



Client Complaint

South Georgian Bay Community Health Centre Policies & Procedures			
Section:	Clients, Organizational	Approved by:	Executive Director
Title:	Client Complaint	Date:	Not Set
Effective Date:	08/16/2017	Applies to:	All Employees
Next Review Date:	08/16/2018	Revised Date:	08/16/2017

Policy

It is the Policy of South Georgian Bay Community Health Centre (SGBCHC) that all Client and/or Community complaints or issues of concern, shall be addressed in a professional and thorough manner to ensure satisfactory and timely resolution. We respect and value our Clients and/or Community and will endeavor to meet or exceed the requirements of the Client Bill of Rights.

Purpose

To ensure our Clients and/or Community are satisfied with the services and personnel of the Centre, and that any complaints or issues of concern with such, are addressed immediately. It is the responsibility of the Executive Director to resolve Client and/or Community identified issues in a timely and a professional manner. The Executive Director has delegated the initial assessment and triage of complaints to the Clinical Manager.

Procedure

Clients shall be informed of our Complaints Policy when registering with the Centre as well as information posted within the waiting room area. The Complaints Policy will also be posted on our website. Clients and/or the Community have the right to have their complaint reviewed and addressed without fear of embarrassment or reprisal. Respondents have the right to be informed of allegations and afforded the opportunity to respond to the allegations. Clients will also be notified of their rights and responsibilities during orientation/registration process.

Client and/or Community complaints or issues of concern, may be received through a written complaint, verbally, by email, by facsimile and/or by mail. These may be initiated by:

- a) The Client,
- b) Client Representative (power of attorney),
- c) Community Resident/ Group

All Client and/or Community complaints or issues of concern received shall be recorded on an Incident Report. [Incident Report](#)

If the complaint or issue of concern has been telephoned in, the Receptionist will forward the call to the Clinical Manager. In the absence of the Clinical Manager, the Receptionist shall record the information on the Incident Report and forward to the Clinical Manager as soon as possible for resolution. Verbal



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complaints or issues of concern communicated directly to staff will be documented by the staff member on the Incident Report and forwarded to the Clinical Manager.

If the complaint or issue of concern has been received by facsimile or letter, it will be forwarded to the Clinical Manager. The Clinical Manager will complete the Incident Report form using the facsimile or letter as a source of input. The facsimile or letter will be attached to the form.

The Clinical Manager will acquire the specific details of the complaint or issue of concern and will take appropriate action to resolve the complaint or issue. The Clinical Manager will determine the nature and severity of the complaint/concern and forward to the Executive Director for further follow up. All privacy or high risk related complaints will be forwarded to the Executive Director within 24 hours of the Clinical Manager receiving the complaint. Less urgent or low risk complaints can be handled by the Clinical Manager and forwarded to the Executive Director for final comments within 30 days of the initial complaint.

Health and Safety related complaints will also be forwarded to the JOHSC for review and follow up.

All complaints will be forwarded to the Office Administrator for filing and tracking purposes.

The Clinical Manager will forward the summary of findings and any recommendations of the complaints will be forwarded to the SGBCHC Quality Committee for formulating continuous improvement efforts.

The Executive Director will provide the Board of Directors with a monthly report through the ED report identifying in summary the nature of complaints, trends and recommendations for improvement. Recommendations which require the addition, deletion or revision to board policy shall be forwarded to the Board of Directors for consideration and approval.

[Incident Report](#)