

## A. Policy Purpose

Hospice Wellington is committed to providing excellent service. We recognize that from time to time there may be concerns or complaints, that our stakeholders have the right to raise such complaints or concerns, and that they need avenues to do so.

We are committed to:

- addressing complaints in a timely, fair, respectful, and accountable manner
- ensuring accessibility and transparency
- protecting confidentiality and privacy
- demonstrating risk management
- improving our processes to address stakeholder concerns
- providing an opportunity to explain the problem, promptly taking action, and ongoing follow up until the matter is resolved.

Hospice Wellington wants to hear any concerns and complaints that stakeholders (including donors, funders, clients, families, contractors, and the public) may have about Hospice Wellington. A complaint may relate to our services, programs, fundraising, donor relations, volunteer relations, or communications.

## B. Procedures

The process for submitting a complaint on a confidential basis is set out in Hospice Wellington *Leadership Policy LT23 Complaints*. This policy and LT23 will be posted on the Hospice Wellington website for ease of access to all stakeholders.

## C. Review

This policy will be reviewed annually by the Governance Committee, for recommendation to the Board.

**Approved by Governance Committee: June 10, 2021**  
**Approved by Board of Directors: June 23<sup>rd</sup> 2021**

**References:** Imagine Canada Standard 14 Governance

### **Purpose**

Hospice Wellington (HW) is committed to providing excellent service. We recognize that from time to time there may be concerns or complaints, that our stakeholders have the right to raise such complaints or concerns and that they need avenues to do so.

We are committed to:

- Addressing complaints in a timely, fair, respectful and accountable manner.
- Providing an opportunity to explain the problem, prompt action and ongoing follow up until the issue is resolved.
- Making this process accessible and open.

These procedures are set out in order to assist and make possible any complaint or concern.

### **B. Procedures**

#### How To Make A Complaint:

1. If you have a complaint or concern, you are encouraged to talk with the staff person who is most connected to the concern/situation. The relevant person can be found through the HW website, or by emailing to [info@hospicewellington.org](mailto:info@hospicewellington.org) or by calling 519 -836 - 3921.
2. This relevant person will document your concern, and include your name and contact information, the date, a description of the complaint, what you request to resolve the complaint and the final resolution or decision. It is hoped that through this conversation, your concern will be addressed to your satisfaction. You will be kept informed if there are more steps involved in addressing your concern.
3. If your complaint is not resolved or if you are uncomfortable discussing the issue with the relevant person, you can inform the Executive Director about the complaint. Where a complaint is related to the Executive Director, the stakeholder may direct the complaint to the Board Chair, who will work to resolve the complaint.
4. If the Executive Director is not able to resolve the complaint to the satisfaction of all parties, your concern will be referred to the Quality Committee or Board Chair. You will be kept informed at each step.
5. The Executive Director may choose to bring the complaint forward to the Board of Directors for review and advice. The Executive Director will then determine what the appropriate action or

recommendations are and will inform you in writing of this information. It is the responsibility of Hospice Wellington staff to implement the recommendations.

6. If your complaint remains unresolved and you are uncomfortable discussing the issue and resolution with Hospice Wellington directly, a third-party individual will be provided in order to address that resolution.

### **C. Guidelines**

1. Confidentiality will be respected at all times. There will be no repercussions to someone bringing forward a complaint in good faith.
2. The initial response to a complaint should occur as soon as possible and not longer than one week from receiving the complaint. Every effort will be made to review and respond to a complaint within 30 days.
3. Documentation about the complaint will be kept in a file separate from any other file related to the stakeholder.
4. It is the responsibility of all staff to have a working knowledge of the complaint resolution process and to co-operate with the processing of complaints.
5. It is the responsibility of the supervising manager to track and respond to any trends identified through the complaint resolution process.
6. It is the responsibility of the Executive Director to report to the Board and to the Quality Committee at least quarterly on the number, type and disposition of the complaints received.

### **D. Review**

Annually.

Next Review:            September 2022