

STATEMENT OF POLICY AND PROCEDURE

Department	Core	Policy Number	07-009
Approved by	Chief Executive Officer	Accountability	Executive Office
Operational Lead	Vice President, Operations Vice President, Clinical Services	Policy Origin Date	September 1992
Revision Date	September 2026	Next Review Date	September 2027
Review Cycle	Annually	Exception	
Applicable Legislation	- Integrated Accessibility Standards, Ontario Regulation 191/11 (including customer service standards) - QSF (Quality Standards Framework) Requirement from Ministry of Community and Social Services - Quality Assurance Measures and Policy Directives for Service Agencies under the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act (SIPDDA), 2008. - Child, Youth and Family Services Act, 2017 (CYFSA), including sections 18–19, and Ontario Regulation 155/18, sections 22–23.2		

POLICY TITLE:

Complaints and Compliments

Purpose

This policy outlines the procedures for addressing feedback/ complaints received by Central West Specialized Developmental Services (hereafter referred to as "CWSDS"). It ensures that all feedback/ complaints are managed in a timely, fair, and transparent manner, in line with our commitment to providing high-quality services to the individuals supported. Feedback includes concerns, complaints and compliments. Concerns receive a response appropriate to the issue; compliments are acknowledged and used to recognize good practice.

Scope

This policy applies to all individuals receiving services and supports from CWSDS, persons acting on their behalf, and the general public. The additional CYFSA requirements below apply to complaints within the scope of that Act and its regulations.

Definition

- **Feedback:** Information provided to improve the performance or service of an organization. Feedback can be positive or constructive and pertains to the services and/or supports provided by the agency. Feedback may be solicited (e.g., through satisfaction surveys or comment boxes) or unsolicited (e.g., a letter from a person supported or their family member regarding the services provided).
- **Compliment:** Positive feedback recognizing a person, service or experience at CWSDS.
- **Concern:** An expression of worry, a question, or a request for clarification or improvement about services or supports. A concern may also meet the definition of a complaint.

- **Complaint:** An expression of dissatisfaction concerning the services and/or supports provided by a service agency. A complaint may be made by a person receiving services or supports, by someone acting on their behalf, or by a member of the public. Complaints can be submitted verbally or in writing to a staff member.
- **Complainant:** The individual or entity submitting the complaint.
- **Resolution:** The response to the complaint following the actions taken to address and resolve the complaint. Actions can include but not limited to: connecting with the complainant directly, reviewing the complaint, process improvements. Resolution of a complaint does not establish the complaint was addressed to the complainant's sole satisfaction. Efforts will be made to reach a satisfactory outcome whereby the complaint is addressed to the mutual satisfaction of the complainant and CWSDS.
- **Family Members:** Includes family members or friends chosen by the person supported.

Policy Statement

CWSDS is committed to:

1. Receive, document, and review all feedback, and attempt to resolve all complaints. Wherever possible, CWSDS shall make reasonable efforts to resolve or address the matter to the mutual satisfaction of both the complainant and CWSDS.
2. Provide a safe, supportive, and respectful environment for all individuals, while actively encouraging feedback to drive continuous quality improvement of services.
3. Address and resolve feedback/ complaints promptly, in compliance with applicable laws and regulations.
4. Ensure that all feedback/ complaints are handled with confidentiality, safeguard the privacy of the complainant and all individuals involved, except when disclosure is required by law.
5. Support individuals who raise feedback/ complaints in good faith, ensure they are free from fear of retaliation.
6. Concerns and complaints will be addressed in a manner that is free from blame or shame, with a focus of understanding what happened and identifying opportunities for improvement. An approach to accountability will be maintained with respect to decisions, conduct, safe practice, and any agreed-upon corrective actions. This approach does not diminish statutory reporting obligations or appropriate action when misconduct has been established.
7. Annually review feedback/ complaints to identify patterns and areas for improvement, use insights gained to enhance services, policies, and practices. An evaluation of the effectiveness of this procedure and any changes needed is documented at least once every 12 months.
8. Offer different channels (in person, by phone, in writing, or electronically) through which feedback/ complaints can be submitted at CWSDS.
9. Provide a plain language version of the feedback/ complaint mechanism to persons supported. An accessible version is available in each home for use by the persons supported (Appendix A – My Complaint Plan). For children and youth in care, the complaint process is reviewed annually in a language they understand.
10. Report summaries of feedback/ complaints, and resolutions to CWSDS's leadership team and, where necessary,

to regulatory authorities. Annually, provide an analysis of trends and resolutions to the Board of Directors. The Board reviews the annual analysis and any actions taken to address feedback/complaints.

11. Document all feedback/ complaints processes fully and retain in CWSDS's Records.
12. Provide ongoing training for staff on the feedback/ complaints process, ensure staff are equipped to handle feedback/ complaints effectively and with care.

If the feedback/ complaint pertains to any of the following matters, the following policies provide the necessary guidelines:

- **Abuse, Neglect, or Exploitation:** Refer to Policy No. 07-002 Abuse of Persons Supported, 07-004 Investigation of Witnessed, Alleged or Suspected Abuse of a Child, 07-005 Investigation of Witnessed, Alleged or Suspected Abuse of an Individual
- **Discrimination and Harassment:** Refer to Policy No. 30-012- Discrimination and Harassment Prevention.
- **Rights Restriction:** Refer to Policy No. 07-000- Rights of Persons Supported Receiving Services/Services Through CWSDS.
- **Standards of Conduct:** Refer to Policy No. 30-010 Standards of Conduct. In the event of misconduct or allegation of an employee who is a member of a regulatory body, CWSDS adheres to the reporting requirements outlined by the applicable regulatory body.

Responding to a compliment:

1. Thank the person and acknowledge the compliment where contact details are available.
2. Record the compliment through CWSDS's feedback recording process.
3. Share it with the relevant Program Manager and team, respecting privacy. The sharing to include but not limited to: compliment themes in feedback reporting to recognize good practice and support learning.
4. Compliments do not require complaint escalation. If the feedback also raises a concern or complaint, follow the appropriate process listed below.

Responding to a concern:

1. Listen, clarify the issue and ask what response the person is seeking.
2. Assess any immediate safety needs and record the concern.
3. Take action within the staff member's authority. Involve the Program Manager or relevant manager if further action is needed. Further actions can include but not limited to: following up with the person sharing the concern, completing a review of the concern, documenting whether the concern has been addressed or resolved.
4. Follow the complaint process should the person expresses the concern as a complaint.

General Feedback/ Complaint Process

1. Submission of Feedback/ complaints

- a. Feedback/ complaints may be submitted either verbally or in writing.
- b. Feedback/complaints should include relevant details, such as the date, time, clear description of the concern and what outcome the complainant is seeking.
- c. Feedback/ complaints can be submitted anonymously.

2. Acknowledgement

- a. CWSDS acknowledges receipt of the complaint within 24 business hours of receipt. Acknowledgement is not required to an anonymous complainant who cannot be contacted. A designated point of contact is assigned to the complainant for further communication.

3. Initial Review

- a. The assigned CWSDS staff conducts a preliminary review of the complaint to assess its nature and severity. Within the acknowledgement deadline, assess immediate protective action and participation supports, without prejudging the complaint. Assess safety even when a complaint is anonymous.
- b. If the complaint involves allegations of abuse, neglect, or other legal violations, it is escalated immediately to the appropriate authorities in accordance with mandatory reporting requirements.

4. Investigation

- a. CWSDS carries out a thorough and impartial investigation of the complaint.
- b. This may involve discussions with relevant parties, a review of documentation, and site visits.
- c. Investigations are aimed to be completed in a timely manner and the timing is determined through a preliminary assessment. The preliminary assessment considers the nature of the complaint, the extent of the investigation, and whether an external third-party investigation is required. Communication to the complainant by the appropriate party regarding updates on the complaint are provided, no later than fifteen (15) calendar days after original receipt, and at intervals of no more than fifteen (15) calendar days until results are provided. Communication requirements do not apply to an anonymous complainant who cannot be contacted.

5. Reporting Requirements

- a. CWSDS complies with reporting requirements set out in the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 and its regulations as well as applicable CYFSA reporting duties.
- b. For feedback/complaints involving alleged, suspected or witnessed abuse refer to policy No. 07-0002 Abuse of Persons Supported for further detail.
- c. For feedback/complaints that meet Serious Occurrence reporting requirements, refer to policy No. 07-003 Serious Occurrences for further details.
- d. Support individuals who raise feedback/ complaints in good faith, ensure they are free from fear of retaliation

6. Resolution and Response

- a. Upon completion of the investigation, CWSDS provides the complainant with a response outlining the findings and the resolution could be provided verbally and/or in writing depending on the nature of the complaint. For children's complaints, provide the response in writing to the complainant and affected child or young person, subject to the anonymous complaint exception and required consent before disclosure of the child or young person's personal information.
- b. Possible outcome of the resolution may include policy changes, staff training, or enhancements to practices. Where appropriate, provide an explanation of the corrective action to the complainant or relevant party.
- c. All parties involved will be reminded of no retaliation for bringing the complaint forward.

7. Closure

- a. Once the complaint has been resolved, the complaint is considered closed. Record the person's satisfaction separately from the review completion.
- b. If dissatisfaction remains after available internal resolution options are exhausted, record the complainant's perspective and close complaint for further follow up.
- c. All documentation related to the complaint is securely stored in accordance with CWSDS's record retention policy.
- d. In all closure reports it will state "Also, any retaliation in connection to this complaint is prohibited. Therefore, no person shall be treated adversely for participating in this process."

Additional requirements for persons supported who are a child or youth:

Making a complaint: Children and young people may speak or write to staff or the designated service contact, privately or with others present. Parents, representatives and people affected by visitor restrictions may use the applicable process. Management approval is not required.

Keeping the child informed: For covered rights complaints outside the residential-care and placement process, provide updates to both the complainant and the affected child or young person. Obtain the child or young person's consent before sharing their personal information in updates or results.

Keeping records and taking action: Record rights complaints and response steps in the child or young person's file. For residential care and placement rights complaints, send the record to the placing agency or person, or residential provider, as required. If a rights violation is found, identify and implement measures to prevent it happening again.

After the review: Within seven (7) calendar days after review, hold separate debriefing discussions with the people the complaint concerns and with the child or young person who made or is the subject of the complaint. Children must not attend the first discussion; the people the complaint concerns must not attend the child's discussion. The child may have a chosen adult present if requested. Offer child or youth witnesses a discussion and hold it if they wish to participate. Adapt discussions to their needs and focus on their experience and how to better meet their needs. If circumstances prevent the seven-day deadline, record why and hold the discussion as soon as possible. Record the date, time, duration, participants and roles, witness declines, and efforts made and by whom.

For complaints eligible for further review under CYFSA, CWSDS explains the right to request a Minister-appointed review and provides assistance if requested. Further internal escalation is not a condition of exercising this right.

Procedure

The five internal review steps below apply to adults, children and young people supported. Should the complainant express a feeling of being unsafe at a particular step or there is a conflict of interest, the complainant can pursue the next appropriate step in the procedure.

Step 1 – Staff Member

1. The complainant should initially address the concern or complaint directly with the individual involved and/or with a support staff member, program leader, or program manager, who serves as the first point of contact for discussing and resolving the issue.
2. The individual receiving the complaint is responsible for working toward a resolution at the time the complaint is received, ensuring that the process remains free of coercion/ intimidation/ bias at all stages — before, during, and after the resolution.
3. The complainant and/or their authorized substitute-decision-maker should be asked if they wish to have a support person such as a family member or an independent advocate to assist them throughout the complaint process.
4. Every effort made to achieve resolution with the complainant at Step 1, in accordance with the definition of Resolution in this policy.
5. Should the complainant not be satisfied with the outcome or resolution and wishes to escalate the complaint further, the individual receiving the complaint is to escalate it to Step 2 the relevant Manager.

Step 2 –Manager

1. The relevant Manager reviews and ensures a comprehensive understanding of the concern or complaint from the complainant's perspective. Based on the review, the manager will take appropriate actions to resolve the complaint such as reviewing the all materials gathered, conducting further investigations as needed and confirms the response taken or takes additional actions as appropriate in accordance with applicable policies or legislation. Should the complainant not be satisfied with the outcome and wishes to escalate the complaint further, the individual receiving the complaint is to escalate it to Step 3 the relevant Director.
2. Upon completing this process, the respective Manager provides a response to the complainant.
3. Should the complainant not be satisfied with the outcome or resolution and wishes to escalate the complaint further, the individual receiving the complaint is to escalate it to Step 3 the relevant Director.

Step 3 – Director

1. The relevant Director reviews and ensures a comprehensive understanding of the concern or complaint from the complainant's perspective. Based on the review, the Director will take appropriate actions to resolve the complaint such as reviewing the all materials gathered, conducting further investigations as needed and confirms the response taken or takes additional actions as appropriate in accordance with applicable policies or legislation. The Director may collaborate with the Director, Quality and Client Experience, as appropriate, to support a fair and consistent review.
2. Upon completing this process, the respective Director provides a response to the complainant.
3. Should the complainant not be satisfied with the outcome or resolution and wishes to escalate the complaint further, the individual receiving the complaint is to escalate it to Step 4 the relevant Vice President.

Step 4 – Vice President (VP)

1. The relevant VP reviews and ensures a comprehensive understanding of the concern or complaint from the complainant's perspective. Based on the review, the VP will take appropriate actions to resolve the complaint such as reviewing the all materials gathered, conducting further investigations as needed and confirms the response taken or takes additional actions as appropriate in accordance with applicable policies or legislation. The Director may collaborate with the Director, Quality and Client Experience, as appropriate, to support a fair and consistent review.
2. Upon completing this process, the respective VP provides a response to the complainant.
3. Should the complainant not be satisfied with the outcome or resolution and wishes to escalate the complaint further, the individual receiving the complaint is to escalate it to Step 5 the Chief Executive Officer.

Step - 5 – Chief Executive Officer (CEO)

1. The CEO ensures a comprehensive understanding of the concern or complaint from the complainant's perspective. Based on the review, the CEO will take appropriate actions to resolve the complaint such as reviewing the all materials gathered, request further investigations as needed and confirms the response taken or takes additional actions as appropriate in accordance with applicable policies or legislation.
2. Upon completing this process, the CEO or delegate provides a response to the complainant.
3. The CEO is the final stage of CWSDS's internal complaint review. The CEO or their delegate explains the outcome

and any remaining actions to the complainant or relevant party. Refer to closure section for next steps. Applicable statutory review rights remain available.

Ministry reporting responsibilities for CYFSA Complaints

By the fifth day of each month, the relevant Program Director/Vice President submits to the Ministry Director or provincial director a written analysis of every complaint received through the applicable children's complaint process in the previous month, the review results and changes needed to respect children's and young people's rights. This monthly reporting is separate from annual Board reporting.

Resources for Feedback

Please utilize the following resources available to all individuals in each supportive living and treatment home:

- **Conflict Resolution Pamphlets**
- **"My Complaint Plan"** – Created by The VOICE Committee, an advocacy group consisting of individuals supported, this plan offers a clear, step-by-step guide with infographics for addressing concerns or feedback/complaints related to services (**Appendix A** to Policy 07-009)

Contact Information

To submit feedback or a complaint, or to request further information, please use the following methods:

- **Address:**
Central West Specialized Developmental Services
53 Bond Street, Oakville, ON, L6K 1L8
- **Locked Boxes & Comment Cards:**
Locked boxes and comment cards for feedback on accessibility and services are available at the main entrances of the Administration building and, in the family, visiting room.
- **Feedback Surveys:**
Feedback surveys are available on the CWSDS website for submitting comments.
- **Monitoring and Response:**
Email, telephone voice messages, and written comments are monitored by the Executive Assistant, and are forwarded to the Executive Team for response. Arrange monitoring and backup coverage across all complaint channels, including weekends and holidays, to meet the acknowledgement and initial-review deadlines.
- **Privacy Concerns:**
For privacy-related issues, please contact:
Email: privacy@cwsds.ca

Appendices

[Appendix A – My Complaint Plan](#)