

## COMPLAINTS POLICY

### 1. INTENT

The intent of this policy is to establish a framework for reviewing complaints and taking appropriate corrective action where necessary. Queensway Carleton Hospital Foundation adheres to the highest standards of personal and professional conduct. There may however, from time to time be concerns or complaints about or related to the Foundation. We believe that the right to express concerns and complaints is an inherent right of our donors and stakeholders and the Foundation is committed to a process which is timely, fair and respectful.

### 2. POLICY

It is the policy of the Foundation to ensure an atmosphere of mutual respect where the needs of patients, donors and the public are recognized, and met through appropriate methods. It is the policy of Queensway-Carleton Hospital Foundation that complaints will be addressed in a timely and courteous manner, and appropriate corrective action will be taken where necessary.

The Complaint policy will identify a procedure that registers, processes and manages concerns about QCHF policies, programs or activities in a transparent and effective manner.

Any registered complaints will be reported to the Board of Directors for Information on an annual basis. The Foundation website will provide information to stakeholders who wish to register a complaint with the Foundation.

### 3. PROCEDURE

A Complaint is an expression of dissatisfaction from the Foundation's external stakeholders, including donors and volunteers, about the service, actions, or lack of action by QCHF as an organization or a staff member or volunteer acting on behalf of QCHF.

The Foundation shall respond to all complaints and make every reasonable effort to investigate and respond as soon as possible. A complaint can only be taken into consideration when it includes the following:

- Full name of complainant
- Organization/affiliation (if any)
- Appropriate detail of the concern/issue to demonstrate that the complaint is made in good faith
- Recommendations to address concern/issue [optional].

Complaints that do not require registering or an official investigation may include:

- Administrative error (eg. Mistaken address/name spelling/phone number) which can be easily corrected and have not arisen from any ill feelings on the part of the party expressing the oversight

- Anonymous complaints will not be given consideration

All complaints shall be treated as confidential and communication regarding the complaint will remain between the appropriate Foundation representative and the complainant(s).

Any complaints received in regard to Queensway Carleton Hospital are considered a QCH matter and will be referred to the Patient Relations Ombudsman of the Hospital.

#### **4. RECEIPT AND HANDLING OF COMPLAINTS**

A complaint may be received verbally (by phone or in person) or in writing (by mail, fax, email).

- a. The staff member receiving the complaint should immediately acknowledge to the complainant that the complaint has been received and will be acted on either by him/herself or transferred to another person who can resolve it expeditiously. If a timeframe for action can be determined, that should be included in the acknowledgement. Basic contact information including: name, phone number, email address, date of receipt and a copy of the complaint should immediately be sent to the Director of Operations for tracking purposes.
- b. An employee or volunteer who receives a complaint which cannot or is not resolved immediately should determine the proper person to handle it. This will generally be the person who has the primary relationship with the complainant or has the specific knowledge that is needed to resolve the problem. It is the responsibility of the person who receives the complaint to either resolve it or transfer it to another person who can resolve it expeditiously. If the complaint is transferred, the recipient must acknowledge to the transferor that he/she has received it and will act on it. The Director of Operations will be informed of any transfers, so that the complaint resolution status can be properly tracked and reported.

#### **5. RESOLVING THE COMPLAINT**

- a. Every effort should be made to resolve complaints received in a timely fashion. When receiving a verbal complaint, staff should listen and seek to understand the complaint, and may attempt to resolve it expeditiously. Such complaints should be acknowledged in writing immediately and staff should attempt to resolve the matter in a timely fashion. A summary of the verbal complaint and any resolution shall be sent to the Director of Operations for tracking and recording purposes. Complaints received in writing that are not addressed to a specific staff member, and complaints not immediately resolved, should be referred to the Director of Operations. The Director of Operations shall immediately acknowledge the complaint and remain the responsible person for tracking and reporting and resolution of the complaint.
- b. If the complaint is about the Director of Operations or the President and CEO the complaint will be referred to the President and CEO or Chair of the Foundation respectively.
- c. All complaints shall be tracked with a view to resolution within 30 business days of having been received.

## **6. DOCUMENTING THE COMPLAINT**

- a. Information about complaints must be recorded including a description of the complaint, who handled it, what was done to resolve the complaint, timeframe, and a description of the resolution or transfer. It is the responsibility of the person resolving or transferring the complaint to submit this information to the Director of Operations as soon as possible after the complaint has been resolved or transferred.
- b. The Director of Operations is responsible for compiling and maintaining a complaints tracking worksheet. The worksheet will be reviewed, not less than annually, by the Director of Operations and the President and CEO to determine whether there are recurring or patterns of complaints. If necessary, further action shall be taken to determine whether there are systemic or process issues with a view to addressing and eliminating such recurring complaints.
- c. See Appendix A for the Complaint Tracking Worksheet

**APPENDIX A  
 QUEENSWAY CARLETON HOSPITAL FOUNDATION  
 COMPLAINT TRACKING SHEET**

DATE COMPLAINT RECEIVED	COMPLAINT RECEIVED BY: STAFF MEMBER	COMPLAINT RECEIVED BY: (EMAIL,PHONE, ETC)	DESCRIPTION OF COMPLAINT	ACTION TAKEN	DATE COMPLAINT CLOSED