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# FAMILY ENRICHMENT CENTER

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## Grievance Manual

EMPOWER FAMILIES AND PREVENT CHILD ABUSE BY PROVIDING EDUCATION, SOCIAL SUPPORT, CRISIS INTERVENTION, AND A SAFE ENVIRONMENT FOR CHILDREN AND THEIR FAMILIES. E]

# Introduction

Our organization is committed to maintaining a safe, supportive, and equitable work environment where employees, families, and partner organizations feel heard and respected. To that end, this Grievance Policy outlines the different types of grievances that may arise and the process for addressing them. We encourage concerns to be addressed at the lowest possible level before escalation to higher authorities. The types of grievances addressed by this policy include:

1. ***Pay and Benefits:*** Concerns about discrepancies in wages, overtime, or access to entitled benefits.
2. ***Working Conditions:*** Complaints related to poor physical or environmental conditions, such as poor lighting or noise.
3. ***Safety:*** Issues regarding unsafe working conditions or hazards in the workplace.
4. ***Harassment:*** Incidents of harassment, whether verbal, physical, or digital, that create a hostile work environment.
5. ***Discrimination:*** Concerns about being treated unfairly based on protected characteristics such as race, gender, or disability.
6. ***Retaliation:*** Claims that an individual is being treated adversely for raising concerns about mistreatment.
7. ***Unclear Promotion Process:*** Complaints regarding lack of transparency or fairness in promotion opportunities.
8. ***Policy Complaints:*** Suggestions for policy revisions or new policy developments to improve organizational effectiveness.

# Grievance Procedure

Our process ensures that all grievances are handled fairly and efficiently, with the aim of resolution at the earliest stage possible.

## ***Step 1: Inform Immediate Supervisor***

Employees should first discuss their grievance with their immediate supervisor, outlining the issue and any proposed resolutions.

***Response Time:*** *Within 5 working days.*

## ***Step 2: Inform Assistant Director***

If the grievance cannot be resolved at Step 1, the employee should escalate the issue to the assistant director, who will review the matter and work to resolve it.

***Response Time:*** *Within 7 working days of receiving the grievance.*

## ***Step 3: Inform Director***

Should the assistant director be unable to resolve the grievance, it should then be escalated to the director, who will conduct a thorough review and make a decision.

***Response Time:*** *Within 10 working days of receiving the grievance.*

## ***Step 4: Inform a Board Member***

If the grievance remains unresolved after the director's involvement, the employee may submit their grievance to a board member for final consideration.

***Response Time:*** *Within 15 working days of receiving the grievance.*

## ***Escalation Protocol:***

If feasible, each complaint should be initiated at the lowest level before moving to higher levels. In the event that the grievance requires immediate intervention or cannot be resolved at a lower level, it can be escalated sooner. All communications regarding grievances must be documented in writing to ensure transparency.

## ***Turnaround Time:***

- Grievances should be responded to within the specific timeframes listed at each step. In total, the full process should not exceed 30 working days, unless an extension is mutually agreed upon.

# Grievance Policy for Non-Employees (Families and Partner Organizations)

Families, partner organizations, and community members who feel that their concerns have not been adequately addressed by the organization are also encouraged to follow the grievance procedure.

## *Grievance Process:*

1. **Step 1: Submit a written complaint to the Director of Community Engagement.**
2. **Step 2: If unresolved, the matter is escalated to the Director for review.**
3. **Step 3: If further escalation is required, the complaint is brought to the attention of the Board of Directors for final resolution.**

**Response Time:** Each step of the process will follow the same turnaround times as for employees, ensuring a timely resolution.

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## Index of Sample Forms

1. Employee Grievance Form
2. Non-Employee Grievance Form
3. Harassment/Discrimination Complaint Form
4. Safety Incident Report
5. Policy Review Form

**This policy ensures that grievances are addressed quickly and fairly, fostering a transparent and supportive environment aligned with our mission to empower families and prevent child abuse.**

## Index of Sample Forms

1. **Employee Grievance Form**
  - This form is used by employees to document grievances related to pay, benefits, working conditions, promotion processes, or other employment-related issues.
2. **Non-Employee Grievance Form**
  - This form is for families, partner organizations, and community members to file grievances regarding service quality, staff conduct, or other concerns related to the organization.
3. **Harassment/Discrimination Complaint Form**
  - This form allows employees and non-employees to file a formal complaint regarding workplace harassment, discrimination, or retaliation.

#### **4. Safety Incident Report**

- Employees use this form to report concerns about workplace safety, hazardous conditions, or improperly maintained equipment.

#### **5. Policy Review Request Form**

- Employees can use this form to suggest changes or propose new policies to improve the workplace environment or operational procedures.

## 1. Employee Grievance Form

### Employee Grievance Form

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Position: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

### Type of Grievance:

(Select the category that applies)

- ☐ Pay and Benefits
- ☐ Working Conditions
- ☐ Safety
- ☐ Harassment
- ☐ Discrimination
- ☐ Retaliation
- ☐ Unclear Promotion Process
- ☐ Policy Complaint

### Details of Grievance:

(Provide a description of the issue, including dates and any relevant information)

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### Previous Actions Taken:

(If applicable, list any previous attempts to resolve the grievance)

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### Resolution Sought:

(What outcome are you seeking?)

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Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date Received: \_\_\_\_\_

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## 2. Non-Employee Grievance Form

### Non-Employee Grievance Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Affiliated Organization (if applicable): \_\_\_\_\_

Contact Information: \_\_\_\_\_

### Nature of the Grievance:

(Please check the appropriate category)

- ☐ Service Quality
- ☐ Staff Conduct
- ☐ Policy Complaint
- ☐ Other (please specify): \_\_\_\_\_

### Description of the Issue:

(Provide details, including dates and any relevant information)

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### Previous Attempts to Resolve:

(If applicable, please describe any steps taken to resolve the issue)

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### Resolution Sought:

(What outcome are you seeking?)

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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### 3. Harassment/Discrimination Complaint Form

#### Harassment/Discrimination Complaint Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Position (if employee): \_\_\_\_\_

Department (if employee): \_\_\_\_\_

Supervisor (if employee): \_\_\_\_\_

#### Type of Complaint:

(Please check the relevant box)

☐ Harassment

☐ Discrimination

☐ Retaliation

#### Details of Incident(s):

(Provide a description of the incident(s), including dates, parties involved, and any relevant information)

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#### Previous Actions Taken:

(If applicable, describe any previous attempts to resolve the issue)

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#### Resolution Sought:

(What outcome are you seeking?)

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Complainant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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#### 4. Safety Incident Report

##### Safety Incident Report

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Position: \_\_\_\_\_

Department: \_\_\_\_\_

##### Details of Safety Concern:

(Describe the safety issue, including the location, nature of the hazard, and any related details)

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##### Immediate Action Taken:

(What steps were taken to address the issue?)

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##### Supervisor Notified:

☐ Yes

☐ No

##### Follow-Up Required:

☐ Yes

☐ No

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date Received: \_\_\_\_\_

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## 5. Policy Review Request Form

### Policy Review Request Form

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Position: \_\_\_\_\_

Department: \_\_\_\_\_

### Policy Concern:

(Provide details of the policy concern or the need for a new policy)

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### Suggested Changes or New Policy Proposal:

(Describe your suggestions or proposal in detail)

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### Reason for Request:

(Why do you believe this change or new policy is necessary?)

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Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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These forms should be used in accordance with the **Grievance Policy** and must be submitted through the proper channels as outlined in the procedures. Each submission will be treated with confidentiality and handled with professionalism.