

**PARTICIPATION SUPPORT SERVICES
POLICY & PROCEDURE MANUAL**

SECTION: SUPPORT SERVICES CLIENTS	
TITLE: COMPLAINT	
CATEGORY: Policy & Procedure	NUMBER: V (b.3)
ISSUED BY: Board of Directors	ISSUED: May 6, 2026
	REPLACES: Sept 28, 2023

POLICY

Complaints will be investigated in a fair, respectful, and timely manner. Information provided about a complaint (including the identity of the complainant) will not be disclosed except as necessary to investigate the complaint, take corrective action, or as otherwise required by law.

Participation Support Services (PSS) will not retaliate against a person served (or their community supports) for bringing forward a complaint. Any staff member engaging in acts of retribution or retaliation against a client will be subject to disciplinary action up to, and including, termination of their employment. Volunteers and Students who engage in acts of retribution/retaliation will be terminated.

DEFINITIONS

Concern

- A concern is an expression of a matter of interest or importance. A concern can be resolved at the point of care.
- Concerns related to Ontario Health @Home clients do not have to be entered into the Event Reporting System (RL6).

Complaint

- A complaint is an expression of dissatisfaction requiring reporting, acknowledgement, and action that needs to be escalated beyond the point of care. Complaints reflect the client’s experience and are reported by, or on behalf of the client.
- Client complaints must be entered into the Event Reporting System (RL6) if the client is an Ontario Health @Home client.

Allegations of Harm, Potential for Harm, Abuse or Neglect

- An event or circumstance, connected to the delivery or services or care, which could have resulted in, or did result in, unnecessary physical or psychological harm to a client or staff member must be acknowledged immediately.

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- Allegations of harm, potential for harm, abuse or neglect involving Ontario Health @Home clients must be entered into the Event Management System (RL6) as a Patient or Staff Safety Incident.

PROCEDURE

1. Concerns and complaints can be communicated in person, over the phone, in writing, or electronically.
2. The person receiving the complaint will:
 - a. Acknowledge receipt of the complaint within one business day.
 - b. Ensure that the complaint, details of the investigation, and resolution are documented.
 - c. That the program manager and director of support services are notified.
3. The client may request the assistance of a support person (i.e., friend, family member, etc.) when filing and following up on a complaint.
4. If the complaint is a report of client abuse, PSS will investigate and follow up in accordance with the Agency's Abuse Policy & Procedure.
5. If the complaint is a safety incident, PSS will investigate and follow up in accordance with the Agency Serious Incidents Procedure.
6. Complaints received from clients who are contracted through Ontario Health @Home shall be reported to the client's Care Coordinator and logged in the OH@H Event Management System (RL6).
7. No person will investigate a complaint if they have a conflict of interest in the matter being investigated. Under these circumstances, the staff member's direct supervisor (or designate) will take the lead on the investigation, documentation, and follow-up.
8. Complaints will be logged and quarterly summary will be provided to the Executive Director.
9. Clients will be provided with information about PSS's complaint process on intake and annually thereafter.
10. PSS's Complaint Policy is available upon request and will also be posted on the Agency's website.

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If a client has complaint about our services or staff, we encourage them to speak with the program supervisor who will attempt to resolve the issue.

If the supervisor is unable to resolve the complaint to the client's satisfaction, the complaint will be escalated to the program manager.

Step 1

The manager will investigate and do their best to respond to and resolve the complaint within ten (10) calendar days. The manager's written response to the client, and if applicable their support person, will include details of the resolution and the options available for future action.

More complex or serious concerns or complaints may require more time to investigate. If an extension of timelines is required, this will be communicated to the client and, if applicable, their support person.

Step 2

Failing resolution of the complaint at Step 1, the client may request a meeting with the Executive Director. The Executive Director will acknowledge the request within two (2) working days and schedule a meeting with the client and if applicable, their support person, as soon as is possible. The Executive Director will render a decision in writing within two (2) working days after the complaint meeting is held. The decision will include the details of the resolution, and the options available for future action.

Step 3

Failing resolution at Step 2, the client may request that complaint be referred to a single arbitrator appointed by the Board of Directors. A meeting will be held at which the client and the Manager of the program to which the complaint pertains, shall make presentations. The Executive Director will share information that was provided at the Step 2 meeting. The arbitrator will render their decision in writing and include an outline of the status of the complaint and the options available for future action.

Step 4

Failing resolution at Step 3, the client shall be advised of their right to appeal to the Health Service Appeal & Review Board (HSARB) if:

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- The client was deemed ineligible to receive a service.
- The client had been excluded from receiving a service outlined in their care plan.
- The client was not receiving the amount of service set out in their care plan.
- The client's service had been terminated.