



Report for April–December 2007

Fair Practices Commission

*an independent office working to ensure fair practices
at the Workplace Safety and Insurance Board of Ontario*

Également disponible en français

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Mission Statement

The mission of the Fair Practices Commission is to facilitate fair, equitable and timely resolutions in individual complaints brought by workers, employers and service providers and to identify and recommend system-wide improvements to Workplace Safety and Insurance Board (WSIB) services. In carrying out its mission, the Commission will contribute to the WSIB's goals of achieving greater openness, better relationships and improved services.

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From the Commissioner

I am pleased to present the Commission's annual report for 2007, which covers the nine months from April 1 to December 31. In the future we will report on the calendar year, consistent with our budget and with the reporting period of the Workplace Safety and Insurance Board of Ontario.

The Commission was established in 2004 so that stakeholders can be confident there is a complaint resolution process that reviews their concerns objectively and addresses any identified systemic issues. Our original charter required that the Commission undergo an independent review to see if we were carrying out our role.

During this reporting period, the Commission was the subject of the first independent review of our performance. The Commission welcomed the positive feedback on our work from the stakeholder community and from WSIB management. We were pleased with the review's conclusion that the Commission provides excellent value for money and is fulfilling the mandate.

The year ahead promises to be busy as we complete our follow-up investigation into occupational disease process issues. We will also continue to strive for timely service and to meet the service standards set out in this report. We will be assisted in this goal by the WSIB staff's generally speedy and effective responses to our inquiries.

The strength of our office comes from our staff's professionalism and commitment to finding resolutions in individual cases and to identifying broader-based problems that may affect others in the system. I am privileged to be able to work with such a dedicated team.



Laura Bradbury
Commissioner

The Acronyms

CPP	Canada Pension Plan
FPC	Fair Practices Commission
IWOS	Injured Worker Outreach Services
LMR	Labour Market Re-Entry
MPP	Member of Provincial Parliament
NEL	Non-Economic Loss
ODSP	Ontario Disability Support Program
ODSD	Occupational Disease Services Division
OEA	Office of the Employer Adviser
OWA	Office of the Worker Adviser
PDD	Program Development Division
QPP	Quebec Pension Plan
RTW	Return to Work
SSM	Sault Ste. Marie
WSIAT	Workplace Safety and Insurance Appeals Tribunal
WSIB	Workplace Safety and Insurance Board

Independent Review of the Commission

When the board of directors of the Workplace Safety and Insurance Board (WSIB) established the Fair Practices Commission it stipulated there would be an independent review of the Commission. The review was to address whether the Commission was “effectively and efficiently carrying out its role and meeting its mandate as set out in the charter.”

The WSIB board decided the review should take place once the Commission had been in operation for two full years. Thus the review was set for 2007. The board’s Policy and Governance Committee oversaw the review process. The committee delivered the independent review’s report to the WSIB board in December.

Review highlights

Overall, the review found that the Commission is

- providing excellent value for money
- delivering its services effectively and efficiently
- achieving high client satisfaction.

The report said the Commission has “achieved an overall client satisfaction rating that most public and private organizations would envy.”

The review also found that the Commission has created a “broad-based awareness” of its mandate in the stakeholder communities. As well, Commission staff and WSIB management have a “thorough understanding” of the Commission’s role and mandate.

The review ranked the Commission at the top of 19 Ombudsman organizations it had examined and found the Commission to be a leader in providing information to the public about its performance and activities.

Methodology

The Policy and Governance Committee selected RMI Group to be the reviewers following a public search.

The review team conducted interviews with external organizations including legal clinics, unions, Office of the Worker Adviser and Office of the Employer Adviser and other worker and employer stakeholders.

They interviewed senior WSIB managers and staff. They also interviewed the commissioner and her staff and reviewed all available documents on the Fair Practices Commission.

As well, the reviewers examined the publications of 19 other external organizational Ombudsmen, including public, private and government, for benchmarks and comparators.

Additions to Fair Practices Commission's mandate

The review suggested that the Commission's charter could more clearly or consistently describe the Commission's mandate and the commissioner's authority on systemic issues. In response, the WSIB board, with the commissioner's support, adopted the following additions to the Commission's role and mandate:

- The Fair Practices commissioner may, on his or her own initiative, investigate, identify and make recommendations on systemic issues within the WSIB.
- If, upon completion of an investigation, the commissioner determines that an unfair practice has occurred the commissioner may seek to resolve the issue at the most appropriate level of the WSIB administration. If an appropriate remedy is not implemented, the commissioner will raise the matter to senior levels of the WSIB, including the president. Unresolved issues will be reported to the board of directors.
- If the implementation of an FPC recommendation concerning a systemic issue will have a significant financial impact, the commissioner should raise the matter with the board of directors for their review. The board may request submissions from the commissioner and from WSIB management on the issue.

The full text of the amended role and mandate section is on page 25 and the complete text of the charter is on the Commission's web site at www.fairpractices.on.ca.

New Initiatives

Service Standards

The Commission developed its own Code of Operating Principles and Service Standards. The WSIB board of directors approved them in October.

The principles and standards are a follow-up to the Commission's strategic plan. They set out the principles we adhere to in our Ombudsman work and the service standards users can expect when dealing with the Commission.

The documents are available on the Commission's web site. See pages 26–28 for the text.

Case Management Project

The WSIB board approved the Commission's request for a new computerized case management and tracking system.

The stand-alone system will allow the Commission to track complaints more accurately and efficiently. It will also allow us to provide more detailed information on complaint trends and systemic issues to the WSIB and to the public.

The Commission plans to purchase and install the system in 2008.

Follow-Up to Occupational Disease Investigation

The 2006–2007 annual report included information on the Commission's investigation into process issues in the WSIB's occupational disease unit. The investigation focused on cases that were more than six months old without a decision.

One of the Commission's recommendations concerned a group of cases from Northern Ontario. The commissioner recommended that the WSIB expedite the collection of all information required in those cases and make entitlement decisions as quickly as possible. The WSIB president committed to do this "recognizing the impacts on workers and their families."

Since then, the commissioner and a Commission specialist have met regularly with the vice-president and director of the Occupational Disease Services Division to review the progress of the cases. The vice-president and director also offered to meet individually with these workers and their representatives, and they gave priority to collecting the medical information required for the decision-making. The WSIB made decisions in most of the outstanding cases by the beginning of February 2008.

At the end of May 2008 (one year from the date of the final investigation report), the Commission will inquire into and report on the measures the WSIB has undertaken to address the Commission's recommendations.

Systemic Issues

The Commission identifies systemic issues in three main ways:

- an individual complaint may indicate a broader problem
- a representative may bring a number of cases to the Commission that raise a common concern
- the Commission's review of statistics may show a trend or pattern that needs to be addressed.

Here are some of the systemic issues the Commission addressed from April 1 to December 31.

NEL process

The commissioner and a Commission specialist met in November with senior WSIB staff to review concerns brought to the Commission about the Non-Economic Loss (NEL) decision-making process and rating delays. The Commission was advised that the NEL Division is adding staff and reviewing its processes. It is anticipated that the changes will address the concerns the Commission raised. The Commission will follow up in the second quarter of 2008.

Improving phone service

Commission staff met in July with the director of the WSIB's call centre about plans for a new system for handling telephone calls.

The commissioner recommended that the centre have access to imaged claim files to help call centre staff answer questions. The commissioner was advised in August that granting access to the imaged files had been approved. This step should reduce the number of telephone calls to adjudicators and improve overall satisfaction with the WSIB's telephone response service.

Appeals cases returned to Operations

The WSIB has been tracking these cases since May 2007. The tracking shows that the two-month timeframe for taking action and returning cases to Appeals is often not being met. The Program Development Division's review of the process indicated that the cause of delays is an inconsistent understanding of when a case is "appeal ready." The Pro-

gram Development Division is reviewing the issues and developing best practices to address the delays.

Explanation of complex payments

With input from the Commission, the Program Development Division reviewed and clarified how it explains complex payments.

Claims adjudicators have been reminded that they should be proactive in providing payment explanations in all cases. All verbal explanations of payments are to be followed up in writing. A detailed written explanation should always be provided in cases involving a complex payment.

Examples of complex payments include:

- retroactive payments
- reviews or adjustments of benefit payments
- minimum or maximum benefit payments
- partial benefit payments
- recalculations of average earnings
- CPP or QPP offsets.

The written explanation will identify the type of benefit included in the payment (e.g., loss of earnings, interest, arrears, diversion for assignments, court orders), the average earnings basis, and the payment period for each benefit paid.

“You have given me more information than anybody else.”

Case Summaries

The resolution of individual complaints continues to be an important part of the Commission's work. When people believe the WSIB has taken too long to make a decision, when they feel they have been treated unfairly, or when they are not sure what steps to take next or where else to turn, the Commission can provide assistance.

Here are some of the problems the Commission helped resolve this year.

Implementing WSIAT decision

A worker contacted the Commission in June 2007 to complain about the length of time the WSIB took to implement a WSIAT decision. The decision said the worker was entitled to benefits beyond May 31, 2004, and to an assessment for a non-economic loss (NEL) award for her permanent impairment. The worker had been collecting Ontario Works and Ontario disability benefits since her WSIB benefits were terminated in 2004.

The worker asked a number of times when she could expect the WSIAT decision to be implemented. She was frustrated because she provided the information the claims adjudicator had requested and then was told two months later that she needed to provide the information again, in writing.

The Commission contacted the manager about the delay. The manager took steps to ensure the WSIAT decision was implemented immediately. The worker was also referred for an NEL assessment. Loss of earnings benefits were processed within a few days of the Commission's inquiry.

Processing travel expenses

A worker called the Commission with a complaint about the process for submitting and processing mileage claims. In 2005, the worker submitted three years of travel expense forms for his trips to attend his doctor's appointments. The claims adjudicator approved the expenses after receiving a letter from the doctor. The claims adjudicator advised the worker to keep his appointment cards and submit the travel expenses once a year.

When the worker submitted his travel expenses for 2006-07, a new claims adjudicator said the worker would need another letter from the doctor. The worker questioned this need in light of the direction he had received from the prior adjudicator and was told that a new process applied. The

worker spoke to the manager who said he would look into the matter, but the worker did not hear back from the manager.

The Commission contacted the manager who said the new claims adjudicator was following the correct protocol. The manager agreed, however, that the worker should have been advised of the change in practice. The manager processed the 2006-07 expenses without the doctor's letter and provided full notice to the worker of the change in practice and the information needed to process future expenses.

Improving communication

A worker experienced a three-month delay in the implementation of a WSIAT decision awarding him a retroactive NEL benefit. When he did receive his cheque, he contacted the WSIB because he questioned the award date. Over the course of six months the worker tried to reach the claims adjudicator, eventually escalating his concerns to the manager. However, he still did not receive the written explanation of the calculation he was seeking so he contacted the Commission.

Since the series of process problems that contributed to the delays in the worker's individual claim had the potential to affect other claims in the sector, the Commission contacted the director. The director:

- reviewed the worker's entire file to look into the concerns about process
- reviewed the file with the adjudicator, who called the worker to apologize for the delay and promised a written explanation within one week
- wrote a memo to the sector managers requesting that they remind their teams of the importance of using the correct protocol and mechanisms for referring matters to the NEL area to prevent delays like this one.

No unfairness found

A worker complained to the Commission about significant delays in the adjudication of his claim. He said he had been waiting one year for a decision.

Upon reviewing the claim file and speaking with the manager, the Commission noted that the initial decision had been made in a timely manner, as were the subsequent reconsideration decisions.

According to the information in the claim file, the worker's request for reconsideration took about a year to resolve, but ongoing investigations and adjudication were taking place during this time. The adjudicator requested an ergonomic assessment of the work station, further medical evidence was requested, the worker was referred to a WSIB specialty clinic, and several requests were made for medical consultant reviews as new evidence became available. Within this 12 months, there was a five-month delay when the worker did not attend his appointment at the specialty clinic. The worker eventually asked to be referred again to the specialty clinic, and the WSIB complied.

Given the ongoing and reasonable actions taken by the WSIB to adjudicate the worker's request for reconsideration, the Commission did not find support for the worker's contention that there were significant delays.

"I called you a while ago about the service I was getting from WSIB, action was taken, a decision made and I'm receiving benefits. I'm just calling to say thank you...thank you for your time, and thank you for listening."

Best Practices

Resolutions to some individual complaints highlight best practices of the WSIB. Here are two examples.

Process problem addressed

The Commission's inquiry into a worker's complaint about a seven-month delay in decision-making showed that the delay occurred because "an administrative error" resulted in the claim not being assigned to a claims investigator.

The individual case was resolved and the claim referred back to Operations.

The Commission then inquired into the administrative error and found that the manager had already identified the cause of the problem and had developed a solution to prevent similar delays. As well, the manager implemented a monitoring process to review the effectiveness of the solution. The manager decided that new investigations would be assigned daily rather than weekly to prevent cases like this one from "falling through the cracks." The manager also advised the Commission that an unfilled position had been staffed and that this step should prevent any further backlogs.

The Commission considered these actions to be an example of best practices.

Apology made

A director wrote to a worker to acknowledge and apologize for oversights in the handling of the worker's claim. The director wrote: "In an effort to help minimize this type of situation from occurring again, I have reviewed with my entire management team the process and protocols for obtaining outstanding medical information. It was further discussed how following the protocols and process helps create belief that the WSIB and the workplace parties are working together to resolve issues.

"Clearly you did not receive the type of service we strive for at the WSIB. My management team will be reviewing these protocols with their teams to help avoid this situation from occurring in other cases."

Outreach

The Commission continued its outreach efforts to increase public awareness of the office and of our mandate.

Open Houses

Next year, 2008, will be the Commission's fifth. We plan to mark the occasion by conducting open houses throughout Ontario to hear from the community how we can improve our services. The first open house is planned for Thunder Bay in April.

Newsletters

The Commission published our sixth newsletter in November 2007. More than 3,000 copies were distributed to stakeholders, to the WSIB, and to the Ontario Federation of Labour for their workers' compensation representatives.

Case summaries

Six case summaries were added to our web site in the nine months between April and December 2007. The summaries give examples of our work and help users decide whether the Commission can assist with their concern.

Meetings

The Commission continued to meet with the community to discuss our work.

During the reporting period we met with:

- Injured Worker Outreach Services
- Institute for Work and Health
- Women of Inspiration at Injured Workers' Consultants
- Ministry of Labour communications staff
- Fair Practices Working Group.

Ombudsman delegation

The commissioner and a specialist met with a delegation of Russian Ombudsmen in May. They were in Toronto as part of the Governance Advisory and Exchange Program, organized by the Canadian International Development Agency.

Education

Fairness awareness

The Commission provides education sessions for WSIB staff that focus attention on potential fairness issues. The sessions also identify best practices for resolving issues.

Between August and December the Commission provided 12 sessions for:

- new adjudicators
- new telephone inquiry clerks
- industry sector managers
- investigators and their managers
- new revenue recovery specialists.

E-learning

In December, the WSIB Program Development Division proposed an e-learning module on fair practices for all staff.

The Commission agreed to meet with Learning and Development staff and Program Development Division staff in early 2008 to discuss the proposal.

“You are a godsend. Thank you.”

The Story in Numbers

For the first time since the Commission opened in 2004, the number of complaints has decreased. The Commission received 1,833 complaints in 2007 compared with 1,981 complaints in 2006, a decrease of 7.5 per cent.

Delay continues to be the most serious issue for complainants. Complaints about delays accounted for 40 per cent of all incoming complaints in 2007.

The main delay issues in 2007 concerned

- adjudication
- return phone calls
- expense payments
- release of entitlement decisions.

The Commission has been working with the Program Development Division to address the systemic issues that contribute to delays. In the Commission's view, the decrease in complaints this year reflects the initial success of this approach.

As before, most complaints (91 per cent) were brought by workers, their representatives and family members. Employers brought fewer complaints in 2007 (89) compared with 2006 (103). Service providers accounted for 15 complaints, down from 25 the previous year.

Mandate concerns accounted for 60 per cent of complaints this year, compared with 59 per cent in 2006.

Specialists inquired into 27 per cent of the mandate complaints in 2007, the same percentage as the previous year. However, complaints about delays accounted for 65 per cent of the mandate complaints that specialists handled this year, up from 55 per cent in 2006.

The Commission continues to provide timely responses to our users. We reduced our complaint-handling time again this year. The average age of all Commission cases at closing (those opened and closed in the year) was 1.9 days. Specialists' cases took 7.8 days on average compared with 11.2 days in 2006. (This number does not include the systemic occupational disease issues the Commission is tracking.)

For a useful comparison, the statistics are for the full calendar years 2006 and 2007

Complaints broken down by user group

Category	2007	2006
Workers		
Self-referral	1,452	1,527
Representative, family member, MPP, OWA	224	277
Employers and representatives	89	103
WSIB staff who are injured workers	8	11
Service providers	15	25
Commission, own motion	5	4
Anonymous	9	8
Other	31	26
Total	1,833	1,981

Fairness categories

for the 60 per cent of complaints within the Commission's mandate

Fairness category	2007	2006
Delay	39.7%	37.4%
Communication	6.2%	7.8%
Behaviour	5.5%	5.6%
Decision-making process	8.3%	7.8%

Mandate complaints handled by specialists

Fairness category	Handled by specialists	
	2007	2006
Delay	65.4%	54.6%
Communication	8.9%	16.3%
Behaviour	5.8%	6.1%
Decision-making process	19.9%	23.0%

Complaints by category

For a useful comparison, the statistics are for the full calendar years 2006 and 2007

Category	Complaints	Ranking	
		2007	2006
Adjudication	630	1	1
No return phone call	181	2	4
Payment	99	3	3
Decision (release)	62	4	5
Unprofessional (rude, hostile, dismissive)	61	5	6
Reconsideration (WSIB)	41	6	11
General system complaint	39	7	12
Opportunity to present information	39	8	28
Implementation of WSIAT decision	36	9	13
Letter not sent	34	10	8

Complaints by subject

Subject	Complaints	Ranking	
		2007	2006
Benefits	986	1	1
Labour market re-entry	131	2	3
Health care	131	3	4
Early and safe return to work	96	4	2
Appeals process	88	5	5
Non-economic loss	53	6	6
Employer assessment issues	51	7	7
Expenses	41	8	8
Psychiatric/Stress	26	9	14
Earnings basis	25	10	9

Complaints by sector

Sector	Mandate	Specialists' inquiries	Non-mandate	Total
Hamilton & Primary Metals (St. Catharines)	152	(41)	61	213
Construction and Transportation	133	(43)	57	190
Industrial (Toronto)	96	(41)	52	148
Services and Health Care	95	(27)	44	139
Government Services (Toronto)	85	(25)	28	113
Specialized Claims/Pre-1990	58	(23)	40	98
Ottawa office (Kingston)	58	(10)	29	87
Windsor office	52	(12)	27	79
Kitchener/Guelph & Agriculture	49	(11)	23	72
Sudbury & Mining (Timmins & North Bay)	41	(10)	26	67
Health Services/ODSD	51	(17)	15	66
London office	28	(6)	24	52
Thunder Bay & Forestry Pulp & Paper (SSM)	29	(6)	23	52
Small Business	22	(4)	16	38
Regulatory Services/Appeals	23	(5)	8	31
Health Services/Health Services Management	26	(1)	2	28
Spec Claims/Specialist & Advisory Services	16	(4)	5	21
Spec Claims/Serious Injury Program	13	(6)	5	18
Regulatory Services/Compliance	11	(1)	4	15
Policy and Research/Benefit Policy	4	–	1	5
Finance/Collections	2	(1)	2	4
Finance Corp Control/Treasury	3	(2)	1	4
Finance/Rev Audit	2	–	2	4
Corporate Executive/Legal Services	3	–	–	3
Business Services	2	–	–	2
Program Development/RTW/LMR Branch	1	(1)	–	1
Program Development/VP office	1	(1)	–	1
Policy & Research/Revenue Policy	–	–	1	1
Employer Services	–	–	1	1
Prevention/Prevention Services	–	–	1	1
Health Services/Specialty Programs	1	(1)	–	1
Not applicable to WSIB	–	–	62	62
Not determined	38	–	165	203
WSIAT	–	–	13	13
Total	1,095	(299)	738	1,833

Complaint resolution outcomes

Of the cases opened and closed by the Commission in 2007, 91 per cent were resolved as follows:

• advice provided to complainant	311
• referral to WSIB	
mandate	561
non-mandate	138
• inquiries made by FPC (including systemic issues)	
WSIB action required—complaint resolved	240
no WSIB action required	56
• file reviewed—no WSIB action required	36
• no current fairness issue identified	12
• right of appeal exists (non-mandate)	246
• issue under WSIB review	36
• issue under WSIB appeal (non-mandate)	24
Total	<u>1,660</u>

The remaining nine per cent include:

• abandoned by complainant	8
• under WSIAT appeal	10
• other non-mandate	38
• complaints against WSIAT (non-mandate)	16
• complaint against another organization (non-mandate)	34

How we work

The complaint process

A complaint guide and complaint form are available on the Commission's web site. Or, anyone can just phone the Commission.

Is there a fairness issue?

To help determine whether a complaint involves potential fairness issues, the Commission relies on these four administrative fairness benchmarks:

Delay

Was there an unreasonable delay in taking action or in making a decision? Was the affected party informed of the delay and the reasons for it? Was correspondence answered or were calls returned in a timely fashion?

Communication

Was the decision or action communicated clearly? Were reasons provided to those affected? Did staff explain what the decision was based on? Were next steps or options explained?

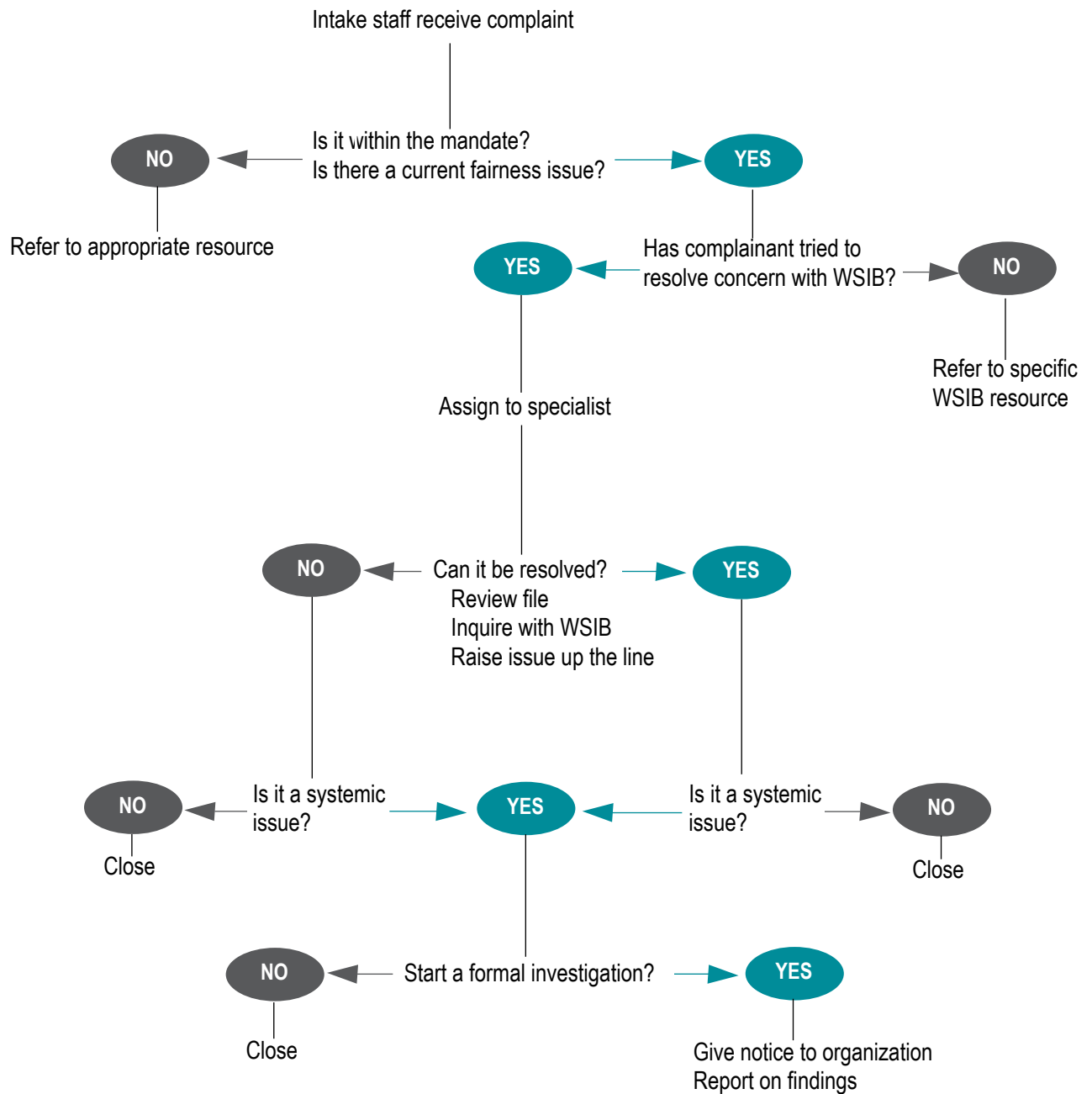
Behaviour

Was the staff unbiased and objective when reviewing information? Did staff overlook any relevant information in their actions or in making a decision? Was the staff courteous and professional? Were mistakes acknowledged and apologies offered?

Decision-making process

Did the person affected by the decision or action know it would happen? Did the person have input or an opportunity to correct or respond to information? Was information overlooked? Is there a policy or guideline related to the matter? If so, was it applied in a manner consistent with how it was applied in similar matters?

The complaint process



Budget

	2008 Budget	2007 Actual	2007 Budget
Salaries, permanent	639,876	614,310	616,863
Salaries, temporary	171,429	145,790	192,144
Total salaries	811,305	760,100	809,007
Benefits	83,957	76,948	84,807
Total salaries & benefits	895,262	837,048	893,094
Equipment & maintenance	2,000 ¹	218	10,000
Voice & data communications	33,600	23,003	34,200
Publication & mailing	38,200	18,150	51,000
Occupancy cost	6,000 ²	–	–
Travel	69,000	33,915	67,800
Supplies & services	54,400 ³	18,425	23,400
Staff training	20,800	6,750	20,800
Specialized services	–	–	–
Other operating expenses	25,100	1,617	28,100
Depreciation & amortization		8,794	
Total non-salary expenses	249,100	110,872	235,300
Total operating expenses	1,144,362	947,920	1,128,394
Total capital expenditure	100,000 ¹		

Notes:

1. Equipment and maintenance was reduced since the Commission received a capital expenditure of \$100,000 to develop a new case management system in 2008.
2. An occupancy cost was added in 2008 to develop a records retention strategy.
3. Additional funds have been added to supplies and services for communication materials.

Role and Mandate

The WSIB board of directors amended this section in December 2007. The full text of the charter is on the Commission's web site.

- a) The FPC has the mandate to:
 - Receive, investigate and resolve complaints about alleged acts, omissions and unfair practices by the WSIB.
 - Identify complaint trends, policy matters and systemic issues and make recommendations for improvements to the board of directors.
- b) The Fair Practices commissioner may, on his or her own initiative, investigate, identify and make recommendations on systemic issues within the WSIB.
- c) If, upon completion of an investigation, the commissioner determines that an unfair practice has occurred the commissioner may seek to resolve the issue at the most appropriate level of the WSIB administration. If an appropriate remedy is not implemented, the commissioner will raise the matter to senior levels of the WSIB, including the president. Unresolved issues will be reported to the board of directors.
- d) If the implementation of an FPC recommendation concerning a systemic issue will have a significant financial impact, the commissioner should raise the matter with the board of directors for their review. The board may request submissions from the commissioner and from WSIB management on the issue.
- e) The commissioner has the discretion not to accept a complaint based on considerations such as the merits or the timeliness of a complaint, and on a determination of whether a complaint falls within the mandate of the FPC. Generally, the FPC will accept current complaints; that is, complaints with current implications in terms of fair practices.
- f) The commissioner will issue quarterly reports to the board of directors on the FPC's activities, findings, statistics and systemic issues. The commissioner will provide the information to the president and chiefs as required.
- g) The commissioner will issue a public annual report.

Code of Operating Principles

As the Workplace Safety and Insurance Board's (WSIB) Ombudsman, the Fair Practices Commission is an advocate for fair process. The mission of the Commission is to facilitate fair, equitable and timely resolutions in individual complaints brought by workers, employers and service providers and to identify and recommend system wide improvements to WSIB services. In fulfilling its mission, the Commission adheres to generally accepted Ombudsman principles and standards.

Independence

The Commission is separate from, and independent of, the WSIB's operations and line management. The commissioner reports directly to the board of directors through the chair.

Neutrality

The Commission treats all parties to a complaint with respect and open mindedness; it does not take sides in a complaint. The Commission conducts investigations and makes recommendations in an impartial manner.

Confidentiality

The Commission protects private information it receives and maintains records and systems that are separate from those of the WSIB. The Commission does not disclose information unless given permission to do so.

Informality

The Commission uses informal processes to respond to complaints. It does not participate in, or give advice on, entitlement issues or matters that can be appealed. The Commission's discussions with the WSIB are not documented on individual files.

Credibility

The Commission's charter, its practices and procedures and summaries of complaints are all available on the Commission's web site. The Commission issues a public annual report of all its activities and initiatives.

Service Standards

The Fair Practices Commission is committed to providing excellent service to the workers, employers and service providers who contact the Commission with concerns about the Workplace Safety and Insurance Board (WSIB).

Here is what you can expect when dealing with the Commission:

1. We will provide timely responses:
 - Intake staff will return your phone call within one business day.
 - Specialists will contact you within two days, when a case is assigned to them.
2. We will be accessible to the variety of users we are intended to help:
 - We provide services in French and English.
 - We can provide service in other languages, as required.
 - We provide TTY phone service for hearing-impaired callers.
 - We provide toll-free phone and fax services.
 - We can respond to other special needs.
3. We will communicate clearly:
 - We will provide simple verbal explanations of what to do if you are dissatisfied with the WSIB's service.
 - We will provide information in other formats, including print and internet.
 - All our materials and correspondence will be written in plain language.
4. We will give you information on:
 - How to contact the WSIB effectively.
 - Other ways a complaint might be resolved.
 - What the WSIB can be expected to provide (their service standards).
5. If we can't help you, we will refer you to an appropriate resource including:
 - Office of the Worker Adviser (OWA)
 - Office of Employer Adviser (OEA)
 - Workplace Safety and Insurance Appeals Tribunal (WSIAT)
 - Legal clinics in your area
 - Ombudsman Ontario.

6. We will provide you with information throughout the inquiry process:
 - We will also get the WSIB's views on the information, as required.
7. We will communicate outcomes and resolutions to all parties:
 - We will tell you and the WSIB whether we find a fairness issue and discuss how to resolve the issue.
8. We will listen to your suggestions:
 - We will conduct user satisfaction surveys periodically and will use the results to make improvements to our service.
 - We want to hear your feedback on our service.