PARKDALE QUEEN WEST Community Health Centre

CLIENT COMPLAINT POLICY

Policy Details	
POLICY NAME	Client Complaint Policy
POLICY ID	QUA-POLICY-CLIENT COMPLAINT-JUN2026
POLICY GROUP	Quality
DATE OF APPROVAL	June 23, 2026
NEXT REVIEW DATE	June 2028
OWNER	VP, Client Services
RELATED GOVERNANCE POLICIES	• Accessibility Policy • Commitment to Anti-Oppression Policy • Conflicts of Interest Policy • Director Code of Conduct Policy • Privacy & Security, Data Collection & Record Management
GOVERNING LEGISLATION	N/A
RELATED POLICY(IES)	N/A
PROCEDURE	Client Complaint Procedure

PARKDALE QUEEN WEST Community Health Centre

PURPOSE

The purpose of this policy is to ensure clients can raise concerns safely and respectfully, and that complaints are addressed in a timely, equitable, and client-centered manner.

SCOPE

This policy only applies to individuals accessing services at Parkdale Queen West Community Health Centre (PQWCHC).

- For complaints related to privacy, the CEO will refer the complaint to the Privacy Officer. Responses meet requirements as outlined in the Privacy & Security, Data Collection & Record Management Policy.

POLICY

Any person accessing services at PQWCHC has the right to complain about the care or services they have received at the Centre. Complainants have the right to have their complaint reviewed and redressed without fear of embarrassment or reprisal. The complaint can be regarding a staff member, a volunteer, or a student, in this policy generally referred as staff.

The Client Complaint Policy and Procedures shall be posted on the organizational website. A copy may be provided to any person on request. Resolution of the complaint should be timely so as not to delay appropriate action for the complainant. In addition, the following applies to all client complaints:

- Any client submitting a complaint may also file a complaint to a relevant authority (e.g., police, Ontario Human Rights Commission, Ministry of Labour, or Privacy Commissioner).
- PQWCHC manages complaints in a confidential manner, only involving people who need to know the information to respond to or resolve the complaint.
- PQWCHC may use independent assessors or investigators to address or investigate complaints.

REVIEW AND AMENDMENT

This policy shall be reviewed and approved 2 years and may be amended from time to time as the organization deems necessary.

PARKDALE QUEEN WEST Community Health Centre

CLIENT COMPLAINT PROCEDURE

Procedure Details	
POLICY NAME	Client Complaint Procedure
POLICY ID	QUA-PROCEDURE-CLIENT COMPLAINT-JUN2026
POLICY GROUP	Quality
DATE OF APPROVAL	June 23, 2026
NEXT REVIEW DATE	June 2028
OWNER	VP, Client Services
FORMS / TEMPLATES / APPENDICES	N/A
GOVERNING POLICY	QUA-POLICY-CLIENT COMPLAINT-JUN2026
RELATED PROCEDURES	N/A

RESPONSIBILITIES

Client

- To raise concerns or complaints as soon as possible
- Provide relevant information to support review of the complaint.
- Participate respectfully in the complaint resolution process

Staff

- Treat complaints respectfully
- To address concerns brought directly to them, as appropriate
- Escalate to their direct supervisor, when addressing the complaint is inappropriate or remains unresolved

Manager

- Review and address complaints within designated timelines.
- Ensure complaints are investigated appropriately.
- Communicate with the complainant regarding progress and outcomes.
- Support staff involved in the complaint process.
- Identify trends or recurring issues and implement corrective actions.
- Escalate serious complaints, safety concerns, or allegations of misconduct when required.

Sr. Leadership

- Review significant complaints and organizational risks.
- Monitor complaint trends and quality indicators.
- Approve corrective or systemic improvement initiatives.

PROCEDURE

1. Clients can submit complaints through the following avenues:
   - In person – to service provider or any available manager who will direct response follow up

- By telephone
- On the website
- In writing to any of PQWCHC location

2. Clients or community members can address complaints to the staff, with whom they are dissatisfied, or to the appropriate supervisor, as they prefer. If the complaint concerns the CEO, it may be reported to the Board of Directors.
3. Resolution of the complaint should be timely so as not to delay appropriate action for the complainant
4. Informal resolution of difficulties should be sought between the staff and the complainant whenever possible before resorting to formal procedures.
5. If the client prefers, the supervisor can become involved immediately. If the supervisor becomes involved, they will determine if the complainant has discussed their concern with the attending staff.
6. The staff is notified of the complaint and asked for their comments and feedback regarding the issue. Usually, the concern can be resolved by the supervisor acting as a liaison between the staff and the complainant.
7. If the issue is not resolved to the complainant's satisfaction, the supervisor reports to the next level of senior leadership; if not resolved at this level of leadership, it can be escalated to the CEO or designate.

8. The CEO or designate may assess the need for an impartial review of the complaint by an independent expert.
    a. If an independent expert is used, they will review the written materials, and may meet, separately, with the complainant, if the complainant agrees, and staff.
    b. A written report of the findings, with recommendations, will be presented to the CEO or designate.
    c. Based on this review and recommendations, a decision will be reached regarding the complaint, and this will be communicated to the complainant.
9. The CEO or designate will be responsible for contact and follow-up with the complainant.
10. The onus is on the complainant to take further action if not satisfied with the outcome.

The CEO reports complaints of a serious nature (including those that may put the organization at risk) monthly to the Board of Directors.

REVIEW AND AMENDMENT

This procedure shall be reviewed and approved annually and may be amended from time to time as the organization deems necessary.