

COMPLAINTS POLICY

This policy and procedure apply to complaints received by staff or board members of Big Brothers Big Sisters of Medicine Hat & District about our activities, programs, services, staff or volunteers.

A. Guiding Principles

- It is in the interest of all parties that complaints are dealt with promptly and resolved as quickly as possible.
- Review of complaints is fair, impartial, and respectful to all parties.
- Complainants are advised of their options to escalate their complaint to a more senior staff person if they are dissatisfied with treatment or outcome.
- Complainants are provided clear and understandable reasons for decisions relating to complaints.
- Updates are provided to complainants during review processes.
- Complaints are used to assist in improving services, policies and procedures.

B. Types of Complaints

Definition: A complaint is an expression of dissatisfaction about the service, actions, or lack of action by Big Brothers Big Sisters of Medicine Hat & District as an organization or a staff member or volunteer acting on behalf of Big Brothers Big Sisters of Medicine Hat & District.

Examples include but are not limited to:

- perceived failure to do something agreed upon;
- failure to observe policy or procedures;
- error made by a staff member/volunteer; or
- unfair or discourteous actions/statements by staff member/volunteer;

Anyone personally affected can complain and their complaint will be reviewed in accordance with this procedure.

C. Complaint Receipt and Handling

A complaint may be received verbally (by phone or in person) or in writing (by mail, fax, email). An employee or volunteer who receives a complaint should first determine the proper person to handle it. This will generally be the person who has the primary relationship with the complainant or has the specific knowledge that is needed to resolve the problem. It is the responsibility of the person who receives the complaint to either resolve it or transfer it to another person who can resolve it. If the complaint is transferred, the recipient must acknowledge to the transferor that he/she has received it and will act on it.

The person who initially receives the complaint should acknowledge to the complainant that the complaint has been received and will be acted on either by him/herself or another employee. If a timeframe for action can be determined, that should be included in the acknowledgement. Basic contact information including name, phone number and email address should immediately be recorded.

D. Resolving the Complaint

Every effort should be made to resolve complaints received in a timely fashion. When receiving a verbal



complaint, staff should listen and seek to understand the complaint, and may attempt to resolve it immediately. Complaints received in writing shall be acknowledged within two business days, and staff shall attempt to resolve the matter within ten business days.

Where a complaint cannot be easily resolved, it shall be escalated to the Executive Director. If they cannot resolve the complaint, it shall be escalated to the Board of Directors. If the complaint is about the Executive Director, it shall be handled by the Chair of the Board. Complainants should be kept informed of the status of their complaint. Every attempt should be made to resolve an escalated complaint within an additional ten business days, such that the complaint is resolved within a month of having been received.

E. Documenting the Complaint

It is necessary to keep a record of any complaint that involves a dispute over money as well as any complaint that cannot be resolved on the same day that it is received. Information about such complaints must be recorded on the complaints tracking worksheet. Information recorded on the worksheet is to include a description of the complaint, who handled it, what was done to resolve the complaint, timeframe, and a description of the resolution.

A summary of the complaints received, including number and type, shall be reported to Big Brothers Big Sisters of Medicine Hat & District's Board of Directors annually.



**APPENDIX 1
COMPLAINT REPORT FORM**

Your name (optional – you may submit your complaint anonymously):

Department of BIG BROTHERS BIG SISTERS OF MEDICINE HAT & DISTRICT (if applicable) (optional):

Supervisor (if applicable) (optional):

Telephone (optional):

E-mail (optional):

BIG BROTHERS BIG SISTERS OF MEDICINE HAT & DISTRICT WILL TREAT ALL REPORTS MADE UNDER THIS POLICY AS CONFIDENTIAL TO THE FULLEST EXTENT THAT IS CONSISTENT WITH CONDUCTING A FULL AND FAIR INVESTIGATION. EVEN IF YOU MAKE A REPORT UNDER THIS POLICY AND DISCLOSE YOUR IDENTITY, BIG BROTHERS BIG SISTERS OF MEDICINE HAT & DISTRICT WILL EXERCISE CARE TO KEEP CONFIDENTIAL YOUR IDENTITY UNTIL A FORMAL INVESTIGATION IS LAUNCHED. AT THAT POINT, YOUR IDENTITY WILL BE DISCLOSED TO OTHER INDIVIDUALS ONLY TO THE EXTENT NECESSARY TO CONDUCT A COMPLETE AND FAIR INVESTIGATION.

Describe Reportable Activity:

Date you became aware of Reportable Activity:

Approved: <<DATE>>

Revised: <<DATE>>



Reportable Activity is:

- Ongoing _____
- Completed _____
- Unclear whether ongoing or completed _____

Department suspected of Reportable Activity:

Individual(s) suspected of Reportable Activity:

How did you become aware of the Reportable Activity?

Describe any steps you took prior to completing this Report (e.g., informed a representative of BIG BROTHERS BIG SISTERS OF MEDICINE HAT & DISTRICT)

Date you completed this form