**The Salvation Army**

**Women’s Counselling Centre**

**POLICIES & PROCEDURES MANUAL**

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| Section: | Program |
|  |  |
| Date Created: | July 2010 |
| Date Reviewed: | July 2017 |
| Authority: | Director |

# Client / Public Complaints and Concerns

**Policy:**

It is the policy of the Women’s Counselling Centre to have a process by which clients and members of the general public can voice concerns / complaints to management.

**Procedure:**

Any client who has a concern or complaint that they wish addressed may speak to their counsellor regarding the concern. The counsellor should do everything in her power to correct the situation. This may include the matter being referred to the Director.

If the complaint is regarding a staff member or counsellor, the client may speak to the Director.

Minor complaints will be handled on the spot where possible. For more serious or detailed concerns, the Director may request that the client put their concern in writing to her on the attached form.

The Director will begin acting on the concern upon receiving it in writing from the client.

If the client wishes to be informed as to the resolution of the issue, the Director will keep her informed as to the progress of the action plan. This will happen as long as it is possible to do so without breaching our confidentiality policy.

Complaints received from a member of the public will be handled by the Director who will request that the complaint be put in writing. If the complaint is regarding a staff member, student, or volunteer, the Director will speak to the person involved and investigate the complaint. The Director will take whatever steps are necessary to resolve the issue and if requested will inform the complainant about the resolution of the issue.

Complaints which fall into issues covered by the Territorial policies on Abuse, or Workplace Harassment, Discrimination And Workplace Violence will be handled according to the guidelines of those policies.

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## Suggestions and Complaint Form

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

Name of Person filing suggestion or complaint: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Program or Staff Member that the suggestion or complaint refers to:

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Details of Suggestion or Complaint:

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Do you wish to be notified of any follow up to this suggestion or complaint? If yes,

please provide your contact information. Please note that follow up which violates the confidentiality of another person will not be shared with you.

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 Signature

For Office Use Only Follow up on suggestion or complaint: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Director of Counselling Services Date