Waterloo Region
Community Legal Services

COMPLAINTS POLICY

Review Amendment Date:
October 2026
by the Board of Directors

www.wrcls.ca

Waterloo Region
Community Legal Services

Kitchener – Main Office
450 Frederick Street, Unit 101
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POLICY STATEMENT TITLE:	**COMPLAINTS POLICY**
Date originally passed by Board:	**NOVEMBER 1995**
Review (R)/Amendment (A)date:	**(A) MAY 2001, (A) MAY 2004, JULY 2006(R), AUGUST 2010(A), JULY 2013(A), OCTOBER 2016(A), NOV 2020 (R), OCTOBER 2026 (A)**
Next scheduled review date:	**OCTOBER 2031**
Reviewed by:	**BOARD OF DIRECTORS**

Overview

If a person expresses dissatisfaction while receiving summary advice or brief services, or because a staff member has refused to provide the services requested, the person should be told by staff that there is a complaint process. They should be given a brief outline of how the person can make a complaint.

The client's right to complain is also outlined in the retainer. When the Clinic retainer is being signed and a file is being opened, the caseworker who is reviewing the terms of the retainer should advise the client that the Clinic has a complaint process if the client is unhappy with the service.

The Clinic shall post in the reception area a notice that the Clinic has a complaints policy and summarizing the right to complain. The Clinic will post this notice on their website wrcls.ca.

WHO CAN COMPLAIN

A person who is a client or former client, staff member, someone who has been refused services by the Clinic, or deemed ineligible for services by the Clinic can make a complaint.

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WHAT CAN FORM THE BASIS FOR A COMPLAINT?

Complaints may include, but are not limited to:

(a) Denial of services to a potential or existing client;

(b) The quality of legal service provided to a client; or

(c) The quality of treatment accorded to the client or person by any member of staff. Complaints may include matters such as a staff person not returning phone calls, failing to keep a client apprised of what is happening or not following a client's instructions. It could include a breach of confidentiality, missing an important deadline or giving the client incorrect legal advice. It may also include matters such as not dealing with a matter in a timely fashion, not listening to the client, or being rude or discourteous.

THE PROCESS

1. A complaint may be made either orally or in writing by a client or a former client. A complaint by staff, someone who has been refused services by the Clinic or deemed ineligible for services by the Clinic must be made in writing. The complaint does not have to be in any particular form.

SUBMITTING A COMPLAINT TO THE EXECUTIVE DIRECTOR

2. A complaint shall be submitted to the Executive Director, or the Director of Legal Services as designated by the Executive Director. The Executive Director will acknowledge receipt of the complaint within 5 business days and aim to resolve the complaint within a 30-day window.

3. Complaints must be related to a matter that has either occurred, or the complainant has become aware of, within a year of making the complaint.

SUBMITTING A COMPLAINT ABOUT THE EXECUTIVE DIRECTOR

4. A complaint that concerns the Executive Director should be emailed directly to the Chair of the Board of Directors at wrcls.board.members@gmail.com or another board member as designated by the Chair. The Chair of the Board will acknowledge receipt of the complaint within 5 business days and follow the resolution process set out below regarding when a complaint is made to the Board.

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ATTEMPT TO RESOLVE

5. All necessary steps shall be taken to investigate the complaint fully in a fair and impartial manner. The Executive Director shall attempt to resolve the complaint informally if possible. If the Executive Director feels that it is appropriate to attempt to resolve the complaint through alternative dispute resolution mechanisms such as mediation, this may be undertaken.

6. The Executive Director's conduct during the investigation will follow guiding principles in alignment with the Clinic's values and mission, including:

    a. Integrity: The Executive Director will ensure a fair and transparent process by giving all involved parties the opportunity to be heard fully. They will maintain clear communication with the complainant while maintaining confidentiality as permitted.

    b. Respect & Inclusion: The Executive Director will treat all individuals with dignity, empathy, and fairness. Wherever possible, the process will be accessible and barrier-free for all involved.

7. The Executive Director shall prepare a written response outlining the nature of the complaint and any recommendations for addressing the complaint. This shall then be sent to the complainant outlining the proposed resolution of the complaint. The letter shall also advise the complainant that if they are not satisfied with the proposed resolution, they may ask that the Board of Directors review the decision.

BOARD OF DIRECTORS TO REVIEW DECISION

8. The Board of Directors shall consider the complaint.

9. If an internal Board Review is needed, the Board may strike a subcommittee to consider and investigate the circumstances surrounding the complaint, if needed. The Board will inform the Executive Director regarding the complaint, while maintaining the complainant's confidentiality. All necessary steps shall be taken by this subcommittee to investigate the complaint fully and in a fair and impartial manner. The subcommittee's conduct of the investigation will follow guiding principles in alignment with the Clinic's values and mission, including:

    a. Integrity: The subcommittee will ensure a fair and transparent process by giving all

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involved parties the opportunity to be heard fully. They will maintain clear communication with the complainant and the Board while maintaining confidentiality as permitted.

b. Respect & Inclusion: The subcommittee and Board will treat all individuals with dignity, empathy, and fairness. Wherever possible, proceedings will be accessible and barrier-free for all involved.

10. The subcommittee shall report its findings and recommendations to the Board, in writing, and the Board shall determine the final disposition of the appeal.

11. Normally, the completion of the process noted above is within 60 days. If the matter progresses beyond 60 days, the complainant shall receive a written update every 30 days until resolution.

RIGHT TO BE HEARD

12. The complainant shall have the right to appear before the Board or the subcommittee struck for the purpose of considering their complaint and may submit evidence, orally or in writing. The complainant has the right to have someone speak on their behalf.

13. The complainant shall be provided with at least 15 days notice of any meeting of the subcommittee or Board of Directors at which their complaint shall be considered.

WRITTEN DECISION WITH REASONS

14. The Board shall, upon completion of its investigation, prepare a written decision with reasons. A copy of the Board's decision shall be provided to the complainant and any other affected party. Upon completion of the Board's investigation, a decision shall be presented in writing within 60 days. Again, if the written decision progresses beyond 60 days, the complainant shall receive a written update every 30 days until the written decision is issued.

CONFIDENTIALITY

15. The Board of Directors and any subcommittee thereof, shall take whatever steps deemed necessary to ensure that the information disclosed by the complainant remains confidential.

16. Complaint information shall be the responsibility of the Board secretary. Storage will be electronically on a USB drive held by the Secretary.

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REVIEW BY LEGAL AID ONTARIO

17. If the complainant is not satisfied with the decision of the Board of Directors, they have a right to have the complaint reviewed by Legal Aid Ontario. A Legal Aid Ontario Complaints Form will be provided to the complainant, as well as details of submitting the complaint to Vice President, Clinic Law Services.