

Policy Name:	Team Member Complaints Policy
Originating:	Chapter 4: Human Resources Components
Approval Authority:	Board of Directors
Date of Approval of Original Policy:	January 13, 2013
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Mandatory Revision Date:	June 2026
Contact:	Chief Executive Officer

Purpose:

The policy sets out the position of Hope Place Centres (HPC) with respect to providing Team Members (supervisors, staff, student placements and service contractors) with a mechanism to bring forward their concerns and/or have issues resolved.

By developing this policy HPC is:

- Committed to a process of resolving issues through discussion up to and including filing a formal complaint.
- Ensuring team members that their concern will be dealt with in a timely, fair and respectful manner until the issue is resolved.
- Committed to making the complaint resolution process accessible, open and transparent; as well as providing individuals with a mechanism to use that is simple and clear.

Policy:

HPC strives to provide a healthy workplace by incorporating equitable HR practices. This includes Team Members being provided with clear guidelines for resolving issues up to and including a formal complaint. This may include issues with HR policies and procedures, job responsibilities, working conditions, professional relationships, and performance of individual Team Members.

Procedures:

HPC prefers that, whenever possible, a Team Member will choose to express their concern and/or resolve their issues *informally* before finding it necessary to initiate the formal complaint procedure. Team Members may proceed with any of the following *informal* options:

- Speak directly to the Team Member who is involved in the situation.
- Speak with another Team Member, including a Supervisor or the Chief Executive Officer.
- Request a facilitated meeting (prior to “Preliminary Inquiry” stage that is detailed in formal complaint process) with involved persons.

Anti-Discrimination

At Hope Place Centres, we commit ourselves to applying the principles and practices of equity, diversity and inclusion throughout every facet of the organization. This is reflected in planning, decision-making, consultation, and delivery of services, which includes but is not limited to the procurement of services,

recruitment and hiring protocols, strategic planning, quality improvement initiatives and inclusive program delivery that is committed to an anti-racism and anti-oppressive framework.

Hope Place Centres adheres to the human rights code and prohibits discrimination on the grounds of, ancestry, citizenship, colour, ethnicity, race, place of origin, creed, disability, family status, marital status, gender identity, sex, gender expression, sexual orientation, income status, record of offences and age (*Human Rights Code RSSO, Section 5.1*)

Hope Place Centres does not tolerate discrimination and preserves an organizational culture that fully empowers employees to report concerns about discrimination in the workplace. There are many forms of discrimination that exist which include but are not limited to, (1) institutional and systemic discrimination that are reflected in policy and practice that appear to be impartial but have an effect and impact on an individual and/or group reflected in one or more code grounds (*Ontario Human Rights Commission, 2008*); (2) Unfair and unjust treatment of individuals and/or groups on the basis of one or more code grounds (*Ontario Human Rights Commission, 2008*).

When an individual reports concerns about discrimination in the workplace, a professional, impartial, supportive and comprehensive conflict resolution process commences, which is the same process outlined in the '*Team Member Complaint Policy; Complaint Resolution Section 2.1*' and the '*Service Recipient Complaint Policy; Complaint Resolution Section 2.1*'.

1. Conflict Resolution

1.1. Preliminary Inquiry:

- 1.1.1. The Manager or Chief Executive Officer will review the report and initially respond to the complainant within two (2) business days, acknowledging that complaint has been received and is under review.
- 1.1.2. The Manager or Chief Executive Officer will speak with the complainant about the concern and/or issue as required to clarify the facts detailed.
- 1.1.3. The Manager or Chief Executive Officer will speak with all those involved in the concern and/or issue described to gather information.
- 1.1.4. Once the preliminary inquiry is complete, the Manager or Chief Executive Officer will determine a process to best achieve the resolution requested by the complainant; which could require further investigation.
- 1.1.5. Whenever possible and/or appropriate, HPC prefers for all persons involved to be engaged in the resolution process through structured face-to-face discussions, facilitated by the Manager or Chief Executive Officer.

1.2. Investigation:

- 1.2.1. HPC may choose to conduct an investigation at any point, including during the **informal** process. Whenever an investigation is required in order to respond to a report, the concern and/or issue that gave rise to the claim must have occurred within the three (3) months immediately preceding the date the report was received by the Manager or Chief Executive Officer.
- 1.2.2. The Manager or Chief Executive Officer will review the details outlining the report, and if appropriate, order an investigation - including determining who will be assigned to complete the investigation. The investigation will begin no later than five (5) business days after the Manager or Chief Executive Officer has made the order.
- 1.2.3. The investigation will be conducted by one of the following: The Manager or Chief Executive Officer or designate from the Board of Directors. The investigator will be selected on the basis of individuals identified as parties to the complaint, for example; complaints involving a Team Member will typically be investigated by the Manager, complaints involving the Manager will typically be investigated by the Chief Executive Officer, and complaints involving the Chief Executive Officer will typically be investigated by a designate from the Board of Directors.
- 1.2.4. The investigator will meet separately with all parties involved and will keep detailed documentation of each interview.
- 1.2.5. The investigator will prepare a summary and validate it with interviewees to confirm accuracy. Once the summary is confirmed as accurate, a detailed report of the complaint, the response and any additional relevant information will be submitted for review.
- 1.2.6. The Manager, Chief Executive Officer or designate from the Board of Directors will review the information submitted by the investigator and determine the follow-up action required, which may include but is not limited to; dismissal of the complaint, action to achieve resolution requested by complainant, and further mediation.
- 1.2.7. If the Manager or Chief Executive Officer is unable to achieve resolution that is satisfactory to the complainant, the complaint shall be referred to the designate from the Board of Directors.

1.2.8. The designate from the Board of Directors will review the information contained in the report prepared by the investigator and the disposition recommended by the Manager or Chief Executive Officer. The designate from the Board of Directors will then decide what further action, if any, is required and will inform the complainant of this decision in writing. It is the responsibility of HPC staff to implement the decision of the designate from the Board of Directors.

1.3. Mediation:

1.3.1. If mediation is required, the intention would be to allow the opportunity for all parties to communicate face-to-face, in a structured meeting, to discuss the concerns and/or issues in an effort to come to an agreement.

1.3.1.1. Each party may be accompanied at the mediation meeting by another individual who is neutral to the complaint but who they wish to have support them through the process.

1.3.2. If an understanding, apology, or other form of resolution is achieved through mediation the agreement will be put in writing and will be signed by all parties. The Manager or Chief Executive Officer will keep this documentation in a secure file.

1.3.3. If resolution is not achieved between all parties, the Mediator will outline the next steps in the process which may include the complaint and all proceedings up to this point being referred to the designate from the Board of Directors.

1.3.4. The designate from the Board of Directors will then decide what further action, if any, is required and will inform the complainant of this decision in writing. It is the responsibility of HPC staff to implement the decision of the designate from the Board of Directors.

2. Appeal Process:

2.1. If the complainant is still not satisfied with the outcome following the decision of the designate from the Board of Directors, they can appeal the decision to Ontario Health, which provides funding to HPC. An Ontario Health representative will consider whether or not due process was followed.

2.1.1. This will not necessarily change the final outcome.

2.2. If the complaint is specifically related to a Ministry of Health funded program and not resolved, the individual can appeal to the Health Service Appeal and Review Board (HSARB).

2.3. Contact information for the Manager, Chief Executive Officer, designate from the Board of Directors, Ontario Health Team (OHT) representative and HSARB representative will be provided without reasonable delay, to any service recipient upon request.

3. Reporting to the Board of Directors:

- 3.1. The Chief Executive Officer shall be responsible for reporting any formal complaints received by service recipients: Orally to the Board of Directors at their next regularly scheduled meeting if within thirty (30) days of complaint being received; or electronically to the Board Chair within thirty (30) days of complaint being received; and in writing to the Board of Directors at their next regularly scheduled meeting wherein 'Balanced Scorecard' document is required for quarterly reporting submission.

- 3.2. The Board of Directors Designate shall be responsible for reporting any informal or formal complaints received by service recipients: In writing to the Board of Directors at their next regularly scheduled meeting if within thirty (30) days of complaint being received; or electronically to the Board of Directors within thirty (30) days of complaint being received; and in writing to the Board of Directors at their next regularly scheduled meeting; and responsible for ensuring the complaint is recorded on 'Balanced Scorecard' document required for quarterly reporting submission.