

Policy and Procedures

Policy No: II-14 Category: Administration

Policy Name: Complaint Resolution Date Issued: February 2009

Nominating & Governance Issued By: Date Revised: February 2014 Committee

February 2009 Date **Board of Directors**

Approved By: Approved: June 2014

POLICY STATEMENT

Every effort will be made to acknowledge and where possible resolve complaints/ concerns within 1- 2 business days or as soon as possible thereafter.

PROCEDURES

A. General Guidelines

- 1. Complaints may be received in writing, by telephone, in person, or through third hand information.
- 2. A record of all complaints should be given to the President & CEO and the Chief Development Officer (CDO). The complaint will be logged and the CDO will ensure the complaint is appropriately addressed.
- 3. Review of complaints is fair, impartial and respectful to all parties.
- Complainants are given clear and reasonable explanations for 4. decisions relating to complaints.
- 5. Complainants are advised of the option to escalate their complaint to senior staff if they are dissatisfied with treatment or outcome.
- 6. The CDO will provide monthly reports to the senior team for quality assessment to influence changes or improvements to systems to reduce re-occurrence.
- 7. Annual reports will be provided to the Board to include the number, type and disposition of complaints received.
- 8. Patient care and/or Hospital complaints will follow the policy and procedure established by Women's College Hospital whereby complaints would be directed to the Manager, Patient Affairs.

- Foundation staff must first ensure they have the complainant's permission to do so.
- 9. When the CDO is unavailable, the Chief Financial Officer (CFO) will assume responsibility for the complaint process within the Foundation.
- 10. All complaints will be logged in "Actions" in Raiser's' Edge with the keyword "Complaint". Regular monthly reports of the complaints will be run and provided to the senior team.
- 11. Complaints are used to assist in improving services, policies and procedures.

B. Types of Complaints

Definition:

A complaint is an expression of dissatisfaction about the service, actions, or lack of action by Women's College Hospital Foundation (WCHF) as an organization or by a staff member or volunteer acting on behalf of WCHF.

Complaints Made In Person

All Foundation staff will be required to personally handle complaints. The staff person receiving the complaint will use their best judgement to determine whether to resolve the issue or involve a senior team member. Every effort should be made to resolve the complaint immediately. If the complaint is minor and resolved without issue, the matter will be recorded and closed. The staff member will provide complainant's name and factual details of the complaint to the CDO.

If the complaint cannot be immediately resolved or requires further communication with the complainant, feedback on the status of the complaint should be communicated to the complainant by phone or in person within 24 hours of the complaint being initiated. All steps taken to resolve the complaint will be captured in Raiser's Edge.

Complaints Made In Writing

Written complaints should be forwarded to the CDO. Every effort will be made to resolve the complaint as quickly as possible. The complainant should receive a phone call within 24 hours acknowledging receipt of the complaint and to outline the next steps that will be taken to try and resolve the issue. All steps taken to resolve the complaint will be captured in Raiser's Edge.

Complaints of a Complex Nature

Complaints of a serious or complex nature will be forwarded immediately to the President &CEO and/or a member of the senior team.

Every effort will be made to resolve the complaint as quickly as possible. The complainant should receive a phone call within 24 hours acknowledging receipt of the complaint and outlining the next steps that will be taken to try and resolve the issue. All steps taken to resolve the complaint will be captured in Raiser's Edge.

Complaints requiring an action plan to limit damage to the Foundation or other donors will be drawn up by the responsible manager and forwarded to the senior team for review. The plan will include an evaluation of the issue, a risk management assessment, and action plan for resolution including a suitable timeframe if the resolution requires input from senior stakeholders.

If there is serious risk to the reputation, charitable status or loss of significant support to the Foundation, the CEO will notify the Chair of the Board and may present the issue to the Board of Directors.