

## Complaints Policy – Client Complaints for Website

<b>Policy Number:</b> GEN03b	<b>Effective Date:</b> November 01, 2017
<b>Distribution:</b> Employees, Board, Volunteers and Students	<b>Last Amended:</b> September 27, 2023
<b>Approved by:</b> Executive Director	<b>Last Reviewed:</b> September 27, 2023

### PURPOSE

To ensure there is a process whereby Clinic stakeholders (clients, community partners, volunteers) have an opportunity to freely and safely voice a concern or issue with the Clinic and any part of its operations.

### POLICY

#### Client, Partner, Public Complaints:

1. Staff shall make every attempt to resolve any complaint from a person or community partner, provided with services verbally.
2. In the event that the complaint cannot be resolved, then the complaint shall be submitted in writing to the Director of Legal Services or Designate.

### PROCEDURE

1. Upon receipt of a written complaint, the Director of Legal Services or designate shall, as soon as practicable, ensure that all necessary information has been received and shall take all necessary steps to investigate the complaint fully in a fair and impartial manner.
2. In all cases, a confidential meeting will be set up with all parties involved and where considered appropriate, may obtain a written response from each party.
3. All necessary steps shall be taken to ensure that information which is confidential to any client or former client is withheld unless the person consents to its disclosure.
4. The results of the investigation will be shared with the Executive Director, and shall be reported to the Board.
5. The Director of Legal Services will follow-up with the client.



# **DURHAM COMMUNITY LEGAL CLINIC**

## COMPLAINT FORM

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

Complaint regarding:

- Denial of Service
- Quality of Service
- Scope of Service
- Use of Funds
- Other

A brief explanation of the complaint is as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Should you require assistance completing this form, please contact the Clinic for assistance.

*DURHAM COMMUNITY LEGAL CLINIC*

CONSENT FORM

I UNDERSTAND that the DURHAM COMMUNITY LEGAL CLINIC has a duty of confidentiality and will not share any information (except financial information as set out on the Retainer form) that I provided while receiving legal services from the Clinic with anyone without my consent.

I UNDERSTAND that the complaint I have made will be reviewed by the Clinic Board. The Clinic Board is unable to review my complaint fully, however, unless I agree to allow the Clinic to share confidential information about my matter with the Board.

I UNDERSTAND that I do not have to agree to allow the Clinic to share my confidential information with the Clinic Board.

HOWEVER I AGREE to allow the Clinic to share confidential information about my matter with the Clinic Board so that the Board can fully review my complaint AND that information provided to the Board may be used by the Clinic to pursue or defend any action it feels appropriate to follow up on the complaint.

I HAVE READ THE ABOVE, UNDERSTAND IT, AND HAVE NO QUESTIONS TO ASK.

Date: \_\_\_\_\_

\_\_\_\_\_  
Client's Name (Print)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Client's Signature