

STAFF GRIEVANCE POLICY

Best Practice – Quality Area 7

PURPOSE

The employer recognises that, from time-to-time, individual employees may have complaints or grievances that need to be resolved to maintain positive working relationships. This policy will provide guidelines for:

- receiving and dealing with complaints and grievances amongst staff at Gembrook Preschool
- procedures to be followed in investigating such complaints and grievances.

Please note that complaints or grievances related to employment conditions are not covered by this policy as this is provided in the industrial agreement.

POLICY STATEMENT

1. VALUES

Gembrook Preschool is committed to maintaining a harmonious work environment for all staff. This policy aims to assist staff and management to resolve staff complaints and grievances effectively and to the satisfaction of all concerned.

Gembrook Preschool is committed to addressing staff complaints and grievances in a prompt and effective manner. The rights of employees will be respected in the grievance process. Both the employer and employee will abide by their obligations under any relevant industrial award or agreement.

2. SCOPE

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisors, Persons in Day-to-Day Charge, educators, staff, students on placement and volunteers at Gembrook Preschool.

3. BACKGROUND AND RELEVANT LEGISLATION

Background

From time-to-time, individual employees may have complaints or grievances related to their employment that need to be resolved to maintain positive working relationships. All parties to a complaint or grievance should try to resolve the matter informally through discussion, proceeding to formal processes only if this does not succeed. The enterprise agreement and industry awards in operation at the time will provide further guidance on the process to be followed.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Equal Opportunity Act 2010* (Vic)
- *Racial and Religious Tolerance Act 2001* (Vic)
- *Sex Discrimination Act 1984* (Cth)
- *Racial Discrimination Act 1975* (Cth)
- *Disability Discrimination Act 1992* (Cth)
- *Human Rights and Equal Opportunity Commission Act 1986* (Cth)
- *Fair Work Act 2009* (Cth)
- *Occupational Health and Safety Act 2004* (Vic)

4. DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the General Definitions section of this manual.

Bullying: Includes systematic/repetitive physical and/or psychological abuse.

Complaint: (In relation to this policy) a complaint is defined as an issue of a minor nature that can be resolved promptly or within 24 hours, and does not require a detailed investigation.

Complaints do not include industrial or employment matters, occupational health and safety matters and issues related to the legal business entity, such as the incorporated association or co-operative.

Complaints and Grievances Register: (In relation to this policy) records information about complaints and grievances received at the service, together with a record of the outcomes. This register must be kept in a secure file, accessible only to management at the service. The register can provide valuable information to the Approved Provider on meeting the needs of staff, children and families at the service.

Dispute resolution procedure: The method used to resolve complaints, disputes or matters of concern through an agreed resolution process.

Grievance: A grievance is a formal statement of complaint that cannot be addressed immediately and involves matters of a more serious.

Harassment: Includes, but is not limited to, unwanted, unwelcome behaviour that is offensive, embarrassing, intimidating or humiliating.

Mediation: An attempt to bring about a peaceful settlement or compromise between disputants through the objective intervention of a neutral party.

Mediator: A person (neutral party) who attempts to reconcile differences between disputants

Sexual harassment: Under the *Sex Discrimination Act 1984* and the *Equal Opportunity Act 2010*, sexual harassment refers to unwanted, unwelcome behaviour of a sexual nature that is offensive, embarrassing, intimidating or humiliating. Sexual harassment can involve physical contact or suggestive behaviour or comments, propositioning and unnecessary and/or unwelcome familiarity.

Unreasonable behaviour: Means behaviour that a reasonable person, having regard to all of the circumstances, would expect to victimise, humiliate, undermine or threaten.

Workplace bullying: Is repeated, unreasonable behaviour directed towards an employee, or group of employees, that creates a risk to health or safety.

SOURCES AND RELATED POLICIES

- *Code of Conduct Policy*
- *Privacy and Confidentiality Policy*
- *Staff Health and Wellbeing Policy*
- *Staffing Policy*

PROCEDURES

KEY RESPONSIBILITIES AND AUTHORITIES

- The committee is responsible for approving any changes to this policy.
- Staff are responsible for raising complaints and grievances in line with this policy.
- Confidentiality is to be respected all times. Information about a grievance will not be disclosed or discussed outside of the grievance procedures, except as required by law.
- A staff member who has commenced a grievance process may withdraw and stop the process at any time without penalty.
- No staff member will suffer any personal or professional disadvantage because they decide to pursue a grievance in accordance with this policy and procedures.

- Employees may elect to have a support person of their choice present as a witness at any meetings or interviews. This may be a union representative if this is consistent with a relevant federal award or industrial agreement.
- Until the grievance is resolved, work shall continue as normal unless there is a clear threat to any employee's health or safety.

STEP 1: DIRECT RESOLUTION

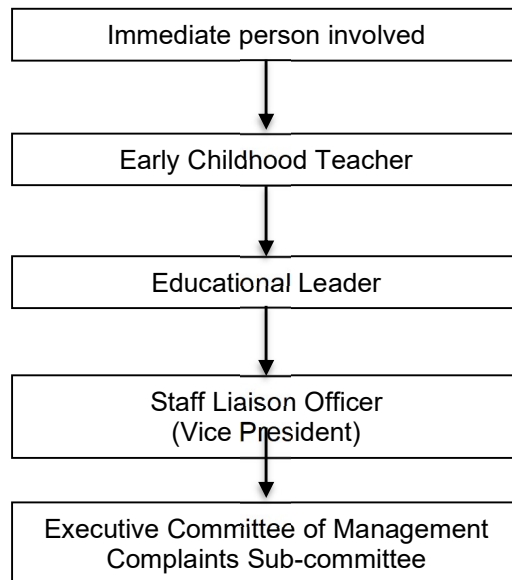
Staff members who wish to raise a grievance should, in the first instance, attempt to resolve the issue directly with the person/s involved.

Where a grievance is raised in writing (e.g. via email) and is not resolved after two to three written communications, staff are encouraged to hold a face to face meeting to resolve the matter. Repeated emails about the issue should be avoided; however, written documentation may be brought to a meeting to aid the conversation.

A meeting should be organised by contacting the person/s involved in writing (email is preferred) to request a meeting to discuss the matter. Issues to be raised in the meeting should be briefly stated in the written communication. The respondent should reply within 24 hours, and where possible should make themselves available for a meeting within 72 hours (3 days).

STEP 2: LINE MANAGEMENT

If the matter is not resolved, or the staff member is unwilling to raise it with the person/s involved, the staff member should raise their grievance with the next level of management as set out below. Staff will move through each level only if they consider that their grievance has not been resolved, unless the person listed is a party to the matter, in which case the grievance may be taken directly to the next level of management. However, at any stage, management may escalate the grievance further if they believe it is necessary.



If the grievance reaches the Committee of Management, an investigation by a Grievance Subcommittee may be conducted. The subcommittee will consist of at least three members of the Executive Committee. If an investigation is conducted:

- it should commence within one week of the grievance being lodged
- all parties to the grievance may be requested to participate in the investigation process, including the complainant, the respondent and any witnesses.

Any investigation will be treated with strict confidentiality to protect all parties involved.

STEP 3: RESOLUTION AND DOCUMENTATION

When a grievance has proceeded past Step 1 and is subsequently resolved, the relevant parties will be notified accordingly.

All documents related to the grievance will be kept confidential and shall not be produced or made available for inspection, except on instruction from a relevant authority consistent with the service's privacy policy. If appropriate, the subcommittee will report (within the confidential terms of the investigation) back to the committee on completing the investigation.

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy to assess whether satisfactory resolutions have been achieved
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required.

AUTHORISATION

This policy was adopted by the Approved Provider of Gembrook Preschool on 21st August 2019.

REVIEW DATE: 25TH FEBRUARY 2022

PASSED AT COMMITTEE MEETING: 9th March 2022

REVIEW FREQUENCY: 1 year

NEXT REVIEW DUE: Annually as per policy review calendar