

# **INGQUZA HILL LOCAL MUNICIPALITY**

## **GRIEVANCE MANAGEMENT POLICY**

**REVIEWED: 2025**

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## **1. DEFINITIONS**

**“GRIEVANCE”** Is a formal, written complaint an employee submits to their employer about workplace issue, such as unfair treatment, discrimination, or harassment.

**“EPWP”** Mean a programme to provide public or community assets or services through a labour-intensive programme initiated by government and funded from public resources.

**“WIL INTERN”**- Means Work Integrated Learning which herein referrer to integrating academic learning with its practical application to the workplace.

**“EMPLOYEES”** means any person who has been appointed by the Ingquza Hill Local Municipality, who is subject to the rules and policies of the institution.

**“DAYS”** shall be a reference to working days.

**“DISCIPLINARY ACTION”** refers to the measure taken by an organization or authority to address and correct unacceptable behavior, performance or violation of rules or policies.

## **2. PURPOSE OF POLICY**

**2.1** To give guidance for the handling of employees' grievances.

**2.2.** To ensure fair play, to resolve problems as quickly as possible and to deal with conflict through procedural means.

## **3. POLICY APPLICATION**

This policy shall apply to all the employees including Municipal Manager & Senior Managers, EPWP, WIL interns of the Municipality.

This policy shall not apply in the event that a specific dispute resolution is catered for in any applicable collective agreement or regulation.

## **4. POLICY STATEMENT**

Ingquza Hill local Municipality is committed to provide a fair and transparent process for employees to raise and resolve grievances in a timely and constructive manner.

No employee shall suffer victimization or occupational prejudice as a result of lodging a grievance.

## **4.1 LEGAL FRAMEWORK**

- Labour Relations Act 66 of 1995
- Constitution of South Africa 108 of 1998
- Employment equity Act 55 of 1998
- South African Local Government Bargaining Council Main Collective agreement
- Municipal Staff Regulations 2021
- Disciplinary Code and Procedure Collective Agreement as signed

## **5.POLICY CONTENT**

### **5.1 Nature of Grievance (causes of grievance)**

- a) Unfair Treatment
- b) Poor Communication
- c) Workload and Work Environment
- d) Conflict with Colleagues or Supervisor
- e) Lack of recognition or appreciated.
- f) Law of Opportunity
- g) Bullying or Harassment
- h) Discrimination

### **5.2 Roles of an Employee**

- a) Clearly articulate the issue providing specific details about the grievance
- b) Provide evidence, by gathering and submitting relevant documentation.
- c) Following the procedure by adhering to the municipal grievance procedure.
- d) Maintaining records of the incidents and correspondence.
- e) Cooperating with investigating

### **5. 3 Role of an employer**

- a) Acknowledge the grievance by recognizing the employee's concern initiating the grievance procedure.
- b) Investigate the grievance, by conducting a fair, timely and thorough investigation.
- c) Maintaining confidentiality, by protecting the privacy of the employee and involved parties.
- d) Communicating with the employee by keeping the employee informed about the progress and outcome.

- e) Taking corrective plan, by implementing appropriate solutions or disciplinary actions.

## **6. THREE STEPS TO RESOLVE A GRIEVANCE**

### **6.1 Step one: Immediate Superior**

(a) The lodging of a grievance as per Annexure "c" shall, except in exceptional circumstances, take place within (10) days from the time employee first becomes aware of the matter that gave rise to such grievance.

(b) An aggrieved employee or group of employees must lodge in writing with his immediate superior a grievance on the prescribed form setting out the complaint and the desired result. Such an employee may, if he so wishes, be assisted by a shop steward, fellow employee or union official. Should the grievance concern the conduct of the employee's immediate superior, the employee may proceed directly to Sep Two provided that he submits the grievance on the prescribed form.

(c ) The immediate superior shall endeavor, in consultation with the affected employee(s), to resolve the grievance within ten (10) days of the grievance having been referred to him and shall inform the employee of the outcome in writing.

### **6.2 Step Two: Head of Department**

(a) If a grievance has not been resolved to the satisfaction of the aggrieved employee or group of employees, the immediate superior shall refer the matter in writing within ten (10) days to the Head of Department or his nominee.

(b) The Head of Department or his nominee shall arrange a meeting to consult and hold discussions with the affected parties in an attempt to achieve a resolution. The employee may be assisted by a fellow employee, shop steward or union official at such meeting and the immediate superior may also be required to attend.

(c ) The Head of Department or his nominee shall endeavor to resolve the grievance within ten (10) days of the grievance being referred and shall inform the employee of the outcome in writing.

### **6.3 Step Three: Municipal Manager**

(a) If the grievance has not been resolved to the satisfaction of the aggrieved employee or group of employees, the Head of Department or his nominee shall refer it to the Municipal Manager or his nominee within ten (10) days in writing who shall hold enquiry into the grievance, attended by the employee, his representative, if required, and any other persons who, in the opinion of the Municipal Manager or his nominee should attend.

(b) The Municipal Manager or his nominee shall hear the details of the grievance including proposals to resolve the issue and shall endeavor to reach the decision within ten (10) days.

(c) The Municipal Manager or his nominee shall inform the employee in writing of the outcome of the hearing as envisaged in clause 3.2 above and such decision shall be final in terms of this procedure.

(d) If the grievance is against a Municipal Manager, the aggrieved employee shall refer the matter to the office of the Speaker, which may either resolve the grievance itself or engage the services of an appropriate Senior Manager of another Municipality to resolve the grievance.

## **7. REFERRAL OF UNRESOLVED DISPUTE**

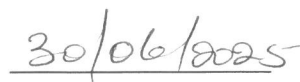
If the grievance has not been resolved to the satisfaction of the aggrieved party, that party may refer the grievance to the Bargaining Council or CCMA where the grievance has jurisdiction for adjudication, provided that a dispute has been declared.

## **8. APPROVAL**

The policy was adopted, and all clauses shall apply as such, any deviation from this policy will be none compliance.



**CLLR S.B VATSHA  
THE HONORABLE SPEAKER**



**DATE**

ANNEXURE "C" (GRIEVANCE PROCEDURE)

**Ingquza Hill Local Municipality**

**GRIEVANCE APPLICATION FORM**

|   |                                    |  |  |  |  |  |       |   |   |   |   |   |   |   |   |
|---|------------------------------------|--|--|--|--|--|-------|---|---|---|---|---|---|---|---|
| NAME OF DEPARTMENT:   |                                    |  |  |  |  |  |       |   |   |   |   |   |   |   |   |
| <b>PERSONAL DETAILS</b>   |                                    |  |  |  |  |  |       |   |   |   |   |   |   |   |   |
| To be completed by employee/s<br>(If more than one employee, attach separate sheet) | Name of Employee ( <i>Print</i> ): |  |  |  |  |  |       |   |   |   |   |   |   |   |   |
|   | Employee No.:                      |  |  |  |  |  |       |   |   |   |   |   |   |   |   |
|   | Nature of Grievance:               |  |  |  |  |  |       |   |   |   |   |   |   |   |   |
|   |                                    |  |  |  |  |  |       |   |   |   |   |   |   |   |   |
|   |                                    |  |  |  |  |  |       |   |   |   |   |   |   |   |   |
|   |                                    |  |  |  |  |  |       |   |   |   |   |   |   |   |   |
|   |                                    |  |  |  |  |  |       |   |   |   |   |   |   |   |   |
|   |                                    |  |  |  |  |  |       |   |   |   |   |   |   |   |   |
|   | Desired Solution:                  |  |  |  |  |  |       |   |   |   |   |   |   |   |   |
|   |                                    |  |  |  |  |  |       |   |   |   |   |   |   |   |   |
|   |                                    |  |  |  |  |  |       |   |   |   |   |   |   |   |   |
|   |                                    |  |  |  |  |  |       |   |   |   |   |   |   |   |   |
|   |                                    |  |  |  |  |  |       |   |   |   |   |   |   |   |   |
|   |                                    |  |  |  |  |  |       |   |   |   |   |   |   |   |   |
|   |                                    |  |  |  |  |  |       |   |   |   |   |   |   |   |   |
| Signature of Employee:  |                                    |  |  |  |  |  | Date: | C | C | Y | Y | M | M | D | D |
| <b>STEP 1</b>   |                                    |  |  |  |  |  |       |   |   |   |   |   |   |   |   |
| To be completed by immediate superior   | Name ( <i>Print</i> ):             |  |  |  |  |  |       |   |   |   |   |   |   |   |   |
|   | Date Received:                     |  |  |  |  |  |       |   |   |   |   |   |   |   |   |

|                                       |                                  |  |  |  |  |  |       |       |   |   |   |   |   |   |   |   |  |
|---------------------------------------|----------------------------------|--|--|--|--|--|-------|-------|---|---|---|---|---|---|---|---|--|
| Results of Discussions with Employee: |                                  |  |  |  |  |  |       |       |   |   |   |   |   |   |   |   |  |
|                                       |                                  |  |  |  |  |  |       |       |   |   |   |   |   |   |   |   |  |
|                                       |                                  |  |  |  |  |  |       |       |   |   |   |   |   |   |   |   |  |
|                                       |                                  |  |  |  |  |  |       |       |   |   |   |   |   |   |   |   |  |
|                                       |                                  |  |  |  |  |  |       |       |   |   |   |   |   |   |   |   |  |
|                                       |                                  |  |  |  |  |  |       |       |   |   |   |   |   |   |   |   |  |
|                                       | Signature of Immediate Superior: |  |  |  |  |  |       | Date: | C | C | Y | Y | M | M | D | D |  |
|                                       | Comments of Employee:            |  |  |  |  |  |       |       |   |   |   |   |   |   |   |   |  |
|                                       |                                  |  |  |  |  |  |       |       |   |   |   |   |   |   |   |   |  |
|                                       |                                  |  |  |  |  |  |       |       |   |   |   |   |   |   |   |   |  |
| Signature of Employee:                |                                  |  |  |  |  |  | Date: | C     | C | Y | Y | M | M | D | D |   |  |

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*Cut / Tear Along Dotted Line*

| To be completed by Immediate Superior<br>and handed to Aggrieved Employee | <b>CONFIRMATION OF RECEIPT OF GRIEVANCE FORM</b> |  |  |  |  |  |  |       |   |   |   |   |   |   |   |   |  |
|---|--|--|--|--|--|--|--|-------|---|---|---|---|---|---|---|---|--|
|   | Name ( <i>Print</i> ):                           |  |  |  |  |  |  |       |   |   |   |   |   |   |   |   |  |
|   | Service No.:                                     |  |  |  |  |  |  |       |   |   |   |   |   |   |   |   |  |
|   | Name of Immediate Superior:                      |  |  |  |  |  |  |       |   |   |   |   |   |   |   |   |  |
|   | Signature:                                       |  |  |  |  |  |  | Date: | C | C | Y | Y | M | M | D | D |  |