

REGION OF QUEENS MUNICIPALITY

Operational Policy No. 27 GRIEVANCES

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General Statement of Policy

It shall be the policy of the Region of Queens Municipality to provide all employees with a grievance procedure to be able to request an independent review of disciplinary action taken, or about to be taken, upon them.

Policy Objectives

1. To provide employees with a forum to request a review of disciplinary actions.
2. To provide employees and the Region of Queens Municipality with a prompt process for dealing with employee grievance reviews.

Policy Directions

1. Any time an employee feels as though he/she has been unfairly treated by a decision of a supervisor, they shall have the right to appeal such decision to the Chief Administrative officer (CAO) for all non-CAO decisions. When the decision has been made or concurred to by the CAO, the employee may appeal to Council.
2. Employees are first encouraged to speak with their supervisor concerning alleged unfairness.
3. If an employee is not satisfied with the oral explanation given by their supervisor, they may appeal to their supervisor, in writing, stating their case. The supervisor shall reply, in writing, within fourteen (14) days.

4. If the employee is still in disagreement with the decision, their final recourse is to appeal to the CAO for all non-CAO decisions and to Council for decisions made or endorsed by the CAO. The CAO or Council shall provide their final decision, in writing, within thirty (30) days. Failing to do so will mean the grievance decision under appeal is overturned.
5. No more than thirty (30) days may lapse between grievance requests at each successive step.
6. In no case shall an employee be permitted to side-step the initial grievance procedures in order to go directly to the CAO or Council except where the grievance relates directly to the employee's supervisor.
7. A record of all grievance requests and responses shall be kept in the personnel file of all employees involved.

Approved by Council: July 15, 2002

REGION OF QUEENS MUNICIPALITY
REPORT OF GRIEVANCE

1. Report submitted by: _____

2. Report submitted to: _____ Supervisor

_____ Department Head

_____ Chief Administrative Officer

_____ Council

3. What happened: (objectively stated details)

4. Who was involved? (include names of witnesses)

5. Where did it take place?

6. Why do you think this situation constitutes a complaint? (policy violation, unjust treatment, other management decision, etc.)

Date

Employee Signature

Department Head
Supervisor/CAO Signature

