

FILING A COMPLAINT

COMMUNITY CARE FACILITIES LICENSING PROGRAM

The information you provide is valued by the Licensing staff and forms an integral part of their work in providing assurance that a healthy and safe environment is maintained in all facilities providing care.

Under the *Community Care and Assisted Living Act*, a Medical Health Officer or designate (usually a Licensing Officer) is responsible for investigating every allegation or complaint of non-compliance in a licensed community care facility.

The following points may help you in organizing your thoughts before you file your complaint or allegation:

- In filing a complaint, it is more important to **specify facts** relating to the complaint without involving personal biases. Your complaint must establish facts rather than attempt to verify a complaint or allegation.
- In order to maximize accuracy and ensure the safety of individuals affected, your complaint should be filed as soon as possible.
- Those involved in the investigation will endeavor to make recommendations as quickly as possible to minimize any inconvenience to individuals in care, the family and the licensee of the facility.
- Your information and documentation should include: **who, what, where, when** and **how**.
- Remember that details are critical in making a complaint and that precise documentation will help ensure accurate recall for future reference.

Every complaint or allegation must be investigated.

The degree to which Licensing investigates depends on the nature and severity of the complaint. Some complaints, such as those involving inappropriate discipline or abuse are of a serious nature and require more immediate attention.

When filing a complaint, you will be asked for your name, address, and phone number in order that we can maintain contact with you. If you wish to remain anonymous, you can be assured that we will still investigate your complaint.

Whatever your complaint is, please prepare to answer any or all of the following questions:

1. What is your identity in relation to the situation? (e.g. staff member, neighbour, family member)
2. Date the incident occurred?
3. Description of condition or injury of the victim (If applicable).
4. Did you witness the incident or did you obtain the information from someone else?
5. Is anyone else aware that you are filing this report?

The information that you provide will be recorded and is therefore subject to the *Freedom of Information and Protection of Privacy (FOIPP) Act*. This means that records and information relating to the alleged incident may be released under the terms of the Act, while every effort will be made to protect you – the source of those facts. If you wish to have your name as the complainant kept confidential, please notify the Licensing Officer or the person taking your information. You will be asked why you need this information kept confidential.

If you have any concerns regarding your rights under the Act or incidents where complete confidentiality may not be possible, you may wish to seek further guidance through the Information and Privacy Office for the Vancouver Island Health Authority at (250) 370-8043.

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