

**Purpose:** Westcoast Family Centres Society maintains a formal mechanism through which individuals and/or organizations can express and resolve grievances.

As a client, former client, program participant or an authorized designate you have the right to make a complaint, access advocacy, and to make suggestions and inquiries about service. The following outlines the procedure to notify Westcoast of a specific concern, complaint, or grievance. This includes any experience of unjust, unethical, discriminatory or illegal treatment. Filing a grievance will not adversely affect the services you receive.

## HOW TO FILE A COMPLAINT/GRIEVANCE

### STEP 1: WESTCOAST WORKER

If you have a grievance, the concern can be discussed with your designated Westcoast Worker. If you speak to a Westcoast Worker and your grievance is not addressed satisfactorily, please complete a *Client Complaint/Grievance Form*. \*

### STEP 2: TEAM LEADER

The completed *Client Complaint/Grievance Form* is submitted in writing to the Program Team Leader (this is the person to whom the Westcoast staff reports to). Upon receipt of the written grievance, the Team Leader will review the information provided on the form and develop a plan to address the grievance. This includes contacting all the relevant parties, including Westcoast Worker, the Client, Social Worker (if applicable) and any other person(s) in relation to the grievance.

The Team Leader will report the outcome of the grievance within 14 business days after receiving the form. If it is not possible to gather the necessary information that would lead to a resolution by 14 days, you will be notified and given a new date. The new date will be up to 30 days by which time you will receive a written response on a resolution and/or determination.

### Step 3: ASSOCIATE DIRECTOR/CEO

If for any reason you are unsatisfied with the results, you may make a *written appeal* to Westcoast Associate Director or Chief Executive Officer (CEO) to further discuss the matter. The Associate Director or the CEO will conduct a review of the matter and will respond to you in writing within 14 business days.

### Step 4: BOARD OF DIRECTORS

If for any reason you are unsatisfied with the results, you may *request a review* from the Board of Directors. The Board of Directors will review the entire grievance process. A written decision will be issued within 30 days of the receipt of the request for review. The Board of Directors decision and recommendations will be final.

You will receive a written copy of your grievance report and copies will be kept on your file, shared with your Social Worker (if applicable) and Westcoast Chief Executive Officer.

\* How to access a Client Complaint/Grievance Form?

1. At any Westcoast Office.
2. You can request the form from any Westcoast staff.
4. Contact us at [admin@westcoastfamily.org](mailto:admin@westcoastfamily.org) or (604) 254-5457 to request a form.
5. On our website at [www.westcoastfamily.org](http://www.westcoastfamily.org)

*Purpose: This form is to be completed to formally file a complaint/grievance about services received at Westcoast Family Centres. Please refer to the Client Complaint/Grievance Procedure for more details on the process.*

As a client, former client, program participant or an authorized designate you have the right to make a complaint, access advocacy, and to make suggestions and inquiries about service. You may also ask someone else who is acting with your knowledge and consent to write or express the grievance. You may file this form anonymously, however this may make it more difficult for us to investigate the matter and report back to you.

The completed form must be delivered directly at any program location, or submitted to any Program Team Leader (Supervisor) or e-mailed to [admin@westcoastfamily.org](mailto:admin@westcoastfamily.org).

## CONTACT INFORMATION

FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## COMPLAINT/GRIEVANCE INFORMATION

PROGRAM LOCATION: \_\_\_\_\_ NAME OF STAFF PERSON: \_\_\_\_\_

NATURE OF COMPLAINT/GRIEVANCE:

- NOT TREATED WITH RESPECT   
  DISCRIMINATION   
  HARASSMENT   
  FELT UNSAFE  
 PRIVACY/CONFIDENTIALITY   
  PROBLEM WITH STAFF   
  APPOINTMENT/ACCESS  
 OTHER (PLEASE SPECIFY): \_\_\_\_\_

## Details of event leading to the complaint:

When did the event/action occur? Please provide date, time and location details.

## Who was involved:

Please include names and/or description of person(s) involved. You can provide contact details if wish for us to contact them.

**What happened?**

In your own words, please describe the events that have led you to make this complaint/grievance.

**Have you spoken to your WFC worker about this? If yes, what happened and why were you not satisfied with the response?**

**As a result of your complaint/grievance, what outcomes or actions would you like to see occur?**

(check the box) I acknowledge that I have read this document and understand my obligation to provide information as needed and to cooperate with any inquiry of this complaint/grievance. Should it become necessary, I authorize Westcoast Family Centres Society to disclose details of this complaint to the necessary parties unless specified above.

CLIENT SIGNATURE

DATE

TEAM LEADER SIGNATURE

DATE