Acclaim Health	CLIENT SERVICES MANUAL
SECTION 5	**DEPARTMENT**
Incident Management	Organization
POLICY NAME	**POLICY #**
Complaints Management	CSP 05-04-19

Purpose

To outline roles and responsibilities for reporting, investigating and documenting complaints from clients, or other parties.

Definitions

“Agent” means staff at all levels employed by Acclaim Health, all students in paid or unpaid work placements and volunteers.

‘‘Client” means any person receiving services from Acclaim Health. It is inclusive of clients, patients, families, and caregivers.

“Complaint” means an expression of dissatisfaction requiring reporting, acknowledgement and action that needs to be escalated beyond the point of care. Complaints may involve, but are not limited to, dissatisfaction with service, errors/omissions made, failure to comply with policy or procedure, or unfair actions by agents (Provincial Patient Complaints Reporting Framework).

“Complainant” means the person that lodged the complaint whether it be a client or other party.

“Concern” means an expression of a matter of interest or importance.

“Supervisor” means a position to which other positions report.

Scope

This policy applies to all agents.

Policy

Acclaim Health is committed to providing quality care and strengthening relationships with clients.

If any client third party reasonably believes that an Acclaim Health policy, practice, or activity is unsatisfactory or unacceptable, they have a right to voice a concern or complaint to the organization, as outlined in the Acclaim Health Client Rights and Responsibilities. Acclaim Health does not retaliate against any client or other parties who, in good faith, brings forward a concern or complaint.

Client concerns that can be resolved at the point of care/same day are reported to the supervisor within established timelines. Concerns that allege abuse, neglect, or improper or incompetent

service delivery that resulted in harm or the risk of harm to the client, are considered a 'complaint' and deemed high priority, and are escalated to the supervisor immediately.

Agents play an important role in listening to and resolving concerns and complaints related to care in a way that reflects the organization's values.

Acclaim Health acknowledges, responds to, and resolves complaints in a fair, transparent, timely and consistent manner, and implements corrective action, if required. The complainant with whom the concern originated is kept informed of the outcome(s) of the investigation to the extent allowed by privacy law.

Acclaim Health uses the information obtained during the investigation to support the identification of opportunities for improvement. Acclaim Health fosters a just culture of safety and learning from concerns and complaints to continually improve the quality of care for clients and to support agents. The Client and Family Service Advisory Committee provides input and feedback on the complaints process for clients and families.

Acclaim Health provides clients and other parties with the opportunity to complain or provide input across a variety of platforms and media.

Acclaim Health's complaints management aligns with the Ontario Health atHome (OH atHome) 'Patient Complaints Management' processes.

Consequences

Agents are accountable for reporting and documenting a complaint within the timelines established. Failure to do so results in progressive disciplinary action up to and including termination of employment.

Roles and Responsibilities

Employer

- Provide overall organizational leadership and accountability for the effective management of complaints.
- Promote a safe, respectful, and just culture where clients and agents can raise concerns or complaints without fear of reprisal.
- Ensure supervisors and managers are equipped with skills and authority to manage complaints fairly, transparently, and consistently.
- Demonstrate leadership commitment to continuous quality improvement to maintain trust with clients, families, and other parties.

Quality and Risk

- Establish and maintain a comprehensive Complaints Management Policy and supporting procedures that align with OH@H and accreditation requirements.
- Collect and manage all complaint reports and related data.
- Analyze complaint trends to identify areas for risk mitigation and quality improvement.
- Support the development, implementation, and evaluation of quality improvement initiatives arising from complaint outcomes,
- Review the complaints management policy and procedure during HR orientation.

Community Engagement and Business Development

- Monitor Acclaim Health's website and social media channels for feedback or complaints.
- Forward complaints or concerns received via online platforms to the appropriate department for action.
- Ensure public facing information on how to submit complaints is accurate, accessible, and up to date.

Manager

- Provide guidance to supervisors to ensure timely and appropriate handling of complaints.
- Support the supervisor in investigations involving complex or high-severity complaints.
- Ensure corrective actions are implemented and monitored for effectiveness.
- Communicate significant complaints or system issues to the Quality and Risk department.
- Promote a culture of continuous improvement through open discussion of complaints and lessons learned.

Supervisor

- Ensure that all agents are aware of and trained in the Complaints Management Policy and related procedures.
- Receive, acknowledge, and document concerns and complaints in a timely manner.
- Initiate investigations promptly upon receipt of a complaint and maintain communication with the complainant throughout the process.
- Determine the severity level of the complaint and escalates, as required, to the appropriate Manager.
- Ensure all findings, actions, and outcomes are documented in the relevant reporting systems.
- Monitor trends and recurring issues and identify opportunities for quality improvement.
- Provide coaching, support and follow-up to agents involved in the complaint process.
- Ensure that all decisions and actions related to complaints respect the principles of fairness and confidentiality.

Agent

- Listen respectfully and attentively to clients/families expressing concerns or complaints.
- Attempt to resolve client concerns at the point of care whenever possible and appropriate.
- Report all concerns or complaints that cannot be resolved at the point of care to the supervisor within the established timelines.
- Maintain confidentiality and professionalism at all times.
- Participate cooperatively in investigations and any resulting action plans.
- Refrain from any form of retaliation or judgement toward clients or parties who raise concerns or complaints.

Procedure

1.0 Communication and Education

1.1 The Complaints Management policy and procedure is communicated to agents, clients, and interested parties using a variety of mechanisms, which include but are not limited to the:

- Client Services manual (on the Acclaim Health intranet),
- Review of the Safety Handbook (Appendix A) upon admission to service,
- Acclaim Health's website: www.acclaimhealth.ca/feedback/.

1.2 New agents receive education on the complaint framework and how to report client complaints upon hire at the general orientation.

1.3 The annual Quality and Risk Education Plan includes training on complaints as part of the "Client Safety and Risk Management' based on the worker's category.

1.4 Complaints are categorized under broad headings (Appendix B).

2.0 Handling of Concerns

2.1 Concerns that are addressed/resolved at point of care are reported to the supervisor within four (4) hours and documented by the supervisor as appropriate (Appendix E).

2.2 If the concern cannot be successfully addressed at point of care/same day, it is considered a 'complaint' (Appendix E).

2.3 Any concern involving potential harm to clients, agents or Acclaim Health must be escalated to the supervisor for review and action.

2.4 All concerns, whether resolved or escalated, are reviewed by the supervisor, to identify patterns that may indicate areas requiring quality improvement measures.

3.0 Reporting of Complaints

3.1 The Community Engagement and Business Development department monitors the Acclaim Health website and social media for feedback and complaints.

3.2 Agents notify their supervisor of complaints as per the established timelines:

Description of Complaint	Reported To	Response Time
Allegation of abuse or neglect by an agent	Supervisor	Reported immediately
Allegation of improper or incompetent service delivery that resulted in harm or risk of harm	Supervisor	Reported immediately
All other complaints	Supervisor	Within four (4) hours of receipt.

4.0 Investigation of Complaints

4.1 An investigation is commenced by the most appropriate supervisor.

4.2 In all situations, the supervisor contacts the complainant **within one business day** to acknowledge receipt of their complaint and to inform them that an investigation is taking place.

4.3 Discussions with the complainant follow the HEAR model (Appendix D).

4.4 Complaints of abuse and neglect by an agent are managed as *per the Client Abuse Management* Policy.

4.5 Complaints related to privacy are managed as per the *Privacy Complaint or Breach* policy.

4.6 The severity level of the complaint determines the escalation required (Appendix C).

4.7 During the investigation, the supervisor speaks with all relevant parties and considers the need to arrange for a different agent to provide the service where applicable.

4.8 The supervisor provides follow-up//response/disclosure, **within ten (10) calendar days of the receipt of the complaint**, regardless of the status of the complaint. The follow-up response may include an update on actions taken, options, next steps, resolution or the outcome of the investigation to the complainant.

4.6.1 If the investigation cannot be completed **within ten calendar (10) days**, further disclosure is made to the complainant as appropriate, once the investigation has been completed.

4.7 The supervisor collaborates with the client and where applicable, with OH atHome. The goal is to resolve the complaint **within thirty (30) calendar days** of receipt of the complaint.

4.8 The supervisor and Director/Manager arranges a face-to-face meeting with the agent as per the timelines in the action plan to provide support and ensure that all action plan items have been addressed where applicable.

4.9 The supervisor communicates the action plan to other agents, if applicable.

5.0 Documentation of Complaints

5.1 Complaints are documented in the client's record in AlayaCare using a Client Incident Report template (refer to *Completing a Client Incident Report in AlayaCare* SOP). Complaints involving Home Care clients are documented in the OH@Home Incident Reporting System.

5.2 Complaints of abuse and neglect by an agent or allegations of harm or potential for harm by an agent, are considered a 'patient safety' incident in Acclaim Health and OH atHome's incident reporting systems (refer to the *Client Incident Reporting and Investigation* Policy.

5.2.1 **Note**: if the complainant remains unsatisfied upon the closure of these types of incidents, they are also documented as a 'Complaint'.

5.3 All other complaints are documented as a 'complaint' in the incident reporting systems. (refer to *Client Incident Reporting and Investigation* policy).

5.4 The supervisor is responsible for updating the Client Incident Report form once the investigation and disclosure are completed.

5.5 The response by the complainant is documented in the Client Incident Report form.

5.6 The resolution of the complaint is classified as

- Resolved satisfactorily
- Resolved unsatisfactorily
- Unresolved satisfactorily
- Unresolved unsatisfactorily

6.0 Evaluation and Outcome Improvement

6.1 The Director Quality and Risk informs the Leadership team monthly of the types of complaints received, root cause(s) and action plans and brings forth any recommendations.

6.2 The Chief Executive Officer presents a summary of all complaints resulting in harm or risk of harm received to the Board of Directors at each Board Meeting.

6.3 The Director, Quality and Risk review the status of recommendations and action plans with the Board Quality Committee on a quarterly basis.

6.4 The Quality Assurance Manager evaluates the effectiveness of the complaints reporting system on an annual basis and solicits feedback from clients where applicable.

6.5 Approved recommendations are reviewed with supervisors where applicable.

6.6 The Quality and Risk department, the Board Quality Committee and Quality Teams implement quality improvement plans to address gaps.

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Reviewed: July 2011, January 2016, April 2024
Revised: February 2007, June 2007, February 2008, April 2008, May 2010, September 2013, March 2014, June 2014, February 2015, September 2015, December 2016, December 2017, February 2019, March 2020, February 2021 February 2022, May 2023, December 2024, November 2025

References: Accreditation Canada, QMentum Standards. Ontario Health atHome Provincial Process for Patient Complaints Management and Patient Safety Incident Management, Client Incident Reporting and Investigation Policy, Disclosure of Client Incidents Policy, Completing a Client Incident Report in AlayaCare SOP, Acclaim Health External Communications Plan, Whistle Blower Protection Policy, Privacy Complaint or Breach Policy,
The Canadian Client Safety Institute, Canadian Root Cause Analysis Framework, 2012,
The Canadian Client Safety Institute, Canadian Disclosure Guidelines, November 2011,
World Health Organization, WHO Guidelines for Adverse Event Reporting and Learning Systems, 2005, Imagine Canada Standards Program, Accessibility for Ontarians with Disabilities Act. HIROC Risk Assessment Checklists, Connecting Care Act, 2019 OH atH Decision Tree for Categorization of Patient Safety Incidents and Complaints, OH atHome HEAR Model

Approved by	Signature	Date
Chair, Board of Directors	Signed by: Stuart Du Kamp 9E9FE0EBED08496...	March 3, 2026

Compliments, Complaints & Concerns

Acclaim Health is committed to providing quality care to our patients and their families.

We welcome all feedback and use it to improve the experience for everyone.

Please share what we're doing well and where we need to improve. We promise your input will *never* have a negative impact on your care.

Compliments

Everyone likes to know when they are doing a good job. Please let us know if you are happy with your care – it's very motivating for our team members.

Concerns and Complaints

If you have concerns about your care or believe that an Acclaim Health policy, practice or activity is unsatisfactory or unacceptable, you have the right to voice a concern or complaint. We very much appreciate this type of feedback, as it helps us identify areas for improvement.

How to Provide Your Feedback

There are a variety of ways to provide your feedback, please choose the one that's most comfortable and convenient for you.

1. Speak to your Care Manager (their contact information is on the front of this book).

2. Call our Customer Service team at 905-827-8800 or 1-800-387-7127.

3. Write to us at Acclaim Health, 2370 Speers Road, Oakville, ON, L6L 5M2.

4. Use our online form at www.acclaimhealth.ca/feedback or use the QR code:

Follow Up

Acclaim Health acknowledges complaints and concerns within one business day.

Acclaim Health arranges for your feedback to be addressed by the most appropriate person. In the case of a complaint or concern, Acclaim Health thoroughly investigates and implements corrective action as required. As the complainant, you are kept informed of the status and of the outcome(s) of the investigation, where allowed by privacy law. Every attempt is made to resolve most complaints within five business days.

Our Leadership Team is made aware of the most serious issues and any emerging themes from complaints and concerns.

Acclaim Health uses the information gathered during the investigation to improve services, policies and practices across the organization.

Appendix B – Complaint Categories

Category	Subcategory	Examples
Quality of Care	Improper/Incompetent Service Delivery	Inadequate clinical competence Poor or substandard care Failure to follow infection prevention and control standards Inadequate assessment of client Poor or inaccurate documentation Non-compliance with professional practice standards
	Care Coordination	Poor care coordination/scheduling Lack of client participation in care
Customer Service	Lack of professionalism	Uncaring behaviour or attitude Perceived lack of sensitivity/compassion, caring Client not feeling heard/respected Professional boundaries compromised
	Communication	Cultural or language barrier, options not discussed, not listening, lack of shared decision-making, poor communication with client, no interpreter provided, missed opportunities/expectations
Privacy and Confidentiality	Consent for Collection/Use/Disclosure	Appropriate consent not gained from client
	Personal Health Information	Concerns regarding the collection, use or disclosure of personal health information
	Confidentiality	Invasion of personal privacy during care, confidentiality not maintained
Patient Rights	Lack of Cultural Sensitivity	Lack of awareness, knowledge and/or respect of cultural practices related to death and dying, religious practices, language, etc.
	Consent for Treatment	Coercing or failing to obtain client consent, lack of client informed choice, lack of involvement of client in care planning.
	Alleged Discrimination/Retribution	Alleged discrimination or inequity against client including ethnic, spiritual, language, religion, lifestyle, etc.
	Accessibility	Accessibility for Ontarians with Disabilities Act (AODA)
Access	Delay	Unanticipated / unplanned wait for service
	Withdrawal/discharge from service	Client service withdrawn by Acclaim Health
	Amount of Service	Disagreement regarding the amount of assessed service
	Eligibility of Service	Determination of ineligibility for a particular service
	Availability of Service	Services are unavailable due to fiscal or HHR capacity, waitlists
	Discharge or Transfer Arrangements	Early, late, or unplanned discharge

Appendix B – Complaint Categories

Facility Issues / Environment	Housekeeping/Maintenance	Trip hazards, cleanliness in care areas i.e., clinics or Adult Day Programs
	Accommodation / Accessibility of facility	Poor accommodation, equipment not available, noise, smoking, entrances not easily accessible i.e., snow covered, parking
Patient Property	Accidental Loss or Damage	Lost or damaged laundry, dentures, glasses, etc., stain on rug, broken lamp
	Alleged Theft	Lost money or jewelry or items missing
Administration & Billing	Operational /Business Processes/Finance/Cost	Problems with administrative policies, procedures, or forms Billing issues

Appendix C

Severity of Complaint	Level of Intervention	Escalation Required by Supervisor (where applicable)
Low	Minimal investigation required. Resolved by brief explanation, clarification of policy/procedure or simple apology.	Department Manager
Medium	Detailed investigation, meetings with relevant parties. Minor change to, or review of, policy and procedures or service/care plan.	Department Manager, Director, Ontario Health at Home (OH atHome)
High	Major policy revisions or reporting of event to regulatory body or authorities. Potential litigation, media exposure and/or lack of confidence in OH atHome or service provider.	Department Manager, Director, Chief Executive Officer, OH atHome

Appendix D – HEAP Model

H refers to **HEAR** and is the first step in the framework; to take time to truly listen to what is being said:

- Listen for understanding; not just for your turn to speak.
- Set time and space aside to just listen; put away distractions.
- Use the power of silence; sit with silence to see what might be said.

E refers to **EMPATHIZE** and is the second step in the framework; to sit with and share emotionally what other people are feeling by seeing things from their point of view.

- Empathy is how we demonstrate that we understand how they are feeling.
- To be empathic, we must refrain from comparing one patients experience to others in an attempt try to provide perspective.
- Empathic response can sound like: “That must be so hard; That sounds really challenging; I can see how that would be difficult; Thank you for trusting me with this, I wish you didn’t have to go through this.”

Appendix D – HEAP Model

A refers to **APOLOGIZE** and is the third step in the framework; to offer an honest apology for the experience that they are having.

- Offering an apology is not about accepting blame but recognizing that their experience is not one we would have wished for them.
- Offering an apology can sound like:
  - "I am sorry that you are having to go through this."
  - "I am here for you and apologize that this has been so challenging."
  - "I can hear in your voice how hard this is for you and I am so sorry your experience has made this harder."

R refers to **RESPOND** and is the last step in the framework; when you have taken the time to walk with the individual through the above steps, you can then slowly begin to respond and attempt to resolve.

- We cannot try to do this too quickly, individuals are not calling or discussing concerns because they want them the be "fixed" immediately, they want to feel heard first.
- Responding doesn't mean that you must have the answer to fix the problem, but it means that you can ask "what can I do in this moment to help."

Appendix E – OH atH Decision Tree for Categorization of Patient Safety Incidents and Complaints