



FAIR PRACTICES
COMMISSION
ANNUAL REPORT



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



Contents

From the Commissioner	1
An Independent Office	3
Value of the Commission’s Work	4
Ongoing Issues	5
The Resolution Process	8
Individual Resolutions	9
Outreach	18
Complaints by the Numbers	19
Budget.....	24



Également disponible en français

Fair Practices Commission
123 Front Street West
Toronto, Ontario
M5J 2M2

www.fairpractices.on.ca

Phone

416-603-3010

866-258-4383

TTY

416-603-3022

866-680-2035

Fax

416-603-3021

866-545-5357

From the Commissioner

As the organizational ombudsman for the WSIB, the Fair Practices Commission reports on complaint trends, which means statistics. The numbers are important, whether they go up or down, as they may point to improvements in WSIB processes or to areas where processes may need review. Each statistic, however, represents a worker, employer or service provider who has come to the Commission seeking fairness. Each person has a unique story that is important.

The WSIB staff work hard to implement the Workplace Safety and Insurance Act and the WSIB policies and priorities, but occasionally things fall through the cracks. Oversights do occur. When a fairness issue is identified, the Commission works with WSIB staff to resolve it. Sometimes the Commission finds, after reviewing an issue, that the WSIB acted in a fair and reasonable manner or WSIB staff acted quickly to resolve a concern. The case summaries in this report provide examples of each.

The Commission received 2,523 complaints in 2012, a slight decrease from the year before. Although most of the complaints continue to be about delay, we saw a fairly dramatic increase in complaints about the fairness of decision-making processes. Many of these complaints concerned the WSIB reviewing prior decisions. Workers told us they did not receive notice of the review and therefore did not have the opportunity to provide any new information about their condition.

Generally, workers were told the WSIB has the right to review or reconsider decisions at any time. The Commission's concern was that reviews be done fairly and comply with the WSIB's practice guidelines, which say that injured workers must receive notice of a possible change in benefit level, the reason for the change, and an opportunity to respond before the decision is made.





Complaints were down significantly when it came to the length of time it was taking the WSIB to make entitlement decisions. This may show that entitlement decisions are being made more quickly. However, making the decisions more quickly may be a cause of the increase in complaints about the process of decision making, in particular the failure to provide notice or reasons. This might be an example of haste makes waste.

The greatest change for the Commission this year has been the change of commissioner. Laura Bradbury, commissioner from December 2003 to June 2012, set up the Commission and its processes and led by example by demonstrating her respect for people and their stories.

WSIB chair Elizabeth Witmer wrote to the commissioner on her retirement: “Throughout your term you have made an outstanding contribution helping the Board through many complex issues and achievements in improved service delivery. We greatly appreciate how much you have contributed to not just the organization but to the injured workers and employers of Ontario.”

I cannot express my appreciation to Laura any better than did the WSIB’s former chair, Steve Mahoney, when he thanked her for her “exceptional and pioneering work as the WSIB’s ombudsman.”

Part of that work was assembling an excellent staff for the Fair Practices Commission. I would like to thank them for their dedication and professionalism. It is with their continued support that the Commission remains committed to working for fairness at the WSIB.

As we enter our tenth year of operations, I would also like to thank the board of directors of the WSIB for the opportunity to serve as the Fair Practices commissioner. I am looking forward to continuing to work with the members of the board of directors, workers, employers and WSIB staff as we welcome the challenges ahead.

— *Tom Irvine, Commissioner*

An Independent Office

The Fair Practices Commission is an independent office working to promote and ensure fair practices at the Workplace Safety and Insurance Board (WSIB) in Ontario. As the organizational Ombudsman for the WSIB, we

- ▶ listen to the concerns raised by injured workers, employers, and service providers
- ▶ resolve fairness issues quickly
- ▶ identify recurring fair practice issues and report them to the WSIB with recommendations for improvements.

Three main principles guide our work:

Impartiality

The Commission does not take sides in complaints. We advocate for fair processes.

Confidentiality

All inquiries are confidential unless we receive specific consent to discuss or disclose information.

Independence

The Commission serves injured workers, employers and service providers but works independently in the interests of fairness. The Commission reports directly to the board of directors, the governing body of the WSIB.

The Value of the Commission's Work

Building relationships

The Commission listens to the people who contact us and gives them options for resolving problems. The Commission assists the WSIB staff in understanding the concerns and frustrations of its clients. Experience shows that this type of informal facilitation helps build better relationships and provides everyone with better tools for tackling future problems.

Resolving conflict

The Commission's independence from the WSIB provides an opportunity for a fresh look at a concern and a creative outcome. The Commission's intervention at an early stage may help prevent future unfairness and the expense and time of formal appeals.

Preventing problems

The Commission can prevent problems through our capacity to track complaints and identify recurring themes and patterns. The Commission identifies the WSIB's best practices and recommends changes to prevent similar problems.

Acting as an agent of change

By helping the WSIB understand how to resolve conflict and build better relationships, the Commission fosters a culture in which the WSIB adapts and responds to the needs of the people it serves.

Ongoing Issues

Appeals backlog

At the beginning of 2012, the WSIB reported that it had about 4,500 appeals waiting to be assigned to an appeals resolution officer (ARO). This meant it might take a year or longer to receive a decision following an oral hearing.

In January, the commissioner met with the chief operating officer (COO), who shared a draft of a proposed appeals re-structuring plan. The commissioner discussed with the COO the importance of consulting with key stakeholders before implementing the changes. The WSIB agreed to the Commissioner's recommendation for consultation and arranged to meet with stakeholder groups to review the appeals modernization plan and receive feedback.

The WSIB board of directors discussed the plan at its June meeting and asked the Commission to review it and advise them of any potential fairness issues.

The Commission reviewed the plan, submitting a brief written report noting that the large number of appeals yet to be assigned to an ARO could result in delays — a fairness issue. The Commission noted the plan did not include specific measures to address the backlog.

The Commission said it would monitor the implementation of the appeals modernization plan (set to begin February 1, 2013) to assess its impact on the number of appeals yet to be assigned to an ARO.

Permanent Benefit Services

The Commissioner met with the vice-president and director of the Permanent Benefit Services sector four times during 2012 to discuss the growing number of issues raised with the Commission, particularly in pre-1990 claims. These included delays in returning calls, delays in making entitlement decisions and new case managers being assigned to claims with little or no notice to workers or

employers. The vice-president and director outlined the steps the WSIB was taking to address these concerns, including increased managerial oversight and a complaint escalation process, enhanced and more timely communication, and the relocation of all pre-1990 files to Toronto.

The Commission agreed to start providing a more detailed breakdown of the statistics so that the WSIB would have more information about concerns by program area. The vice-president appreciated the opportunity to integrate the Commission's data into the sector's program measurement system.

▼
“You’ve been a tremendous help. This would never have happened without your intervention.”
▲

No-review option

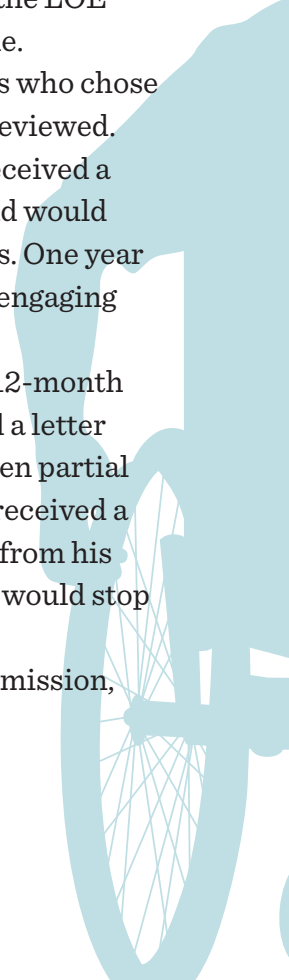
The WSIB has a policy on paying loss-of-earnings (LOE) benefits for workers who are 55 or older at the time of injury. If the WSIB decides the worker is entitled to LOE benefits, has reached maximum medical recovery and has completed a work transition plan, the worker can choose the no-review option. When the worker does this, the LOE benefit is locked in until age 65. This election is irrevocable.

The Commission has received complaints from workers who chose the no-review option, but despite that, their claims were reviewed.

In one example of this problem, a 63-year-old worker received a letter from the WSIB telling her she met all the criteria and would receive full LOE benefits to age 65 without further reviews. One year later, the WSIB told her it was reviewing her benefits and engaging her in work retraining.

In another example, a 61-year-old worker had signed a 12-month self-directed work transition plan agreement. He received a letter saying he would receive full LOE during the 12 months, then partial LOE to age 65, with no further review. Six weeks later, he received a new decision saying he had achieved a complete recovery from his injury, he had no permanent impairment, and his benefits would stop in four weeks.

In both these instances, after discussions with the Commission, the WSIB managers reverted to their original decisions.



The commissioner and a specialist met with the vice-president of long-term service delivery to discuss the no-review option. The vice-president agreed to contact the Legal Branch about the wording of the policy, since the reviews in these cases appeared to contradict it. The vice-president also undertook to review all other cases where this option was selected to ensure similar problems had not occurred.

The vice-president said he would use the case of the 63-year-old worker as a training opportunity to remind staff about the policy.



The Resolution Process

When the Fair Practices Commission receives complaints or inquiries, we respond according to what is appropriate to the circumstances of each individual.

We encourage everyone first to discuss their issue with the WSIB staff person most directly responsible and, if that does not resolve it, raise it with the manager.

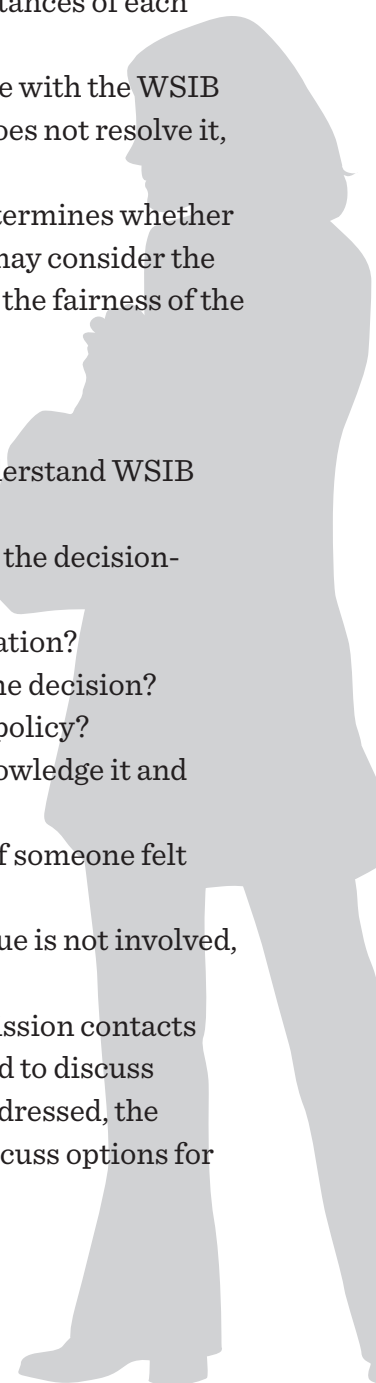
If the concern is unresolved, the Commission determines whether there is a current fairness issue. The Commission may consider the following questions in deciding if the issue is about the fairness of the process:

- ▶ Is there an issue of timeliness?
- ▶ Is there a communication issue?
- ▶ Does the person need more information to understand WSIB processes and policies?
- ▶ Did the person have a chance to make a case to the decision-maker?
- ▶ Did the WSIB consider all the relevant information?
- ▶ Did the WSIB explain clearly the reasons for the decision?
- ▶ Is the decision consistent with WSIB law and policy?
- ▶ If the WSIB did make a mistake, did they acknowledge it and correct it?
- ▶ Did the WSIB respond fairly and respectfully if someone felt poorly treated?

If the Commission determines that a fairness issue is not involved, we explain this.

If there appears to be a fairness issue, the Commission contacts WSIB management staff to get their perspective and to discuss steps to resolve the issue. If the issue remains unaddressed, the Commission approaches senior management to discuss options for resolution.

We call the person with the results.



Individual Resolutions

In identifying whether a complaint involves a potential fairness issue, the Commission relies on four administrative fairness benchmarks: decision-making process, delay, communication and behaviour.

Complaints about the 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 Commission received 442 complaints in 2012 about the decision-making process, compared to 282 in 2011, a 57 per cent increase. This category of complaints now is 18 per cent of all incoming issues in 2012, up from 11 per cent last year. Of those complaints, 211 concerned lack of reasons given for a decision or disregard for evidence.



*“Now I can
sleep at night.
Thank you.”*



Changing a decision with no new information

An apprentice electrician, injured in 2005, was found to have a permanent injury and needed modified employment that his employer could not accommodate. The WSIB sponsored him in a three-year labour market re-entry (LMR) college program.

Six weeks before completing his final semester, the case manager, manager and assistant director called the worker to say they had reviewed his medical information and decided he was capable of returning to his pre-accident employment. They told him the employer had a position available, starting immediately. They gave him the weekend to decide whether to return to work or continue his LMR program. If the worker chose to finish the retraining, the WSIB would pay his loss of earnings (LOE) to the end of the semester but would not pay for the two-month mandatory internship that would follow.

The worker was shocked, having had no contact with the case manager for years. His only contact had been with the college and LMR provider. Taking the job would mean changing cities and restarting his apprenticeship. He was a five-year apprentice when he was injured but had not worked as an electrician for seven years, which meant he would have to start the apprenticeship program from the beginning. The worker was committed to completing the college program but did not see how he could manage it without WSIB support for the two-month internship.

The Commission called the manager and assistant director. The assistant director agreed that, at the least, the worker was entitled to receive a written decision setting out his options and giving him an additional two weeks to decide. At the same time, the WSIB reviewed the issue and decided the worker would receive LOE for the internship program.

Reconsidering entitlement to full LOE

A legal clinic contacted the Commission about a WSIB decision to lock in their client's benefits at zero. The worker had suffered a head injury at work in 2006. She was eventually granted a 30 per cent non-economic loss (NEL) award. In 2008 the WSIB told her she would receive full loss-of-earnings (LOE) benefits to age 65. The WSIB said she was considered totally disabled and unable to work.

However, two weeks prior to the final lock-in decision date in 2012, the WSIB told the worker her case was being reconsidered. They asked her to attend a meeting at the WSIB to discuss returning to work doing light assembly. She went to the meeting but told the WSIB she was unable to return to work.

Then she received a letter from the WSIB saying her benefits would be locked in at zero since there was no difference between her pre-injury earnings and her potential earnings doing light assembly.

A Commission specialist discussed the decision-making process with the manager. The WSIB reviewed the file and found they had not properly followed the policy on re-engagement for the purposes of work transition services and determination of a suitable occupation.

Also, they had not given the worker enough notice of the work transition process and the postponement of the lock-in decision. The WSIB agreed to review the process.

The WSIB also decided to review the case. They found the medical information showed that the worker remained unemployable as a result of her compensable injuries, and they had inappropriately reduced her benefits. They restored her full loss of earnings. The worker received a new lock-in decision letter and an adjustment cheque.

As well, the manager told the Commission that she reviewed with her staff the guidelines for decision-making for final loss-of-earning reviews and had a discussion with the work transition team about coordinating the correspondence.

Deciding not to hold a hearing

A worker's representative wrote to the Commission about an entitlement decision made by an appeals resolution officer (ARO).

The representative said he was surprised to receive the written decision as his office had asked for an oral hearing. He thought it important that the ARO hear from the worker. The representative had written to the Appeals Services Branch asking them to rescind the decision and schedule a hearing. The branch denied the request.

A review of the file revealed that new information had been submitted after the appeal was filed and the ARO contacted the representative's office three times to confirm which issues would be subject to the appeal. The file also showed that the office confirmed with the ARO the issues the representative wished to appeal. The ARO then made the decision.

The Commission told the representative that the claim file did not show a request for an oral hearing. The Commission could not substantiate the representative's concern that the Appeals Services Division was unreasonable when it refused to rescind the entitlement decision and denied the request for an oral hearing.

No notice of overpayment

An injured worker called in distress about a June 2012 letter from her case manager saying she had received an overpayment of \$1,298.80 and must pay it back. The next month she received a notice of repayment from the collections branch. The worker said she was not aware of any benefits paid in error.

The previous letter she received, in January 2012, related to a two-week period in February 2010 where the case manager determined she was capable of performing suitable modified work offered by the accident employer. She did not return to work. There was no notice in that letter, however, that the decision created an overpayment. The worker thought it unfair that she had to repay the debt, two years later, without having been told it existed.

The Commission spoke to the manager about the process for notifying workers of an overpayment and the decision to collect it. The manager reviewed the file and agreed that the decision letter should have included notice of the overpayment. The worker did not receive reasonable notice.

The manager also reviewed the WSIB policy on recovery of benefit-related debt and concluded they should have written off the debt. The manager called the worker to tell her this and apologize for the distress. Although the injured worker had returned to part-time work, she was much relieved, as paying this amount would have caused significant financial hardship.

Improper action taken to collect employer payment

An employer complained to the Commission that the WSIB had unfairly filed a lien against his house to collect payment on an overdue account. He was one of three owners of the business but was the only owner the WSIB was taking action against.

A Commission specialist contacted a manager in the Employer Services Centre. The manager confirmed that, although the complainant was one of three individuals registered as the company owners, the WSIB took action against the complainant for the entire outstanding balance. The other two owners had been contacted once by phone, but no actions were taken against them.

The WSIB removed the lien on the complainant's house and he negotiated a payment plan for his third of the balance. The WSIB also began enforcement actions against the two other company owners.

Complaints about 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?

Issues about delays always constitute the highest number of complaints. In 2012, the Commission received 828 delay complaints compared to 890 in 2011. This is a slight decrease in the total number of delay complaints to 33 per cent of all incoming issues, down from 35 per cent in 2011.

In particular, there was a 39 per cent decrease in the number of complaints about delays in adjudication compared to 2011. This was offset, however, by a 70 per cent increase in complaints about delays in receiving a written response. In 2012, the Commission received 73 complaints about delays in receiving a written response compared to 43 in 2011.

Delays in returning telephone calls decreased by four per cent to 244 complaints, compared with 253 in 2011.

Six-month wait for reconsideration decision

A 53-year-old worker who suffered a head injury in 2008 contacted the Commission after waiting six months for a reconsideration decision. He said he was desperate and considering suicide. The worker had submitted new medical information when his benefits were terminated. The WSIB promised to review the termination decision.

The Commission reviewed the worker's file, which showed that the original case manager had requested a psychiatric consultation. The report diagnosed the worker with a major depressive disorder and post-concussion disorder. However, this report had never been acted on and the worker's file was now "unassigned," which meant no one was looking after it.

▼
"Please express my gratitude to your team who saw the urgency and unfairness of my situation. Your loving, kind spirit and compassionate heart gave me hope when I truly felt there was none."
 ▲

The Commission contacted the WSIB who said that in the restructuring process the worker's file had fallen through the cracks. They assigned a new case manager immediately, who called the worker and said he would review the entire file as well as the medical information and give the worker a decision within three weeks.

The worker was grateful to have a specific timeline.

ARO decision not implemented

An injured worker called the Commission about a delay in implementing a September 2012 appeals resolution officer (ARO) decision. The decision allowed payment of full loss-of-earning benefits for six weeks in 2011 and partial benefits for the following two weeks. The worker called several times to inquire about payment. He received a message from a case manager in October saying she would look into it and get back to him in a week. The worker heard nothing. He called again in December and was told he had the wrong person but was given another number. He left a message at the new number but there was no response.

A review of the file showed no action after the ARO decision. No case manager was assigned to the claim. The Commission called the assistant director who made sure that payment was made immediately. The assistant director confirmed that the target for implementing straightforward ARO decisions such as this one is 30 to 45 days and that this case fell outside that time frame.

Complaints about 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?

The Commission received 380 complaints about communication issues, primarily about unavailable or unclear communication. This compares to 316 in 2011, a 20 per cent increase. Communication complaints now makes up 15 per cent of all incoming issues, up from 12 per cent in 2011.

Mistake in restricting a worker's contact with WSIB

A worker with a pre-1990 claim called the Commission when the WSIB told him no one would speak to him. He had been trying to follow up on some medical receipts he sent in a few months earlier. He had not received any notice from the WSIB restricting contact and he could not remember ever having said or done anything to create a problem. His prior contact had been one or two years earlier in relation to a pension reassessment.

The worker's claim was unassigned. A Commission specialist spoke to the manager of the last case manager to find out how the worker could follow up on his concern about the delay in processing the medical receipts. The manager saw from the case list that the worker's file was sitting on the nurse consultant's desk, a few steps away, and went over to look at it. There was a restriction alert on the cover of the file, but nothing in the file to explain it. The manager checked with WSIB security staff who said the worker's name did not appear on any contact restriction list. The manager concluded that an error had been made and directed the case manager to call the worker and apologize.

The manager also undertook to ensure that the medical receipts were processed quickly and agreed to expedite payments.

Correction letter written but not sent

An employer contacted the Commission with a complaint about the service provided by the Employer Services Division. The employer said he could not get WSIB staff to respond to his concerns about his company's 2008 outstanding balance and assessment. At the time, the Collections Branch showed a balance owing of \$26,021.96. The employer had phoned an account specialist many times, written several letters and had spoken with a manager to obtain account reconciliation and reclassification information. He said that WSIB staff did not answer his questions fully and could not give him a full explanation of the arrears owed.

A Commission specialist spoke with a manager who reviewed the employer's account to find out what communication had taken place.

▼
*“No words
can express
how grateful
I am.”*

She was able to track the record of WSIB responses. She found that an account specialist had recently written to the employer about his concerns. The employer said he had not received the letter. The manager looked further, found that the letter had not been sent and asked the account specialist to resend it. However, while reviewing the account, the manager found that some adjustments were needed. She reversed the penalties and interest that had been applied, which reduced the balance to \$4,463.42.

The manager told the Commission they would write to the employer explaining the calculations. Further, all staff within the division were reminded to respond to account inquiries within eight business hours.

Good communication prevents a problem

A worker with a complex claims history dating from the 1990s has contacted the Commission many times with concerns about the WSIB’s administration of his file. The worker has some unique needs, including mental health challenges, relating to his injury history.

To ensure a consistent approach to both the worker and the WSIB, the Commission assigned one specialist to handle all of this worker’s calls. As a result, the specialist has been able to make sure that better communication occurred about the worker’s new obligations for a work transition assessment, even when he was treated for mental health issues.

The Commission specialist called the worker’s case manager and told her of the worker’s hospitalization and that he had not received the letter about attending the work transition appointments. The case manager relayed this information to the work transition specialist who then extended the worker’s deadline. This quick action by WSIB staff meant that the worker remained eligible for work transition services.

Complaints about Behaviour

Was the staff unbiased and objective when reviewing information? Was the staff courteous and professional? Were mistakes acknowledged and apologies offered?

Complaints about the behaviour of WSIB staff decreased by 17 per cent in 2012 compared to 2011. In 2012 the Commission received 129 behaviour complaints, almost all of which concerned unprofessional behaviour or critical comments. This category is now five per cent of all incoming issues, down from six per cent in 2011.

When the Commission receives a complaint about an individual's behaviour, the Commission's practice is to bring the concerns to the manager's attention.

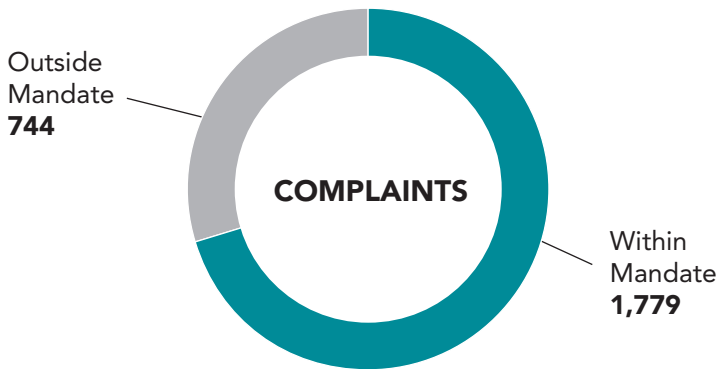


Outreach

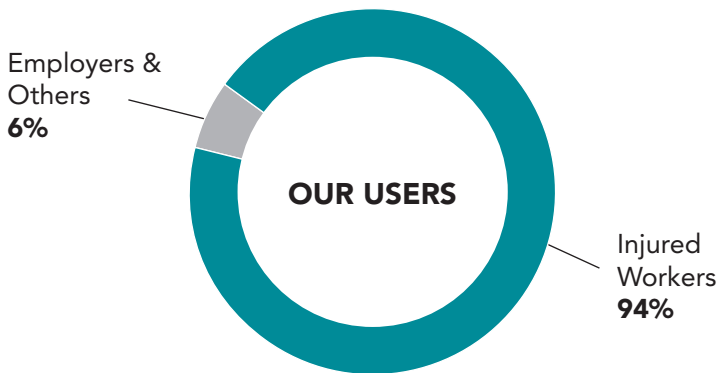
- ▶ Fairness educational sessions for three groups of new eligibility adjudicators and for two groups of new telephone inquiry clerks
- ▶ Annual conference of the Council of Canadian Administrative Tribunals, including a roundtable discussion on workers' compensation issues
- ▶ Workshop sponsored by the Forum of Canadian Ombudsman on "Stigma Busting: Understanding the Needs of the People with Mental Health Challenges"
- ▶ Schedule 2 Employers Group conference
- ▶ Annual conference of the Society of Ontario Adjudicators and Regulators
- ▶ Meeting with the Ontario Federation of Labour's new secretary-treasurer and their organization services director
- ▶ Presentation at the annual general meeting of the Injured Workers Outreach Services
- ▶ Two teleconference meetings with the Fairness Working Group, which is composed of fair practices officers at workers' compensation boards across Canada
- ▶ Forum of Canadian Ombudsman Learning Symposium at Ryerson University
- ▶ Visit from the fair practices officer of the Workplace Health, Safety and Compensation Commission of Newfoundland and Labrador to review our case tracking system and complaint resolution program

Complaints by the Numbers

Complaints to the Commission

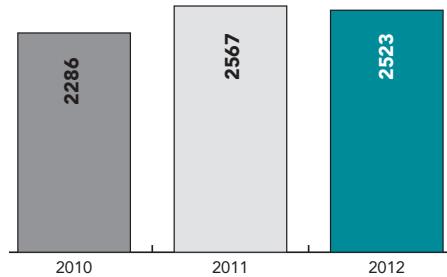


Who contacted the Commission



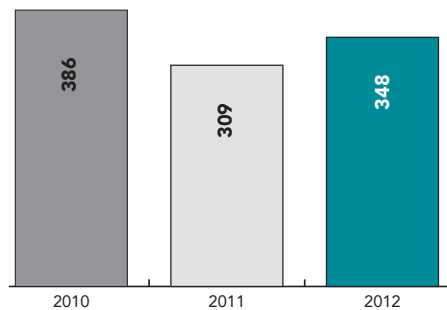
Three-year summary

ISSUES OPENED



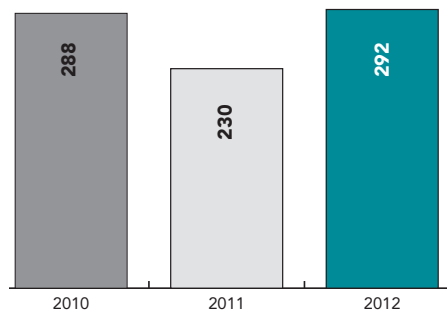
The Commission received 2,523 issues in 2012, compared with 2,567 in 2011, a decrease of two per cent.

INQUIRES MADE BY SPECIALISTS



Specialists conduct an inquiry where we identify a potential fairness concern and the person has been unsuccessful in resolving the concern directly with the WSIB.

ISSUES WSIB HAD TO ADDRESS



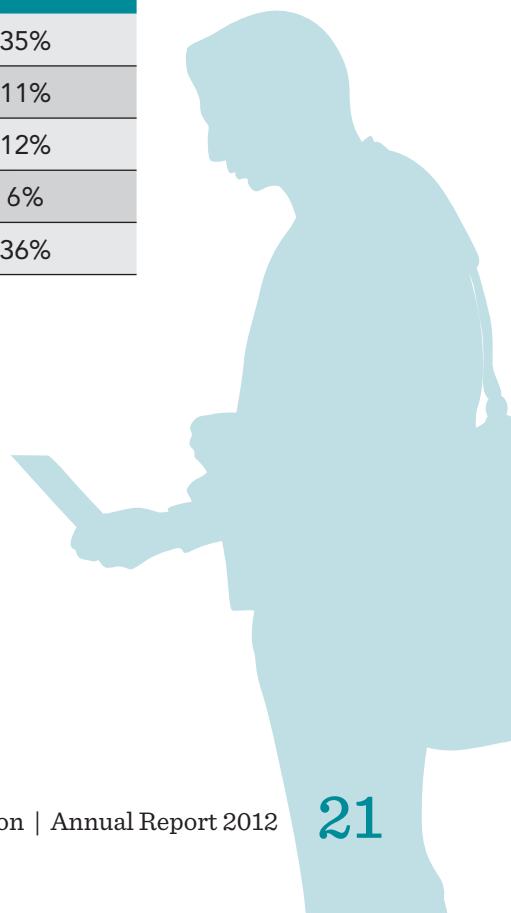
Although the number of fairness issues that required action by the WSIB increased significantly in 2012, the WSIB took quick action once the Commission became involved. The Commission resolved most complaints within three days.

Top 10 ranking of complaints by subject

2012		2011
1	Benefits	1
2	Work reintegration	4
3	Health care	2
4	Appeal process	3
5	Expenses	—
6	Return-to-work	5
7	Non-economic loss	6
8	Employer assessment issues	8
9	Permanent disability	9
10	Loss of earnings – 72-month review	—

Issues by fairness category

Fairness Category	2012	2011
Delay	33%	35%
Decision-making process	18%	11%
Communication	15%	12%
Behaviour	5%	6%
Non-mandate	29%	36%

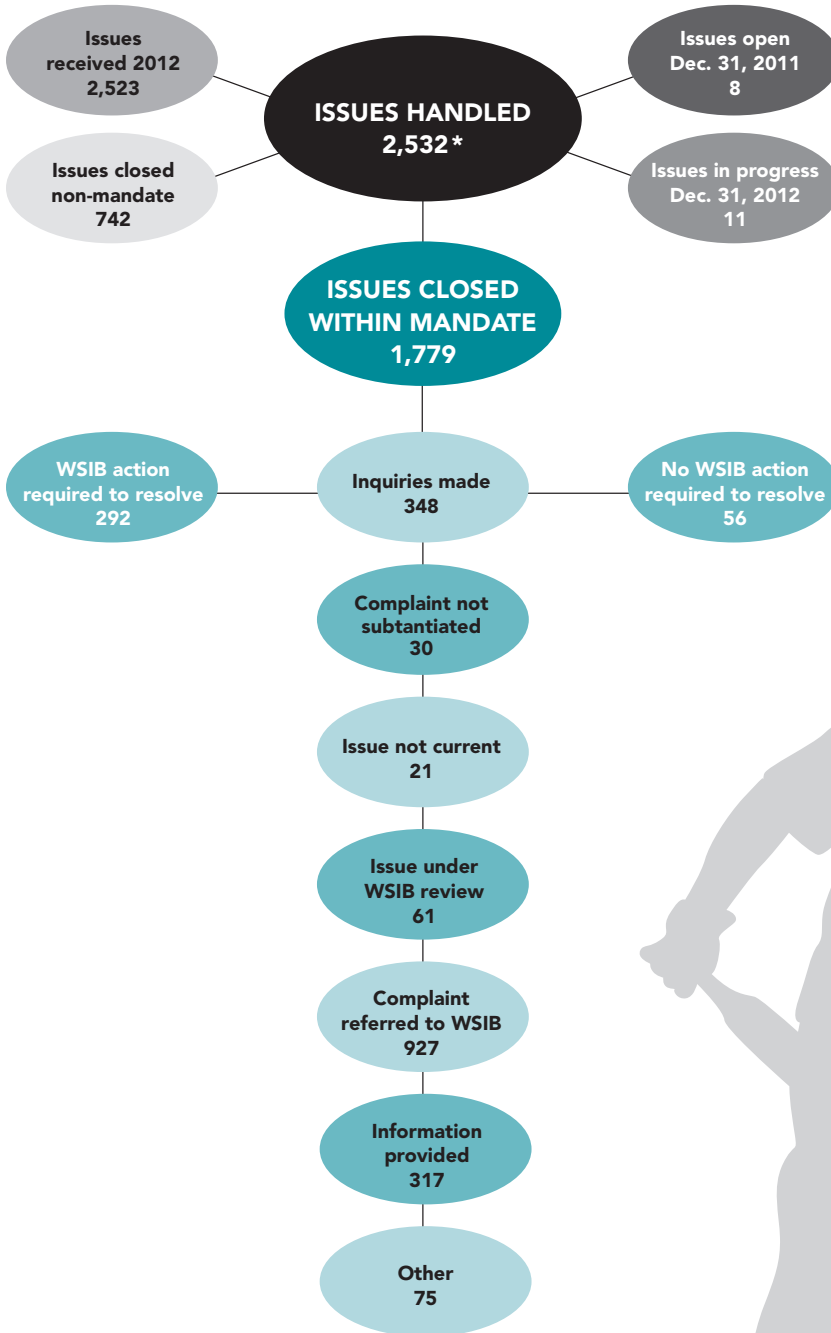


Issues received by sector

WSIB Sector	Received	*Specialists' Inquiries			
		Mandate	*	Non-Mandate	Total
ODSS/Permanent Benefit Services	353	302	(111)	51	353
Toronto/Services/ Health Care	231	181	(29)	50	231
Hamilton/St. Catharines/Primary Metals	174	123	(22)	48	171
Construction/ Transportation (Toronto)	167	115	(15)	50	165
Government Services (Toronto)	159	125	(24)	34	159
Ottawa /Kingston	156	113	(20)	43	156
Sudbury/North Bay/Timmins/ Mining	133	95	(9)	38	133
Industrial (Toronto)	126	88	(16)	39	127
Kitchener/Guelph/Agriculture	110	81	(4)	29	110
London	106	78	(15)	28	106
Windsor	83	58	(8)	25	83
Initial Entitlement	80	50	(10)	30	80
ODSS/Serious Injury Services	79	66	(16)	12	78
Corporate Services/Appeals	78	60	(14)	18	78
Work Transition Specialist Program	57	29	(4)	27	56

We have listed the number of issues only for the top 15 of the 34 WSIB sectors for which we received complaints.

Resolution outcomes



* includes issues re-opened



Budget

Description	2013 Budget	2012 Actual	2012 Budget
Salaries – permanent	669,962	501,972	660,233
Salaries – temporary	123,140	80,618	127,211
Total salaries	793,102	582,590	787,444
Benefits	98,155	78,317	98,223
Total salaries and benefits	891,257	660,907	885,667
Equipment & maintenance	31,120	18,427	32,680
Voice & data communications	32,400	14,798	33,600
Publication & mailing	24,600	2,920	24,600
Occupancy cost	—	—	3,600
Travel	63,000	1,883	65,000
Supplies & services	45,200	12,626	47,600
Staff training	24,000	4,104	24,000
Other operating expenses	35,600	9,544	30,600
Depreciation & amortization		12,020	
Total non-salary expenses	255,920	76,322	261,680
Total operating expenses	1,147,177	737,229	1,147,347

The Commission decreased its spending in certain areas in response to government guidelines. The Commission also reduced its spending on temporary staff. In addition, there were two staff vacancies for part of 2012.

2012





FAIR PRACTICES
COMMISSION
ANNUAL REPORT

www.fairpractices.on.ca

