

## **EMPLOYEE CONCERN POLICY and PROCEDURE**

*This Facility regards employee concerns of discrimination, harassment and unethical or unfair conduct as a serious matter. The prompt resolution of misunderstandings or conflicts is important to ensure effective working relations and to prevent the development of serious problems. The following is a formal 'problem solving' process for employees to follow should a concern arise from the interpretation, application or claimed violation of any policy, rule, regulation or practice taken by the Facility with an employee. It is important that the employee follow the steps as presented to insure the proper handling of a concern.*

### **STEP ONE-- TALK TO YOUR SUPERVISOR**

When you have a concern or problem, you should first discuss the matter with your immediate supervisor or department manager within seven (7) calendar days of the incident. Following this discussion, the supervisor/ manager will respond to your concerns within seven (7) calendar days either verbally or in writing with a recommendation to resolve the problem. If you do not believe your supervisor/ manager is the appropriate person to address your concern, or if you are uncomfortable discussing the situation with that person, proceed to 'Step Two.'

### **STEP TWO—WRITTEN REQUEST TO THE ADMINISTRATOR**

If you feel your concern has not been satisfactorily resolved in 'Step One,' you should then present your written concern to the Administrator within seven (7) calendar days following the supervisor/ manager's response, detailing the incident. (Use of the "Employee Problem/ Concern Form" is recommended, but not required.) The Administrator will contact you directly and respond with a written recommendation within ten (10) calendar days. During this 10-day period, the Administrator may talk with you, your supervisor/ manager or witnesses, separately and/ or jointly, regarding the circumstances surrounding the incident in question.

### **STEP THREE—WRITTEN APPEAL FOR AN OUTSIDE REVIEW**

If you feel your concern has not been satisfactorily resolved after 'Step Two,' you can appeal the Administrator's decision by completing the 'on-line' Employee Problem/ Concern form found at [www.employee-concern.net](http://www.employee-concern.net). Your appeal will be reviewed by a 3<sup>rd</sup> party HR professional. This appeal must be filed within ten (10) calendar days following the Administrator's response from 'Step Two.'

This appeal can be mailed, but only with the understanding this may cause a delay in the anticipated response time. Mailing address: Provider Services, Inc.; attn: Human Resources' Department, 25000 Country Club Blvd., Suite 255, North Olmsted, Ohio 44070

The assessment completed by the 3<sup>rd</sup> party professional will include a review of any previous steps taken at the Facility level and determine if additional measures are required. Supplemental information and/ or interviews may be requested. Upon completion, you will receive a written response to your appeal, typically within fourteen (14) calendar days. The 3<sup>rd</sup> party reviewer's decision and/or recommendations are final and will conclude the appeal process.

*This Employee Concern Policy and Procedure is not to be use for reporting resident abuse.*

## ‘EMPLOYEE PROBLEM/ CONCERN’ FORM

*So that we may properly investigate your problem/ concern, you are requested to fill out this form as completely as possible. This form can be submitted ‘on-line’ or by hand delivery, email, scan, fax, or U.S. mail. Please refer to the Employee Concern Policy for the applicable guidelines.*

<b>Employee’s Name:</b>	
<b>Title/ Department:</b>	
<b>Telephone/ Cell:</b>	
<b>Home Address:</b>	
<b>Facility Name &amp; Location:</b>	

*Did you talk to your supervisor about your concerns, ‘Step One’ of the Concern Procedure?*  
Yes  or No

*Did you present your concern to the Administrator, ‘Step Two’ of the Concern Procedure?*  
Yes  or No

*What is your current employment status with this Facility?*  
 Unchanged  Suspended  Reduced Hours  Transferred  Laid Off  Terminated

*I believe my Problem/ Concern involves the following: (check all that apply)*  
 Attendance Policy       Harassment/ Sexual Harassment  Violence in the Workplace  
 Racial Discrimination  Sexual Discrimination  Age Discrimination  Pregnancy  
 Disability Discrimination  Family Medical Leave  Work Rule Policies  Other

*Date(s) of Incident:* \_\_\_\_\_

*Name of Person(s) Involved:* \_\_\_\_\_

*Where did the Incident Occur:* \_\_\_\_\_

*Witness(s) to the Incident:* \_\_\_\_\_

*Please describe the nature of your problem/ concern, including the identity of all known persons, documents and witnesses to your concern.* \_\_\_\_\_

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*Please describe the decision(s) of any previous 'Steps' taken in the Concern Procedure.*

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*Please explain specifically how or why you disagree with the outcome or decision(s) that have been made in the previous 'Steps' taken in the Concern Procedure.*

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*Please explain how you have been harmed by this decision or how it has affected your ability to perform your job.*

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*Please describe the outcome or remedy you seek for this concern.*

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*\*\*Please send copies of or make available any other document you believe will support this concern or that may assist in finding a resolution to this issue.*

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*By signing below, I declare that the facts set forth on this Employee Problem/ Concern form are true and accurate pursuant to the penalty of perjury under the laws of the State of Ohio:*

**Employee's Signature:** \_\_\_\_\_

**Employee's Social Security Number:** \_\_\_\_\_

**Date of Filing:** \_\_\_\_\_

**Please send the completed form to the Attention of: Human Resources' Department:  
Provider Services, Inc.; 25000 Country Club Blvd., Suite 255, North Olmsted, Ohio 44070  
[www.employee-concern.net](http://www.employee-concern.net).**