**…………….. Dental Practice Grievance Procedure**

………… Dental Practice will deal promptly, fairly and openly with any staff grievances which are raised.

Stage 1 – Submission of the grievance:

* Employee raises the matter with ………………. (for example, senior staff member, practice manager or dentist)
* ………………… will attempt to resolve the issue within three working days of the complaint first being raised
* Other staff members and/or senior management may be consulted to gather relevant facts as necessary practice procedures are reviews to see if they require updating or amending
* A reply to the grievance will be issued as soon as possible, or at least within three working days

An employee who does not believe that a fair or satisfactory reply has been provided within the three days may request a meeting with a more senior designated person (for example, practice manager or practice owner). The employee must put this request in writing. If the practice is small and the complaint is initially raised with the practice owner, there is no opportunity for further appeal and the grievance procedure ends at stage 1. (Alternatively, local practices may agree to act as independent ‘judges’ for each other)

Stage 2 – Formal hearing of the grievance

* The employee must request a grievance hearing, in writing.
* ………………….., the designated person (for example, practice manger or practice owner) will arrange a meeting to hear the grievance within five working days of the grievance being brought to their attention
* The employee will be given written notice of the grievance hearing
* The employee has a right to be accompanied by a colleague or a trade union representative during the grievance hearing
* The designated senior individual will make the final decision which will be explained and justified

Policy Last updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of next review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[Name and/or designation of responsible person]* Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following staff have read and understood this policy *[include all team members]*.

|  |  |  |  |
| --- | --- | --- | --- |
| **Dental Team Member**  | **Position** | **Signature** | **Date** |
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**Model Grievance Procedure Letter**

Date

Dear

# Practice Grievance Procedure: Stage Two

I am writing to acknowledge receipt of your request for your grievance to be taken to Stage Two of the practice procedure. I have arranged for the grievance to be heard by ………….. at (time) on (date) at (location). If you wish you can be accompanied to the hearing by another member of staff or a trade union representative.

Please could you confirm that the date and time of the hearing is convenient for you and whether or not you will be accompanied.

Yours sincerely

Practice Manager