1.3. Participation will be mandatory and will be documented
4. Continuous Quality Improvement
 - 4.1. All formal complaints will be entered on the Banyan Incident Database
 - 4.2. Complaints will be tracked using the Balanced Scorecard
 - 4.3. Complaints will be a standing agenda item on the Quality and Risk Management Committee. The committee will be responsible for reviewing patterns and themes of the complaints, and monitoring the outcomes each quarter.
 - 4.4. A summary of the frequency and patterns of formal (written) complaints is included in the Quality and Risk Management Report to the Board of Directors.

C. REFERENCE SOURCES:

1. SS 96-97, Regulation 70, SS 37-39, CFSA

2. Reg. 70 s. 83, s.108 (c), s. 109-110, CFSA
3. YOUTH ADVOCACY AND SAFEGUARDS/External Complaint Mechanisms, YJSM
4. Office of the Provincial Advocate for Children and Youth, <http://www.provincialadvocate.on.ca/>
5. Ombudsman Ontario, <http://www.ombudsman.on.ca/>
6. Custody Review Board of Ontario, <http://www.cfsrb.ca/en/crb/about>

D. CROSS REFERENCE:

1. Residential programs (AYC, GRF, PYC) policy
 - 4.4 Internal Complaints and Reviews
 - 4.4 External Complaints Mechanisms
2. SNAP policies and procedures
3. Clinical services policies and procedures
4. 05-07-1 Grocer-Ease Complaint Resolution (Procedure)
5. Balance Score Card
6. Quality Improvement Plan (Grocer-Ease)

E. REVIEW DATE: This policy is to be reviewed every 3 years. The next review date is August, 2018.

Endorsed by	Date
Program Management	August 2015
Approved by	Date
Senior Management Team	October 7, 2015