



GIZHEWAADIZIWIN
Health Access Centre

ADMINISTRATION

6.0 Comments, Complaints & Compliments Policy

Created:

Revised: April 30, 2022

Approved: October 24, 2022

INTENT

Gizhewaadiziwin Health Access Centre believes that every client/patient has the right to initiate a comment, complaint and/or compliment regarding the service they are receiving, how they have been treated, a decision that was made with respect to their health care, or that could affect quality of GHAC services.

PROCEDURES

1.0 If a client/patient wants to initiate a comment/compliment, they can complete the Comments, Complaints & Compliments Form or communicate this through GHAC staff.

2.0 If a client/patient has a complaint related to how they have been treated, or a decision that was made with respect to their health care, the following process shall be followed:

Step 1: The Client/Patient shall make reasonable attempts to discuss and resolve their complaint with their Service Provider directly.

Step 2: If the client/patient has attempted to discuss their concerns and are not satisfied, or they are not comfortable discussing their concerns with the service provider, the complaint can be submitted to the Executive Director, in person or in writing.

Step 3: The Executive Director will investigate the complaint and respond to the client/patient in writing, within thirty (30) business days of receiving the complaint. The receipt of the complaint will be acknowledged within five (5) business days.

3.0 Staff shall ensure that the Executive Director is made aware of all comments/complaints/compliments, in writing, including those complaints that are verbal and/or resolved within Step 1 of the process.

ACKNOWLEDGMENT & AGREEMENT

I, (_____), acknowledge that I have read and understand the
Employee Name
Comments, Complaints & Compliments Policy of Gizhewaadiziwin Health Access Centre. I
agree to adhere to this policy and will ensure that employees working under my direction
adhere to this policy. I understand that if I violate the rules set forth by this policy, I may
face disciplinary action up to and including termination of employment.

Name: _____

Signature: _____

Date: _____

Witness: _____