

Complaint Handling

BACKGROUND

In 1996, the Financial Service Regulatory Authority of Ontario (FSRA, formerly known as FSCO/OIO) created a system for the informal resolution of consumer complaints about the business practices of insurance companies. The system places primary responsibility on insurance companies to handle and resolve consumer complaints about their products and services. FSRA deals only with complaints that are not resolved by companies within a reasonable time.

January 1, 2001, FSRA required insurance companies to collect and submit consumer complaint data to the OIO on a quarterly basis. Individual company data is submitted in confidence and is not published or released upon request. Complaint data is published by FSRA on an aggregate basis by line of business. The collected information provides FSRA with an indication of the proportion of complaints addressed by the industry allows them to track complaint trends and assists in the identification of marketplace issues.

In 2001, FSRA also required companies to amend their protocol to ensure that complainants who have unresolved complaints are aware of his or her right to have a complaint reviewed by them if it has not been resolved within a reasonable period of time through the Company's Complaint Handling Protocol.

DEFINITION OF A REPORTABLE COMPLAINT

A complaint is the expression of at least one of the following elements that persists after being considered and examined at the operational level capable of making a decision on the matter:

- i. a reproach against an organization;
- ii. the identification of a real or potential harm that a consumer has experienced or may experience;
or
- iii. a request for a remedial action.

Complaints are generally expressed in writing through correspondence, email, fax or other form that allows a complaint to be kept on file. Where a consumer complains by phone or in person and the complaint is handled and examined by the person responsible for the examination of complaints and delegated as such in the organization's policy, the complaint must be documented so that it can be kept on file.

The initial expression of dissatisfaction by a consumer, whether in writing or otherwise, will not be considered a complaint where the issue is settled in the ordinary course of business. However, in the event the consumer remains dissatisfied and such dissatisfaction is referred to the person who is responsible for the examination of complaints and designated as such in the Organization's policy, then it will be considered as a complaint.

However, organizations must refrain from any undue delay in referring a matter to a higher level solely for the purpose of avoiding reporting requirements.

Where a consumer remains dissatisfied after a reasonable attempt has been made to settle the issue, organizations without a multilevel complaint examination structure are then considered to have received a complaint.

WEST WAWANOSH MUTUAL INSURANCE COMPANY COMPLAINT HANDLING PROTOCOL

1. The “Company Complaint Officer” (as filed with FSRA) is Cathie Simpson, B.A, FCIP, President & CEO.
2. To activate the Company’s complaint handling process a Policyholder(s) must provide a description of his/her complaint to the Company in writing.
3. Letters of complaint will be reviewed by the “Company Complaint Officer” or his/her alternate within five (5) business days of being received at the Company.
4. The “Company Complaint Officer” will consult with appropriate staff representatives and send to the Policyholder a letter outlining the Company’s final position within sixty (60) days of the “Company Complaint Officer” review of the letter of complaint.
5. Our goal as a policyholder-owned, purely mutual company is to treat policyholders in a fair, courteous and timely manner. Timelines mentioned above are minimum standards.
6. This Complaint Handling Protocol does not apply to any situation involving litigation by the Insured against the Company or where the Insured has retained legal assistance in that regard.
7. Complainants who have unresolved complaints will be advised to contact the Office of the Insurance Ombudsman at the:

Financial Service Regulatory Authority of Ontario

5160 Yonge Street, 16th Floor

Toronto, ON M2N 6L9

Email: contactcentre@fsrao.ca

Phone: 1(800)688-0128 Fax: 1(416)590-8480

Online Complaint submission link: <https://www.fsrao.ca/ask-question-file-complaint-or-report-fraud>