



Approved By	Board of Directors
Committee Oversight	Strategic Planning / Nominating
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COMPLAINT HANDLING POLICY FOR EXTERNAL COMPLAINTS

INTRODUCTION:

This policy applies to complaints received by the Stratford General Hospital Foundation ("the Foundation"). A complaint is an expression of dissatisfaction alleging a grievance about the service, actions, or lack of action by the Foundation as an organization, or the conduct of staff, board members or volunteers acting on behalf of the Foundation.

It has been implemented to ensure that complaints are responded to in a timely, effective, transparent and consistent manner in order to continually improve how the Foundation interacts with its donors and community members.

The Executive Director of the Foundation is responsible for implementing this policy and for communicating it to all employees, directors, and volunteers of the Foundation as part of their orientation.

PROCEDURE

The Foundation shall respond to all complaints and make every reasonable effort to investigate and respond as soon as possible. A complaint will be considered only when it includes the full name of complainant(s), the name of the organization (if any), and appropriate details of the concern to demonstrate that the complaint is made in good faith.

It is necessary in the complaints process that factual issues be distinguished from comment or opinion.

Complaints submitted anonymously will not be submitted to the complaint process but will be followed up on to determine whether further attention is required and/or the matter should be formally referred to the complaint process.

All complaints and communication regarding the complaints are confidential and will remain between the Foundation and the complainant(s), except if disclosure is required by law.

Any complaints received regarding the hospital are considered a Huron Perth Healthcare Alliance (“HPHA”) matter and will be referred to the appropriate department within HPHA.

Receiving and Handling the Complaint

Upon receipt of a complaint, the Foundation must make every reasonable effort to respond to the complainant(s) in a timely, effective, fair and respectful manner.

A complaint may be received verbally (by phone or in person) or in writing (by mail, fax, email). Verbal complaints should be recorded when received. The individual receiving a complaint made in person or over the phone will respond to and attempt to resolve the matter in the moment, if possible. If further assistance is required, it will be transferred to the Executive Director, or designate, who will investigate and respond expeditiously. When a complaint is transferred, the Executive Director or designate will acknowledge to the transferor that they have received it and will act upon it. The transferor will record the transfer in the Complaint File for tracking purposes. The Executive Director, or designate, will respond to all complaints made in writing.

If the complaint concerns the Executive Director of the Foundation, it shall be referred to the Chair of the Board.

Resolving the Complaint

Upon the receipt of a written and signed complaint, the Foundation must send an acknowledgement letter to the complainant(s) within 3 business days of receipt. This letter must include the following elements:

- Name of the person responsible for handling the complaint;
- The expected timeframe for action, if this can be determined.

An effort will be made to resolve every complaint within 10 business days. If the complaint alleges misconduct by a Foundation staff member, Board member or other volunteer, this timeline may be extended at the discretion of the Foundation, as the process may require that the person who is subject of the complaint (the respondent) be given an opportunity to provide their response to the complaint. In addition, if necessary, the Executive Director or designate may also seek the complainant’s reply to the information provided by the respondent.

The complainant(s) shall be kept informed of the status of their complaint and shall be provided with notice in writing when the Foundation considers the matter to have been resolved. Actions taken that pertain to staff, Board members or other volunteers may not be disclosed to the complainant if disclosure would violate their privacy.

Documenting the Complaint

All complaints must be recorded in the Complaint File which must, at least, include the following information;

- Date of complaint;
- Complainant’s name, phone number, and email address;
- Nature of the complaint and the circumstances;

- Name of the person who is the subject of the complaint;
- A summary of the response from the person who is the subject of the complaint;
- The name of the individual that handled the complaint; and
- The date the matter is resolved and conclusions rendered in connection with the complaint.

Records in the Complaint File must be maintained for a period of 5 years, following the resolution date.

Reporting the Complaint

Foundation staff will report the status of complaints and the resulting action(s) to the Strategic Planning/Nominating Committee at their next meeting.

Foundation staff must monitor the complaint file for systemic or process issues and, if necessary, provide recommendations for improving services, policies & procedures to the Strategic Planning/Nominating Committee.

REVIEW

This policy will be reviewed annually by the Strategic Planning/Nominating Committee as part of the Risk Management Report to ensure that the Foundation continues to comply with charitable laws, regulations, guidelines and best practices.

In the interim, this policy may be revised or rescinded if the Strategic Planning/Nominating Committee deems fit.

RELATED POLICIES

Risk Management Policy