



COMPLAINTS POLICY AND PROCEDURES

Date Originally Passed by Board: October 24, 2024

Review /Amendment Dates: N/A

I - PRINCIPLES

- to recognize that complaints can be a useful source of information about the Clinic's quality of service, and that a good complaints process can demonstrate accountability to the clients and communities that the Clinic serves
- to ensure that complaints are dealt with through an accessible, transparent, fair, responsive, and efficient process that is appropriate and relevant to the Clinic
- to resolve complaints locally in an individualized and proportionate manner, with an aim to restore trust, credibility, and confidence in the Clinic where required
- to manage and minimize risk associated with complaints
- to ensure the Clinic has an effective mechanism for receiving and resolving complaints involving human rights such as discrimination, as well as concerns regarding accessibility of service, or the handling of personal information

II - DEFINITIONS

"Clinic" refers to Parkdale Community Legal Services

"Clinic Manager" refers to the Clinic Director, Operations Director, Director of Legal Services, or any Clinic employees with similar managerial responsibilities

"Complaint" refers to complaint that expresses dissatisfaction with the Clinic - including its policies, employees, students, or quality of service – and the Complaint seeks a resolution through formal procedures.

"Complainant" – Someone who has made a complaint under this policy.

III - POLICY

Accessibility

1. A client or former client of the Clinic, someone who has been refused Clinic service, or any other person who may be affected by the Clinic's services may complain.
2. Complaints may be made anonymously, with the understanding that less information can lead to a limited investigation or resolution.
3. A Complainant may file a Complaint by completing a Clinic Complaint Form by submitting it to a Clinic Manager or to a Clinic employee staffing the reception. A clinic employee who receives a Complaint Form shall deliver it to a Clinic Manager as soon as reasonably possible, subject to paragraph 14.

4. If a Complainant faces barriers in completing a Clinic Complaint Form or otherwise complaining due to particular needs such as disability, language barriers, or illiteracy, the Clinic will accommodate the complainant by accepting the Complaint in a different format, including by accepting verbal complaints.

Transparency

5. This policy, a Clinic Complaint Form, and any other document created to facilitate the complaint procedure shall be posted on the Clinic website and in the Clinic's reception area that is publicly accessible.

6. The language of the procedure should be easily understood, and, where possible, translated copies should be provided in languages served by the Clinic.

Privacy and Confidentiality

7. Privacy of a complainant shall be maintained, unless the complainant expressly consents to the sharing of private information related to the complaint.

8. The professional duty of confidentiality owed to clients or former clients shall be maintained throughout the complaints process, unless the client or former client expressly consents to the divulging of confidential information.

Complaints Resolution Procedure

9. When someone raises a concern with a Clinic employee about Clinic services, policies, Clinic employees, or students, the Clinic employee will attempt to resolve the issue.

10. When someone raises a concern with a student about Clinic services, policies, Clinic employees, or students, the student may attempt to resolve the issue, if the student also informs their supervising lawyer or community legal worker of the concern.

11. If the concern is not resolved, the Clinic employee or the student will either inform a Clinic Manager of the person's concern or inform the person who raised the concern that they may file a Complaint.

12. No staff or student will discourage or hinder a person from filing a Complaint.

13. If a Clinic Manager receives a Complaint, the Clinic Manager will consult with the other Clinic Managers, if any, to determine who will be responsible for dealing with the Complaint.

14. If the complaint is about a Clinic Manager, then a suitable alternative person will deal with the Complaint.

15. The Clinic Manager tasked with dealing with the Complaint will provide written acknowledgment to the Complainant within 3 working days.

16. In the acknowledgement, the Clinic Manager will either provide the Complainant with this policy or a more simplified Complaints information document.

17. In the acknowledgement, the Clinic Manager may inform the Complainant that no further action will be taken and explain to the Complainant that they may ask the Board to review the complaint.

18. With regard to discrimination complaints, the Clinic shall inform complainants that the internal procedure does not prevent seeking redress under the Human Rights Code and of time limitations associated with that process.

19. If the Clinic Manager decides to conduct further investigation into the matter, they will inform the Complainant of their decision and that the timeline for them to conclude the investigation will be 30 days.

20. Prior to the end of the 30 days mentioned in paragraph 16, if the Clinic Manager determines that there are circumstances that necessitate a longer investigation period, then the investigation can be extended a further 30 days. The Clinic Manager shall inform the Complainant of the new timeline.

21. The Clinic Manager will determine a fair process for the investigation.

22. Clinic personnel implicated by the complaint, including staff and students, should be informed of the complaint and provided with an opportunity to address the matter.

23. Following investigation, the Clinic Manager will provide the Complainant with a response that includes any findings, reasons, recommendations, lessons learned, and, where appropriate, an apology. The written response may indicate that the Clinic may not be able to disclose certain information, e.g., disciplinary actions, for privacy reasons. The written response will include information about avenues for appeal and other bodies to which complaints can be made.

24. If the Complainant indicates to the Clinic Manager that they wish for their complaint to be forwarded to the Executive Committee of the Board of Directors, then the Director will provide the Executive Committee with a written report including the complaint and the results of the assessment and/or investigation within 5 working days of the request.

Personal Information Protection and Electronic Documents Act

25. For cases involving a complaint about the handling of personal information under the *Personal Information Protection and Electronic Documents Act (PIPEDA)*, a Clinic Manager shall investigate the complaint. The Clinic Manager shall, where possible, provide a Complainant with a written response within 20 working days following the acknowledgement.

26. With regard to complaints involving the handling of personal information under the *PIPEDA*, the Clinic Manager shall inform Complainants about other relevant Complaint procedures where they exist. The Clinic Manager should inform Complainants that the internal procedure does not prevent seeking redress under other processes.

Role of the Board

27. If a Complainant is not satisfied with a resolution reached by a Clinic Manager, the Complainant may elect to have the resolution reviewed by the Executive Committee of the Board of Directors. The Committee shall in each instance determine whether to review the resolution and the procedure for such a review.

28. In determining the procedure for review, the Committee will take into account considerations such as minimizing disclosure of confidential information, the number of parties involved, whether any party needs independent legal advice, whether further investigation is required, resources, and any other considerations it decides are relevant to the procedure.

29. Upon making its decision, the Committee shall provide a written response to the complainant within 30 days of receiving the Complaint. The written response will include information on the complainant's right to appeal the decision to Legal Aid Ontario.

Record-Keeping

30. Records of Complaints should be well-documented and kept as administrative records of the Clinic.

31. Documentation related to Complaints shall be kept securely.

32. Records of Complaints are not reviewable by Complainants in order to protect confidentiality of all service recipients at the Clinic and their expectations thereof, as well as the privacy of other individuals. Records might necessarily contain references to clients other than the Complainant and the services provided to them. Records would also, as a matter of course, refer to other individuals including students and staff.

Reporting and Analysis

33. Complaints shall be reported to Legal Aid Ontario as prescribed by the Memorandum of Understanding.

34. Complaint trends shall be reported to the Board, and shared with Clinic staff to analyse for possible organizational improvements.