

Complaints Policy

By Suzanne Michaud, May 19, 2021

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COMPLAINT HANDLING DIRECTIVE

OBJECTIVES

CAA-Quebec Auto and Home Insurance Inc. (the “Agency”), 9099-0383 Québec Inc., operating as Cabinet en assurance de personnes CAA-Québec (the “Firm”), and the Insurance Division are committed to ensuring that dissatisfaction and complaints they receive regarding the insurance products and services they provide or distribute are treated fairly. The purpose of this directive is to establish and communicate the process for handling consumer dissatisfaction and complaints within the Agency and Firm and for resolving any disputes that may arise as a result of the handling of a complaint.

GOVERNANCE AND ENFORCEMENT OF THE DIRECTIVE

This directive is derived from the principles set out in the organization’s code of conduct and the regulatory requirements of Autorité des Marchés du Québec (“AMF”). The Senior Vice President of Finance and Insurance is responsible for enforcement of and compliance with this directive. Each year, the Senior Vice President of Finance and Insurance must report to the President and Chief Executive Officer on compliance with this directive.

SCOPE

The directive applies to the activities of the Agency and Firm and to consumers who are in contact with them. It applies to all their employees, intermediaries, and suppliers of products and services who deal directly or indirectly with consumers.

STEPS AND PROCESS FOR HANDLING DISSATISFACTION AND COMPLAINTS

Steps for dealing with dissatisfaction

Many concerns and dissatisfaction can be resolved by making a correction or providing an explanation. A consumer who wishes to express dissatisfaction should first take the following steps:

1. Contact the agent who sold the product or provided the service (contact information is provided on the product literature) or contact a member of the customer service team *by email*:

Property & casualty insurance (auto and home):

assurancesautohabitation@caaquebec.com

Life and health insurance (accident, health, life, and travel):

assurances@caaquebec.com

2. If the consumer is not satisfied with the information they receive verbally, they should send a written description of their concern(s) to the attention of

_____ for review. A dispute resolution officer will send a written response as soon as possible after this communication is received.

Where a consumer's dissatisfaction is not resolved in the normal course of the Firm's or Agency's business as outlined above and meets the definition of a complaint (as set out below), the complaint handling process described below applies.

Steps for handling a complaint

Definition of a complaint

For the purposes of this directive, a complaint means the expression of one of the following three (3) things, which persists after being considered and handled according to the steps for dealing with dissatisfaction by the designated individuals authorized to make a decision:

- A reproach against the Agency or Firm
- A report of real or potential harm a consumer has experienced or may experience
- A request for corrective action

Initial expression of dissatisfaction by a consumer, whether in writing or otherwise, does not constitute a complaint when the dissatisfaction is resolved in the Firm's normal course of business (see the section on handling dissatisfaction). The employee or agent must consider themselves informed of the situation when the consumer's dissatisfaction, within the definition of a complaint, persists after a reasonable attempt has been made to resolve the dispute in accordance with the procedure for dealing with dissatisfaction. The employee or agent must not unduly delay referring a complaint to a higher level solely for the purpose of avoiding the requirement to enter the complaint in the complaint log.

Requirement to submit a written complaint

When a concern or dissatisfaction has not been resolved by those in charge of dealing with dissatisfaction, or when the complainant remains dissatisfied with the response they receive, then the complainant may submit a formal complaint **in writing** to the attention of:

Insurance Dispute Resolution Officer
444 rue Bouvier, Quebec City, Quebec G2J 1E3
plaintes.assurances@caaquebec.com

(With the **subject**: Letter to the Dispute Resolution Officer)

As an exception only, when for justified reasons the complainant cannot submit a complaint in writing or when circumstances so require, the employee or agent must

ensure that the complaint made verbally by the client or member is documented in such a way that it can be preserved.

Dispute Resolution Officer or person designated as responsible for the Agency and Firm

The Dispute Resolution Officer designated under this directive is the Vice President of Insurance. The Dispute Resolution Officer's primary function is to ensure that complaints received by the Agency or Firm are handled in accordance with this directive.

The Dispute Resolution Officer and/or the person designated as responsible for the Agency and Firm also acts as a respondent with the various regulatory bodies to which the Agency and Firm are subject for complaint handling and dispute resolution.

The Dispute Resolution Officer may delegate all their duties inherent to fully processing certain complaint files to a "Delegated Officer" who will respond for and on behalf of the Dispute Resolution Officer. The final decision made by a "Delegated Officer" will be deemed to have been made by the Dispute Resolution Officer. The Dispute Resolution Officer may therefore delegate the task, but not the responsibility. To ensure the independence of the person handling the complaint, the complaint must be handled by an employee at a higher level than the employee involved in the facts giving rise to the complaint. Any employee, agent, or person responsible for dispute resolution must deal fairly with the complaints made to them.

Receipt

An acknowledgement of receipt of the complaint will be sent to the complainant within five (5) business days of receipt of the complaint. Additional information may be requested from the complainant.

Complaint file (procedures)

For each complaint received, a file must be created to include the complainant's written complaint and supporting documents, the acknowledgement of receipt, the analysis and supporting documents, and a copy of the Dispute Resolution Officer's final decision to the complainant.

Complaint handling (procedures)

Upon receipt of a complaint, the Dispute Resolution Officer or designated person will ensure that it is analyzed, processed, escalated, and responded to appropriately according to the internal process outlined in this document.

To do so, they will collect the facts related to the complaint received from the complainant and conduct a thorough analysis. After all documents or information required for the analysis are received, a final decision will be made within a reasonable period of time or when the investigation is completed, **up to 90 days** after all documents explaining the reasons for the decision are received.

Complaint handling and risk assessment monitoring committee

The Dispute Resolution Officer may convene a committee to assess the grounds for a complaint and how it will be handled and resolved. The Dispute Resolution Officer may develop an action plan with the committee members to implement policies or procedures, or even recommend sanctions, if necessary, after assessing the risks specific to the situation or its frequency.

Transfer request

A complainant who is dissatisfied with the outcome of the Dispute Resolution Officer's handling of their complaint may request that the complaint file be transferred to the appropriate regulatory body, including AMF. Some regulatory bodies offer mediation or conciliation services that interested parties can use to resolve their disputes. The Dispute Resolution Officer will inform the complainant of the appropriate regulatory body or bodies they may contact to have their complaint file transferred. At the complainant's request, the Dispute Resolution Officer will arrange for the complainant's file to be forwarded to the appropriate authority, which will review it and provide dispute resolution services if deemed appropriate.

Report to AMF

The Dispute Resolution Officer also reports complaints received to regulatory bodies.

REMINDER AND SUMMARY OF THE MAIN STEPS IN HANDLING A COMPLAINT

- The complaint must be in writing.
- An acknowledgement of receipt of the complaint is sent to the complainant.
- The Agency and Firm must keep a separate record of the complaints they receive in order to document and manage them effectively.
- Each complaint must be documented in a separate file including but not limited to the following:
 - A description of the complaint received
 - The outcome of the complaint handling process (analysis and supporting documents)
 - The final response to the complainant in writing, including the reasons
- The complaint must be handled impartially and within a reasonable period of time, not to exceed 90 days from receipt of the complaint.
- This timeframe must be observed, regardless of the different processing levels involved.

EFFECTIVE DATE AND REVISION OF THE DIRECTIVE

This directive is an overhaul of the complaints policy adopted in February 2016 and was adopted in May 2021. It is reviewed every three (3) years or as necessary, including to reflect legislative changes, if any. Any changes to this policy must be approved by the Senior Vice President of Finance and Insurance and the Chief Executive Officer of the Agency and Firm.

Approved by:	
Approval date:	
Amendment history:	

REVISION AND AMENDMENT HISTORY

Date	Name	Amendment
February 2016		Adoption
May 2021		Overhaul