



Administrative Policy #2018-03

Claims Made Against the Town of Digby Policy

1. Purpose:

The purpose of this policy is to enable the Town of Digby to promptly and effectively address claims for reimbursement brought against it by outside parties.

2. Definitions:

In this policy:

- “**Claimant**” means the individual filing the complaint with the Town of Digby;
- “**Claim**” means a legal demand or assertion by a claimant for compensation, payment, or reimbursement for a loss under a contract, or an injury due to negligence.
- “**CAO**” means Chief Administrative Officer of the Town of Digby.
- “**Council**” means council of the Town of Digby;
- “**Designated Officer**” means the CAO, or the position or employee designated to address the complaint;
- “**Employee**” means an employee of the Town of Digby;
- “**Mayor**” means the Mayor of the Town of Digby;
- “**Ombudsman**” means the Nova Scotia Office of the Ombudsman.

3. Policy Statement:

It shall be the policy of the Town of Digby that claims made against the Town will be considered for reimbursement.

4. Procedures:

Filing a Claim:

- The Claimant's claim may be submitted as a written letter or a completed complaint form, as provided for in Schedule A to this policy.

Designated Officer:

- The Designated Officer shall acknowledge in writing that the complaint has been received within five (5) business days of receipt of the complaint.
- After receiving the written complaint the Designated Officer shall:
 - Request any additional information from the claimant. This may include but is not limited to additional details on the incident, photographs, cost estimates or actual invoices.
 - All claims involving bodily injury shall be referred to the Town's insurance carrier immediately.
 - Circulate claim information to the appropriate personnel for the purposes of awareness, report preparation and possible remedial action.
- After receiving the written complaint the Designated Officer may:
 - Report the claim information to the Town's insurance Carrier for the purpose of having an adjuster review the claim, recognizing that all adjusting service charges are paid for by the Town. Also any claim which is expected to exceed \$5,000 shall be referred to the Town's insurance Carrier upon receipt.
 - The Town may elect to engage the services of an adjuster without involving the insurance carrier.
 - If it is appropriate, report the claim information to the contractor that is/was involved where the incident occurred.
- The Designated Officer shall maintain a file of the complaint in compliance with the Town of Digby's records management policy.
- Within 30 calendar days of receipt of a complaint the Designated Officer may provide a response in writing to the complainant. The response should include:

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- Whether the complaint was substantiated,
- If the complaint is not substantiated, the Designated Officer shall provide reason(s) for their decision.
- Any actions the Town has or will take as a result of the complaint.
- If the Designated Officer is unable to provide a response within 30 calendar days she/he shall notify the complainant of the delay and provide an estimate of when a response will be provided.

Clerk's Annotation for Official Policy Book

Date of Notice: **February 20, 2018**

Date of adoption: **March 6, 2018**

Policy effective date: **March 6, 2018**

I certify that this **Claims Made Against the Town of Digby Policy** was adopted by Council as indicated above.



Clerk

March 6, 2018

Date

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Schedule A
Customer Service Complaint Form

Please take a moment to fill out this form. Your opinions and suggestions will enable the Town of Digby to improve program and service delivery.

NAME: _____ PHONE: (H) _____ (W) _____

CIVIC ADDRESS: _____

MAILING ADDRESS: _____

COMPLAINT LOCATION: _____

TYPE OF CONCERN / COMPLAINT:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Sewer Backup | <input type="checkbox"/> Sidewalk | <input type="checkbox"/> Snow Removal |
| <input type="checkbox"/> Road Maintenance | <input type="checkbox"/> Green Cart | <input type="checkbox"/> Storm Drain |
| <input type="checkbox"/> Water Leaks | <input type="checkbox"/> Street Lights | <input type="checkbox"/> Bylaw |
| <input type="checkbox"/> Other _____ | | |

DETAILS OF CONCERN / COMPLAINT: _____

Was a Town employee involved? Yes No Who? _____

DESIRED RESOLUTION: _____

Have you raised this concern/complaint with other members of Council or Staff? Yes No

If Yes, When and with Whom: _____

Note: Initial written response can be expected within five (5) business Days, please select method of contact – (check one)

- Email Mailing Address Fax _____

Priority Rating: (Check one) Low Medium High

DOCUMENT COMPLETED BY: _____ DATE: _____

Office Use Only

Frontline Resolution Completed by _____ Date _____

Designated Officer(s) Appointed: _____

Notification of Complaint (date) _____ Acknowledgement with Complainant (date) _____

(Note: Notify Complainant in Writing 5 days of receipt as per policy)

Results of Investigation:

Date Investigation Completed: _____

Within 30 days of receiving complaint? Yes No If "No", Why?

(Note: if "No," contact complainant (in Writing) to advise delay and expected completion date, as per Policy.)

Complainant was notified on (Date & Time) _____

Method of Notification: Email Mailing Address Fax

Date final resolution was reached? _____

Was Complaint substantiated? Yes No

If not substantiated, why?

What actions will be taken as a result of this complaint?

Signature of Designated Officer _____

Date: _____