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| **Written Grievance Policy** |
| **Policy #12 VAC 35-105-490** |

**Policy:**

It is the policy of Expert Care Solutions, to have in place, recourse for staff members who believe that a policy or procedure has been unfairly applied to him/her or, that he/she has been unfairly treated. Expert Care Solutions shall have documentation of the process used to advise employees of grievance procedures.

**Procedures:**

1. Grievance policy will be given to each staff to sign upon completion of orientation packet.
2. Management decisions regarding salary, hours or shifts worked are non-negotiable under this policy. If staff has complaints or grievances, they are to first contact their immediate supervisor or Director within five working days of the staff member becoming aware of the situation, and request an appointment to discuss the incident.
3. Staff will complete a Grievance Report Form (See Form). Staff will describe the details of the grievance, the date, and the reason the staff member believes the actions reported were unfair.

1. The Director will respond in writing within five business days.
2. If, after the meeting with the Director the staff member is not satisfied with the outcome of the meeting, they may request an appointment with the Owner.
3. After the initial five working day decision from the Program Manger is given, if the staff member does not like the outcome, they have three days to appeal. The supervisor will forward a copy of the Grievance Report Form to the Director for review.
4. During the meeting with the Director, staff should review their concerns and the supervisor’s response; staff will report why the matter is still not resolved.
5. The Director will reach a decision within five business days and the staff member filing the grievance will be notified in writing of the findings.
6. The decision of the Director is final.

**FORM# 490**

#### Employee Grievance Form

Employee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

#### Date of grievance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Immediate Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of Grievance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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#### Signature of Employee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

##### ***Date Supervisor Received Grievance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

##### ***Supervisors Response:***

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##### ***Signature of Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

##### ***Employee: Satisfied With Response Unsatisfied With Response***

Signature of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Date Owner Received Grievance: \_\_\_\_\_\_\_\_\_\_\_

Owner’s Response:

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Owner’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_