

 <p>Sandy Hill Community Health Centre Centre de santé communautaire Côte-de-Sable</p>	Doc. Type	Procedure
	Section	Administration
	Title	CLIENT FEEDBACK PROCEDURE
	Code	ADM06-A
	Approval date	January 2012
	Next review	January 2015

1. Scope

This policy applies to all SHCHC staff.

2. Objective

This policy states the Centre's views on obtaining feedback from its clients and community members.

3. Procedure for Complaints

Problems which arise between staff and individual clients are often resolved satisfactorily by the client and the employee and when appropriate with the involvement of other employees.

- i. Problems and client complaints should be recorded by the employee involved and kept in a secure location within the component. Staff must respond to a client complaint, either verbally or in writing, within 10 working days. Notes should include the nature of the problem, circumstances which precipitated the incident, how it was resolved and whether or not the client appeared satisfied with the outcome.
- ii. When complaints or problems cannot be satisfactorily resolved between the client and the employee, staff should explain the feedback process and offer a Feedback Form (attached) to the client. The Program Director and Executive Director, where appropriate, will investigate as described below.
- iii. The Program Director will look into the circumstances surrounding the complaint and follow-up either verbally or in writing with the client and any employee involved within 10 working days. A summary of the process and outcomes will be documents and share with the Program Team.
- iv. A copy of all complaints and resulting documents will be forwarded to the Director of Planning and Evaluation for summary and report to the Board.

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4. Client Appeal

If the decision or intervention reached is unacceptable to the client, a final appeal may be undertaken as follows:

- Clients may appeal to the Executive Director of the SHCHC.
- The Executive Director of the SHCHC will investigate the complain and will respond to the client verbally or in writing within 10 working day.

5. Procedure for Suggestions or Compliments from Clients

- i. Clients or community members may not want to complain, but make a suggestion or compliment instead. Employees should encourage formal and informal suggestions/compliments from them. If a person wishes to make a formal suggestion/compliment, staff should provide the Feedback Form and give it to the person to fill out. The form is available on the intranet site and is also kept at all reception desks. Where appropriate, an employee may need to help the client fill out the form.
- ii. Once the client is finished filling out the suggestion form, the employee involved should ensure that the form is sent to the Program Director, for response and to share with staff, where appropriate. A copy should also go to the Director of Planning and Evaluation, who will keep a record of all suggestions.
- iii. A summary report of client feedback will be provided to the Board of Directors on an annual basis.

6. Other Relevant Policies:

- Client Feedback Policy
- Incidents of Risk policy

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Client Feedback Form

Ce formulaire est disponible en français.

In order to act in accordance with our policy entitled: “Client Feedback” the Centre’s Staff and Management encourage you to complete this form. Feedback from clients is welcome and helps the Centre to improve and change to better respond to client needs. If you would like a staff member to help you fill out this page, please ask at Central Reception on the main floor. All client feedback will be read by the Director of Planning and Evaluation.

Date: _____

Part 1. Feedback (If you need more space, please use the back of this page.)

What would you like us to know?

What would you like to happen as a result of this feedback?

Part 2. Contact Information

This part is **optional**; you can offer your suggestion anonymously. If you would like a response to this feedback, please fill in your name and at least one way to contact you (phone number, email address, or home address).

Name :

Telephone

Number:

Mailing Address:

E-mail

Address: