WILFRID LAURIER UNIVERSITY GRADUATE STUDENTS' ASSOCIATION

COMPLAINT POLICY & PROCEDURE MANUAL





25a COMPLAINT POLICY & PROCEDURE MANUAL

TABLE OF CONTENTS

Introduction4				
Purp	pose			
Sco	ре			
Org	anizational Commitment			
Terms and	Definitions 5			
Guiding Pri	nciples 6			
Peo	ple Focus			
No	Detriment to People Making Complaints			
And	onymous Complaints			
Acc	cessibility			
Response to	o Complaints 7			
Earl	y Resolution or Mediation			
Resp	oonsiveness			
Obj	ectivity and Fairness			
Cor	nfidentiality8			
Emp	powerment of Staff			
Mar	naging Unreasonable Conduct by People Making Complaints			
Resp	oonse to Harassing Behaviours9			
Complaint	Management System 10			
Ack	nowledgement of Complaints			
Initio	al Assessment			
Rec	eipt of Complaints			
Add	dressing Complaints			
Prov	viding Reasons for Decisions11			
Clos	sing theComplaint, Record Keeping, Redress and Review			
The	Three Levels of Complaint Handling			
Rele	evant Legislation			

COMPLAINT POLICY & PROCEDURE MANUAL PAGE 3



POLICY NO. CP-01	APPROVAL DATE MAY 2019	SCHEDULED REVIEW
POLICY NAME Comple	APPROVING AUTHORITY Board of Directors	

INTRODUCTION

Purpose

This policy provides guidance to our staff and individual(s) who wish to make a complaint on the key principles and concepts of our complaint management system. Thus, this policy is intended to ensure that we handle complaints fairly, efficiently and effectively.

Our complaint management system is intended to:

- enable the GSA to respond to issues raised by the Laurier community (faculty/admin, students, etc) and the public, making complaints in a timely and effective way,
- boost confidence and create transparency in our administrative process,
- provide information that can be used by the GSA to deliver quality improvements in our services/ programs, staff and complaint handling,
- provide guidelines and support to GSA staff in the event that harassment by the individual complaining occurs.

Scope

This policy applies to all staff and volunteers receiving or managing complaints from the public made to or about the GSA, regarding our programming, services, staff and complaint handling.

Organizational Commitment

This organization expects staff at all levels to be committed to fair, effective and efficient complaint handling.

- Promote a culture that values complaints and their effective resolution.
- Demonstrate exemplary complaint handling practices.
 - Treat all people with respect, including people who make complaints.
 - Assist people make a complaint, if needed.
 - Comply with this policy and its associated procedures.
 - Keep informed about best practice in complaint handling.
 - Provide feedback to Board of Directors on issues arising from complaints.
 - Implement changes arising from individual complaints and from the analysis of complaint data.



POLICY NO. CP-01	APPROVAL DATE MAY 2019	SCHEDULED REVIEW
POLICY NAME Comple	APPROVING AUTHORITY Board of Directors	

TERMS AND DEFINITIONS

Complaint

Expression of dissatisfaction made to or about the GSA, our programming, services, staff or the handling of a complaint where a response or resolution is explicitly or implicitly expected or legally required.

A complaint covered by this policy can be distinguished from:

- staff grievances
- public interest disclosures made by our staff
- responses to requests for feedback about the standard of our service provision, and
- requests for information.

PAGE 4 COMPLAINT POLICY & PROCEDURE MANUAL COMPLAINT POLICY & PROCEDURE MANUAL PAGE 5



POLICY NO. CP-01 APPROVAL DATE MAY 2019 SCHEDULED REVIEW -----
POLICY NAME Complaint Policy and Procedure Board of Directors

GUIDING PRINCIPLES

People Focus

We are committed to seeking and receiving feedback and complaints about our services, systems, practices, procedures, programs and complaint handling.

Any concerns raised in feedback or complaints will be dealt with within a reasonable time frame. People making complaints will be:

- provided with information about our complaint handling process
- provided with multiple and accessible ways to make complaints
- listened to, treated with respect by staff and be actively involved in the complaint process where possible and appropriate, and
- provided with reasons for our decision/s and any options for redress or review.

No Detriment to People Making Complaints

We will take reasonable steps to safeguard, as much is possible, that people making complaints are not adversely affected because a complaint has been made by them or on their behalf (see confidentiality section).

Anonymous Complaints

We will accept anonymous complaints and will carry out an investigation of the issues raised where there is enough information provided. In the event that the complaint is not directly involving the GSA, we will provide the complaint to the appropriate source.

Accessibility

We will publicize, on our website, information about how and where complaints may be made to or about the GSA. We will ensure, to the best of our ability, that our systems to manage complaints are easily understood and accessible to everyone.



POLICY NO. CP-01	APPROVAL DATE MAY 2019	SCHEDULED REVIEW
POLICY NAME Comple	APPROVING AUTHORITY Board of Directors	

RESPONSE TO COMPLAINTS

Early Resolution or Mediation

Where possible, complaints will be resolved at first contact with the WLU GSA.

Responsiveness

We will promptly acknowledge receipt of complaints.

We will assess and prioritize complaints in accordance with the urgency and/or seriousness of the issues raised. If a matter concerns an immediate risk to safety or security the response will be immediate and will be escalated appropriately.

We are committed to managing people's expectations, and will inform them as soon as possible, of the following:

- the complaints process
- the expected time frames for our actions
- the progress of the complaint and reasons for any delay
- their likely involvement in the process, and
- the possible or likely outcome of their complaint

We will advise people as soon as possible when we are unable to deal with any part of their complaint and provide advice about where such issues and/or complaints may be directed (if known and appropriate).

We will also advise people as soon as possible when we are unable to meet our time frames for responding to their complaint and the reason for our delay.

Objectivity and Fairness

We will address each complaint with integrity and in an equitable, objective and unbiased manner.

We will ensure that the person handling a complaint is different from any staff member whose conduct or service is being complained about.

Conflicts of interests, whether actual or perceived, will be managed responsibly.

PAGE 6 COMPLAINT POLICY & PROCEDURE MANUAL COMPLAINT POLICY & PROCEDURE MANUAL PAGE 7



APPROVAL DATE MAY 2019 SCHEDULED REVIEW -----POLICY NO. CP-01 **APPROVING AUTHORITY POLICY NAME** Complaint Policy and Procedure Board of Directors

Confidentiality

We will protect the identity of people making complaints where this is practical and appropriate.

Only in the event where there is risk of harm to self (the individual or the person receiving the complaint) or another identified individual, will confidentiality become nil and void. In all other situations, only with the permission of the individual, will their identity be shared.

Complaints that concern others outside or in addition to the GSA will be shared while continuing to protect the individual making the complaints confidentiality. An example would be: in the event that others outside of the GSA are brought in to the complaint process (e.g. a faculty representative, or a Dean of a particular faculty, etc). the individual's name will remain confidential, unless permission to share their name has been given.

In the event(s) where complaints are deemed to be harassment or where there is risk, confidentiality become nil and void; the individual making the complaints identity will be shared with the appropriate others outside of the GSA.

Empowerment of Staff

All staff managing complaints are empowered to implement our complaint management system as relevant to their role and responsibilities.

Staff are encouraged to provide feedback on the effectiveness and efficiency of all aspects of our complaint management system.

Each staff person should attempt to resolve the complaint as it is received. It is important to document and share the results with the ED and President to ensure system improvements continue to occur.

In the event the complaint is beyond one's role capacity to resolve, the complaint should be brought forward to either the ED or the President role.

In the event the complaint is regarding the ED, President or a Board Member, the complaint should be brought forward to either the ED or President whomever the complaint is NOT about.

In the event it is about both the ED or President, the complaint is to be brought to the Board Chair.

Managing Unreasonable Conduct by People **Making Complaints**

We are committed to being accessible and responsive to all people who approach the GSA with feedback or complaints. At the same time our success depends on:

- our ability to do our work and perform our functions in the most effective and efficient way possible
- the health, safety and security of our staff, and
- our ability to allocate our resources fairly across all the complaints we receive.



POLICY NO. CP-01 **APPROVAL DATE** MAY 2019

APPROVING AUTHORITY POLICY NAME Complaint Policy and Procedure

Board of Directors

SCHEDULED REVIEW ----

Response to Harassing Behaviours

When people behave unreasonably in their dealings with the GSA, their conduct can significantly affect the progress and efficiency of our work. As a result, we will take proactive and decisive action to manage any conduct that negatively and unreasonably affects the GSA and will support our staff to do the same in accordance with this policy.

Most complainants who come to our office act reasonably and responsibly in their interactions with the GSA, even when they are experiencing high levels of distress, frustration and anger about their complaint.

However, in a very small number of cases some complainants behave in ways that are inappropriate and unacceptable - despite our best efforts to help them.

The GSA staff will not tolerate behaviour that they perceive as aggressive, harassing, bully, or verbally abusive towards our staff will not be tolerated.

Unreasonable conduct includes: threatening of harm and violence; bombard our offices with unnecessary and excessive phone calls and emails; make inappropriate demands on our time and our resources; and/or, refuse to accept our decisions and recommendations in relation to their complaints.

In the event of unreasonable conduct occurs, the GSA staff will attempt to identify this behaviour and corrective behaviour to the individual. In the event that the individual continues with the unreasonable behaviour the GSA staff person will stop communication with the individual and escalate the concerns to the ED, President - whom will bring the concern to the Board of Directors as a potential risk. At this point the Board of Directors will convene and determine appropriate next steps, which may include involving the appropriate faculty/departments, etc.

All staff should note that WLU GSA has a zero tolerance policy towards any harm, abuse or threats directed towards them.

PAGE 8 **COMPLAINT POLICY & PROCEDURE MANUAL COMPLAINT POLICY & PROCEDURE MANUAL** PAGE 9



POLICY NO. CP-01 APPROVAL DATE MAY 2019 SCHEDULED REVIEW -----
POLICY NAME Complaint Policy and Procedure Board of Directors

COMPLAINT MANAGEMENT SYSTEM

Acknowledgement of Complaints

We will acknowledge receipt of each complaint promptly, and preferably within two (2) working days.

Consideration will be given to the most appropriate medium (e.g. email, letter, phone call, etc.) for communicating with the person making a complaint.

Initial Assessment

After acknowledging receipt of the complaint, we will confirm whether the issue/s raised in the complaint is/are within our control. We will also consider the outcome/s sought by the person making a complaint and, where there is more than one issue raised, determine whether each issue needs to be separately addressed.

When determining how a complaint will be managed, we will consider:

- How serious, complicated or urgent the complaint is
- Whether the complaint raises concerns about people's health and safety
- How the person making the complaint is being affected
- The risks involved if resolution of the complaint is delayed, and
- Whether a resolution requires the involvement of other organizations.

Receipt of Complaints

Unless the complaint has been resolved at the outset, we will record the complaint and its supporting information.

The record of the complaint will document:

- the contact information of the person making a complaint
- issues raised by the person making a complaint and the outcome/s they want
- any other relevant and
- any additional support the person making a complaint requires.

Addressing Complaints

After assessing the complaint, we will consider how to manage it. To manage a complaint we may:

- Give the person making a complaint information or an explanation
- Gather information from the product, person or area that the complaint is about, or
- Investigate the claims made in the complaint.

We will keep the person making the complaint up to date on our progress, particularly if there are any delays. We will also communicate the outcome of the complaint using the most appropriate medium. Which actions we decide to take will be tailored to each case and take into account any statutory requirements.



POLICY NO. CP-01 APPROVAL DATE MAY 2019 SCHEDULED REVIEW -----POLICY NAME Complaint Policy and Procedure Board of Directors

Providing Reasons for Decisions

Following consideration of the complaint and any investigation into the issues raised, we will contact the person making the complaint and advise them:

- the outcome of the complaint and any action we took
- the reason/s for our decision
- the remedy or resolution/s that we have proposed or put in place, and
- any options for review that may be available to the complainant, such as an internal review, external review or appeal.

Closing the Complaint, Record Keeping, Redress and Review

We will keep comprehensive records about:

- How we managed the complaint
- The outcome/s of the complaint (including whether it or any aspect of it was substantiated, any recommendations made to address problems identified and any decisions made on those recommendations, and
- Any outstanding actions that need to be followed up.

We will ensure that outcomes are properly implemented, monitored and reported to the complaint handling manager and/or senior management.

The Three Levels of Complaint Handling

<u>First level</u> - We aim to resolve complaints at the first level, the frontline. Wherever possible staff will be adequately equipped to respond to complaints, including being given appropriate authority, training and supervision.

Where this is not possible, we may decide to escalate the complaint to a more senior officer within the WLU GSA.

<u>Second level</u> - This second level of complaint handling will provide for the following internal mechanisms:

- assessment and possible investigation of the complaint and decision/s already made, and/or
- facilitated resolution (where a person not connected with the complaint reviews the matter and attempts to find an outcome acceptable to the relevant parties).

<u>Third level</u> - Where a person making a complaint is dissatisfied with the outcome of the review of their complaint, they may forward their complaint directly to the Chair of the Board of Directors.

Relevant Legislation

- Human Rights Code, R.S.O. 1990, c. H19
- Occupational Health and Safety Act, R.S.0 1990, Chapter 0.1
- Employment Standards Act, 2000

PAGE 10 COMPLAINT POLICY & PROCEDURE MANUAL COMPLAINT POLICY & PROCEDURE MANUAL PAGE 11

