

HOLLAND COLLEGE		
Quality Process D02	Issue Date: August 16, 2023	Revision: FIVE
Title: Complaints		Page 1 of 7
Authorized by: Sandy MacDonald, President of Holland College		

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1. PURPOSE:

- 1.1** To address concerns raised by clients of the College and members of the College community;
- 1.2** To outline the process for dealing with complaints in an expeditious and professional manner;
- 1.3** To identify Quality Concerns that impact program operations and other College activities, assess the risk of the concern, and implement risk management protocols.
- 1.4** To identify opportunities to improve a process, outcome or service.

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2. SCOPE:

All programs, services and other activities provided by Holland College with the exception of complaints concerning harassment and discrimination that are covered under Administrative Regulation 30-01-1 and sexual violence that are covered in Board Regulation 30-02-1.

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3. RELATED PROCESSES, DOCUMENTS & DEFINITIONS:

- 3.1** Board Regulation [30-02-1](#) – Sexual Violence Protocol
- 3.2** Administrative Regulation [30-01-1](#) – Harassment & Discrimination
- 3.3** Quality Form [003.pdf](#) ([003.docx](#)) - Complaint Form
- 3.4** Quality Form [014.pdf](#) ([014.docx](#)) – Request for Procedural Review
- 3.5** Quality Form 049 - Complaints Log
- 3.6** Holland College Employee Code of Ethics and Conduct ([AR-40-01-1](#))
- 3.7** Holland College Counselling Services ([website with contact info](#))
- 3.8** Holland College Employee Assistance Program ([EAP brochure](#) – requires login to ADP)

DEFINITIONS:

Quality Concern - a condition, situation, or circumstance that creates the opportunity for a problem to occur.

Risk - the likelihood that the Quality Concern will lead to that problem occurring.

Risk Management – the steps taken to determine the likelihood of the problem occurring, the consequences of the problem occurring, and the activities required to manage the risk associated with the problem.

Opportunity for Improvement (OFI) - a condition, situation, or circumstance that creates an opportunity to improve a process, outcome, or service.

RMP - Risk Management Protocol

Step 1: Quality Concern is identified.

Step 2: Determine likelihood and consequence(s) of the Quality Concern leading to a problem occurring.

Step 3: Determine risk management steps.

Step 4: Accountable Individual(s) or Group(s) implement any required action and continuing monitoring.

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4. RESPONSIBILITIES:

4.1 President: for the overall operation of this process.

4.2 Quality Coordinator: for the complaints administration system, for the analysis of formal complaints, and bringing adverse trends to the attention of Management Executive Committee through Management Review meetings.

4.3 Assigned Investigator: for investigating and taking action to resolve formal complaints.

4.4 College Staff: for taking action, on receipt of complaints, in accordance with this process.

4.5 AMCM (Assigned Member of College Management): for reviewing any procedural appeals that may result from the complaint.

4.6 College Representative: to speak with the Respondent when a complaint under this protocol is initiated (the "College Representative"). The College Representative shall be a member of the College's Quality Office or Human Resources Department. The College Representative shall not be a support person to the Complainant, Survivor, or Respondent.

5. PROCESS:

General

When customers feel dissatisfied with products and services, they have two options: they can say something, or they can walk away. If they walk away, they give organizations virtually no opportunity to fix their dissatisfaction. Complaining customers are still talking with us, giving us an opportunity to return them to a state of satisfaction so they will be more likely to buy from us again. So as much as we might not like to receive negative feedback, customers who complain are giving us a gift. (A Complaint Is A Gift, Janelle Barlow & Claus Moller, Berrett-Koehler Publishers, 1996.)

Risk Management of the Complaint

- 5.1** A Quality Concern is a condition, situation, or circumstance that creates the opportunity for a problem to occur. Receiving a complaint raises the question that a "Quality Concern" may exist. Generally, in the case of a complaint something has already happened, however a Quality Concern should still be considered.
- 5.2** Applying the Risk Management Protocol (RMP) to the complaint provides an opportunity to assess it from a risk perspective, implement corrective action, and identify any opportunity for improvement.
- 5.3** Risk management of a complaint does not change the process for handling of complaints. The process for handling complaints described in this document is essentially a risk management process. What is new is the focus on handling any concerns and risk that may be associated with the complaint.
- 5.4** At any time during or after the investigation of a complaint, if a Quality Concern or an opportunity for improvement is identified the RMP is applied. Starting a RMP process does not affect the complaint handling process. The goal of initiating a RMP at any time is to address the Quality Concern or opportunity that has been identified in an expeditious manner.

Informal Resolution

- 5.5** All College staff members should first try and resolve complaints themselves or direct the complainant to another staff member who may be able to. Every possible effort should be made to resolve an issue at the most effective level and as directly as possible.
- 5.6** Students involved in a complaint are encouraged to seek advice and assistance from Student Services staff or College Counsellors. College staff and managers involved in a complaint should seek advice and assistance from their peers, their supervisor, the

College's Human Resources Department or they may avail themselves of the [Employee Assistance Program](#) (EAP). The services of a mediator may also be available through the College to help resolve issues between two parties.

- 5.7** The College reserves the right to see if mediation or some other method of resolving disputes or conflict may bring about a resolution satisfactory to all parties.

Complaint Forms

- 5.8** Complaint Forms (Quality Form 003) shall, at a minimum, be available upon request, to students and the public in the following offices/locations:

- a)** Department Main Offices;
- b)** Student Services;
- c)** Admissions;
- d)** Main Reception areas;
- e)** Resource Centers.

- 5.9** Complaint forms (QF003) will also be available for downloading from the College website. The "Send Feedback" option provided at various locations on the College's public and quality website may also be used to send complaints directly to the College's Quality Office.

- 5.10** Complaints received that are not submitted on a QF003 will still be accepted and logged. Anonymous complaints will generally not be treated as a formal complaint. The Quality Coordinator will review all anonymous complaints to determine if any action is warranted.

NOTES ON FORMAL COMPLAINTS

- 5.11** All formal complaints will be forwarded to the Office of the President in a sealed envelope.

- 5.12** The Quality Coordinator/designate will:

- a)** open all complaints;
- b)** review the submitted QF003 form and determine if the complaint should be dealt with under this process or under the College's process for handling harassment/discrimination complaints;
- c)** initiate a Complaint Form, if not received on one;
- d)** allocate a serial number starting with GC to the complaint (serial numbers should be sequential, starting at GC001/year;

e.g., GC001/05) and register the complaint on the Complaints Log (Quality Form 049);

- e)** start a file for the complaint;
- f)** brief the President or his/her designate on the details of the complaint.

- 5.13** The President or his/her designate, in consultation with the Quality Coordinator will review the complaint and consider if other options for resolution have been tried informally and, if not, would they be appropriate for this situation.
- 5.14** If it is deemed appropriate that other options for resolution be explored before proceeding with the formal investigation process, the Quality Coordinator will contact the parties to determine if they are willing to look at alternatives and if so, make the necessary arrangements.
- 5.15** When an alternative resolution method is attempted, the formal complaint will be “parked”. If the alternative does not produce a satisfactory resolution the formal investigation will proceed.
- 5.16** When it is decided to proceed with the formal investigation the President, or his/her designate, in consultation with the Quality Coordinator will assign an investigator to the complaint. Depending on the nature of the complaint, the investigator might be a College manager, a College staff who has received investigation training or an individual from outside the College who has the appropriate qualifications and experience to do the investigation.
- 5.17** The President, or his/her designate will identify a member of College Management (AMCM) and notify them that a Formal Complaint has been received. The AMCM who would not have any involvement regarding the complaint, would receive and review any procedural appeals that may result from the complaint.
- 5.18** If the complaint is pertaining to an individual or group, the President, or his/her designate will designate a College Representative to speak with the person(s) the complaint is against (the Respondent).
- 5.19** The College Representative will:
 - a)** meet with the Respondent to provide them with a copy of this process, explain the process that will be followed and provide them with a copy of the completed complaint form;
 - b)** explain to them that a complaint has been received against them and, depending on the nature of the complaint, that they should refrain from any contact with the complainant;

- c) if the Respondent is a student or a member of College staff, provide them with information on counseling services or other forms of assistance that may be available to them.

5.20 The Quality Coordinator/designate will:

- a) make a copy of the form, letters and related documents and forward to the investigator assigned to deal with the complaint;
- b) acknowledge receipt of the complaint in writing;
- c) retain the original form and all relevant documentation in a Complaints File.

5.21 In the event the Quality Coordinator:

- a) receives a number of complaints relating to the same issue from different individuals, he/she may choose to group the complaints together under one serial number and assign them as a group. The recording of the complaint on qf049 will indicate this and include the name of each complainant on the log entry;
- b) receives a complaint directly related to another complaint that is, at that time, being addressed by a Manager, he/she will log the complaint, advise the investigating Manager and, inform the complainant the matter is currently being investigated and that they will be notified as to the outcome;
- c) receives a complaint directly related to another complaint that a Manager has completed an investigation on in the past ten days, he/she will inform the complainant that the complaint has been recently investigated and advise them as to the outcome. The complainant may choose to withdraw their complaint at this time.

5.22 At the conclusion of the investigation, the investigator will record the outcome of the investigation and any actions taken on the Complaint Form and forward it, along with any documentary evidence and correspondence accumulated, to the Office of the President. The Quality Coordinator may then discard any duplicate documents.

5.23 In situations where there have been a number of related complaints from different individuals, the assigned investigator may choose to meet with the group of individuals to address the complaint. Attendance at the meeting and minutes should be recorded and forwarded as documentary evidence.

- 5.24** When a meeting with the complainants occurs, as described in paragraph 5.23, this shall be considered as an adequate notification of the outcome of the investigation to those in attendance.
- 5.25** For all other complaints, and for complainants who were not in attendance at a meeting as described in paragraph 5.23, the President, or his/her designate, will notify the complainant of the outcome in writing.
- 5.26** If the complaint is pertaining to an individual or group, the Respondent(s) will also be notified of the outcome in writing.
- 5.27** If the complainant or respondent has new evidence not available at the time of the earlier decision, which casts doubt on the correctness of the decision, or there was a serious procedural error(s) in the investigation and/or the rendering of a decision which was prejudicial to the appellant, than they may choose to request a Procedural Review. A Procedural Review can be initiated by completing [Quality Form 014](#) - Request for Procedural Review.
- 5.28** A completed Request for Procedural Review form shall be submitted to the President's Office, Senior Executive Assistant for processing. This must be done by the Complainant and/or Respondent within fourteen (14) working days following the rendering of the decision.
- 5.29** The request must contain a copy of the VP-CSSDSR's decision, the grounds for the Review, the outcome sought, a full statement supporting each ground for the Review, and all evidence relied upon by the appellant in support of their Procedural Review. The Procedural Review will not be accepted by the AMCM unless the information is complete.
- 5.30** Filing a Procedural Review will not stay, or delay, the implementation of any sanction(s) imposed, except where the AMCM otherwise so orders, upon written application of the Appellant. The AMCM may decide within seven (7) working days of receipt of the written application whether to stay the implementation of any sanction(s) imposed pending their written decision.
- 5.31** Upon receiving the Procedural Review request, the AMCM will, in a timely manner, determine whether the request should be allowed and shall provide a written decision, with reasons, to the relevant parties. The AMCM may seek confidential legal advice during the course of the Review and/or in rendering their decision.
- 5.32** A complainant may choose to withdraw a complaint at any time; however, the President may decide to continue an investigation and implement any required corrective/preventive action at his/his discretion.