



PERSONNEL GRIEVANCE POLICY & PROCEDURES

For Staff, Consultants, Interns & Volunteers

Employees, consultants, and volunteers of Survivor Alliance (SA) can express concerns through this process when they experience an inadequate response to a workplace problem by the managerial staff of the organization. SA is committed to a healthy workplace, built on a culture of mutual respect, where employees feel comfortable expressing their concerns immediately and directly with their supervisor.

However, we understand that at some point, you might feel concern about something that is affecting your ability to work. We want to hear your honest and constructive thoughts and feelings, and we are committed to showing you that we take your grievances seriously.

Prior to utilizing our grievance process please make sure you have tried to resolve the conflict by speaking with your supervisor first. Should a conflict or concern remain after you have spoken to your supervisor and given a reasonable amount of time to resolve the issue, engaging in the Grievance Procedure is the best next step.

All information about your grievance will be held in strict confidence by the key reviewers. Information about who will review your grievance is outlined below.

Please read this entire document before submitting a grievance form.

A. Why do we need this policy and process?

Life doesn't always work the way we want it to. Relationships of any kind - between people and between people and organizations - are difficult. Conflicts and disagreements are bound to happen. And unfortunately, we sometimes cause unintended harm or negative experiences for others.

This policy and process is to provide you, Survivor Alliance employees and contractors, with a transparent and empathetic process to express serious concerns about anything that has occurred under the umbrella of Survivor Alliance's work. Here are some examples of what is and is not covered under this policy.

Covered by policy

- There is something occurring in your work that is concerning and/or is a problem for you that you are unable to address through talking with your supervisor.
- You felt that you were wrongly treated by another staff, board member, member, or anyone you engaged with through your role at Survivor Alliance.

- You experienced violence, abuse, or discrimination from another member or from staff during a Survivor Alliance program or event.
- Some example grievances could be: disputes regarding pay and benefits, excessive workload, bullying, harassment, lack of transparency about issues affecting your work, factors at work are causing you to feel physically or emotionally unsafe.
- If management does nothing about a known concern.

B. What will happen to me if I submit a grievance?

We hope that you will feel heard and that we can come to a resolution and shared understanding about the situation. We will not retaliate or penalize you at work if you submit a grievance in good faith.

However, if you are raising a grievance about actions where Survivor Alliance has attempted to hold you accountable to our Code of Conduct or Safeguarding Policies, the end result of the grievance process may still involve suspending or revoking your employee status.

C. What if I don't want to complete a grievance form or I share my concern directly?

Survivor Alliance staff will still document the grievance or concern, if they think it is important to report the information to their supervisors. They will complete the form based on information you shared with them within **3 days** of your initial expression of concern. SA Staff will email you the form to confirm that you agree with the details and/or to ask you to edit or change anything you deem appropriate. Once you have agreed that the form is to your satisfaction, the process explained in Section D will begin.

Agreed on people documenting verbal grievances.

D. What happens after I submit a completed grievance form?

1. At least two people, one of which is a member of the Grievance Committee of the Board of Directors, will read and review the form within **5 business days**.
2. We will contact you via email to set up a time **in the next 5 business days** to discuss the information you have shared and to learn more about the situation. We will delay this discussion if and only if you are unable to find time to speak within those 5 days. We will write up the main points from the phone call, and email them to you to confirm your agreement with them.
3. The Survivor Alliance leaders who are working with you will re-group and discuss next steps. **Within 10 business days from the phone call**, Survivor Alliance will provide you, **in writing via email**, with our recommendations for moving forward. **You will have 10 business days** to consider our recommendations and respond via email. You may also request additional time to consider our recommendations, request to amend or change the recommendations, and/or request time to discuss the recommendation via

phone. We will schedule that phone call within **5 business days of your request**. Again, we will write up the main points of the phone call and email them to you for your agreement.

4. If you are in disagreement with the suggested next steps, we will request consultation with the Executive Committee of Survivor Alliance Board of Directors. The Executive Committee will review the initial recommendations and suggest revised recommendations, if deemed appropriate. It is the goal of the Executive Committee to resolve the issue to the satisfaction of everyone involved and with the best interest of the employee and the organization.
5. If the conflict remains after the Executive Committee response, the parties will engage a neutral, third party mediator to resolve the situation. Survivor Alliance will provide a list of mediators available for consultation. The grieving party, together with Survivor Alliance, will agree on the mediator to be used. All fees for the mediator will be paid by Survivor Alliance.
6. Both parties will agree to meet with the mediator **as soon as feasible for all parties**: the grieving party, Survivor Alliance, and the mediator.
7. We will document any resolutions and ask every party in agreement to sign. If there is not full agreement, this, too, will be documented.
8. We will keep a copy of all grievance related documents on file for at least **3 years**.

E. Where do I submit my form and who will review it?

Survivor Alliance has created a Grievance Committee to address your concerns. The current Grievance Committee Members are: Kristen Abrams [kristen.L.Abrams@asu.edu]

Alternatively, here is a list of contacts that you can reach out to regarding specific workplace concerns. These concerns may include the following issues but not limited to:

Issue with SA staff: Minh Dang [minh@survivoralliance.org]

Issue with Executive Director: Kristen Abrams [kristen.L.Abrams@asu.edu]

Issue with a Board Member: Minh Dang [minh@survivoralliance.org]

Issue with another SA member: Nancy Esiovwa
[nancy@survivoralliance.org]

GRIEVANCE FORM

Form Completed by:

Date:

There is no page limit for this form. Please write as much as you need.

In what Survivor Alliance setting did this occur? (e.g. Online forum, workshop, phone call with another member)

Please describe the situation in as much detail as you are willing to share. Please include:

- *What has led you to file this grievance form*

- *If you tried to resolve the concern directly, what happened? If you did not, are there any reasons we should know about, such as feeling afraid of the person?*

- *Names of people who were involved and/or who were present*

What are you most concerned about in this situation?

When did this occur? On what date, or over what time period?

In an ideal world, what would you like for Survivor Alliance to do? (We can't guarantee this will happen, but we want to know.)

Date SA Received: _____
Reviewer 1: _____ on date: _____ (Must be 3 days after receipt)
Reviewer 2: _____ on date: _____ (Must be 3 days after receipt)
Meeting Date Scheduled for: _____ (Must be within 8 business days of initial receipt)