

POLICY			
MANUAL:	CARE	INDEX:	CARE19-P30
SECTION:	Incident Management	EFFECTIVE DATE:	September 22, 2025
DESCRIPTION:	Complaints and Customer Service	REVIEWED DATE:	September 3, 2025
APPROVED BY:	Director, Education and Resident Services	MODIFIED DATE:	

POLICY

The home will proactively address and resolve concerns/complaints in a timely manner, in keeping with principles of customer service, quality improvement, risk management and legislative requirements. Everyone is encouraged to bring forward concerns/complaints about the home, including the care of a resident, without fear of retaliation.

STANDARD

- ☐ The Executive Director (ED) is responsible for the concerns/complaints and customer service program and will ensure that all complaints received have been addressed and resolved as soon as possible.
- ☐ All staff receiving a complaint are responsible to initiate the complaints and customer service process.
- ☐ All complaints that fall under our obligation to report under mandatory and critical incident reporting will be immediately forwarded to the appropriate legislative body within the required timeframe.
- ☐ If the complaint pertains to the Personal Health Information of a resident and/or a confidential matter, ensure the resolution process and conversations occur with informed consent if required.
- ☐ The home will also provide residents, families, SDMs, resident and family councils, staff and other stakeholders with information on internal and external complaints and concerns resolution processes (e.g., Whistleblower program, Provincial Ombudsman, Protection for Persons in Care office, Ontario Long-Term Care Action Line).
- ☐ Information on the internal and external complaint and customer service processes will also be posted within the home, in an area that is visible and accessible.
- ☐ Education will be provided to all staff on the complaint and customer service policy as part of orientation, annually and as needed.
- ☐ The Regional Director of Operations (RDO) will be informed of high-risk issues and/or situations that result in a Critical Incident and will be kept informed of the investigation/outcome. When needed, the Communications and Risk Management teams can provide additional support.

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PROCEDURE

1. Complaint – Verbal – Resolved within 24hrs
2. Complaint – Verbal – Not resolved within 24hrs
3. Written Concern or Complaint
4. Continuous Quality Improvement

EDUCATION

1. Complaint and Customer Service Policy and Procedure Education

TOOLS

1. Complaint Investigation Form
2. Investigation Contact Form
3. Investigation Interview Form
4. Investigation Observation Form

REFERENCES

Ontario Fixing Long-Term Care Act, 2021

<https://www.ontario.ca/laws/statute/21f39>

Ontario Regulation 246/22 made under the Fixing Long-Term Care Act, 2021

<https://www.ontario.ca/laws/regulation/r22246>

Alberta Ombudsman Website

<https://www.ombudsman.ab.ca/>

Alberta Health, Supportive Living Accommodation Standards, Forms and Publications

https://www.alberta.ca/continuing-care.aspx?utm_source=redirector

Alberta Continuing Care Accommodation and Health Service Standards

<https://www.alberta.ca/continuing-care-accommodation-and-health-service-standards.aspx>

[Protection for Persons in Care | Alberta.ca](#)

Manitoba Ombudsman Office

<http://www.ombudsman.mb.ca>

Manitoba Personal Care Homes Standards Regulation, 2005

https://web2.gov.mb.ca/laws/regs/current/_pdf-regs.php?reg=30/2005

[Protection for Persons in Care | Health | Province of Manitoba](#)

Excellent Care for All Act, 2010, S.O. 2010, c.14

<https://www.ontario.ca/laws/statute/10e14>

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