

Tender Care Medical Services, Inc.
POLICY & PROCEDURES

Title: Conflict Resolution-Grievance Policy

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Page: 1 of 3

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Originating Department: Human Resources

Approved By:



POLICY:

The three (3) steps described in section 1.0 of this policy apply to all full-time, part-time, PRN, non-exempt employees and exempt non-management employees who have completed their introductory period.

This policy is for an individual employee to work directly with management to address his/her particular concern.

This policy does not apply to the Substance Abuse Testing/Fitness for Duty policy.

A member of management who desires to file a grievance should submit the written grievance within ten (10) days of the event or circumstances giving rise to the grievance to the Human Resources Director who will forward it immediately to the appropriate individual within the organization, usually the Chief Executive Officer. The timelines described in this policy may not always apply, although the grievance will be reviewed and responded to on an expedited basis.

Any grievance presented by an employee shall be investigated by management fairly and objectively. Management shall not in any way discriminate or retaliate against an employee who files a grievance, nor shall management discriminate or retaliate against an employee who assists in the investigation or presentation of grievances filed according to this policy.

At any point during the grievance process, an aggrieved employee may request assistance in preparing and presenting his/her case from the Human Resources department or any Administrator, Manager/Supervisor not directly involved in the grievance. Upon investigation, if the nature of the grievance involves harassment or discrimination, the Administrator/Manager will immediately notify the Human Resources Director.

Tender Care Medical Services, Inc.

POLICY & PROCEDURES

Information concerning an employee grievance is to be held in strict confidence. Administrators, Managers, Supervisors and other members of management who investigate the grievance are to discuss it only with those individuals who have a need to know or who are needed to supply necessary background information or advice.

For grievances directly relating to the employee's supervisor, the employee has the option of by-passing Step One of the grievance process.

Termination grievances will begin at Step Two of the process and may, at the discretion of the Chief Executive Officer, serve solely as a procedural review of relevant information pertaining to the grievance.

Time spent by employees in grievance discussions with management during their normal working hours will be considered hours worked for compensation purposes.

Final decisions on grievances will not be precedent-setting or binding on future grievances unless they are made part of this personnel policy manual. When appropriate, the decisions will be retroactive to the date of the employee's original grievance.

Filing a grievance will not impede TCMS from making employment-related decisions at any time.

Conflict Resolution/Grievance Procedure:

The grievance procedure has a maximum of three (3) steps, although grievances may be resolved at any step in the process. Grievances are to be fully processed until the employee (i) is satisfied; (ii) does not file a timely appeal; or (iii) exhausts the right to appeal.

A decision becomes binding on all parties whenever an employee does not file a timely appeal or when a decision is made in the final step and the right of appeal no longer exists. In special circumstances, the time frame for filing a written appeal or receiving a written reply may be extended by the Chief Executive Officer.

An aggrieved employee may proceed to the appropriate next grievance step if one or more of the grievance steps are unavailable to the aggrieved employee although no steps may be skipped without good reason.

Step One: The employee must complete and give the Employee Grievance form to his/her immediate supervisor no later than thirty (30) days after the circumstances or situation giving rise to the grievance. However, if the grievance involves suspension or termination, it must be submitted within five (5) days of the suspension or termination. (If the grievance

Tender Care Medical Services, Inc.

POLICY & PROCEDURES

involves the employee's supervisor, then the employee may proceed directly to Step Two). Upon receiving a grievance, the employee's supervisor must investigate the grievance and provide a proposed written solution/resolution within five (5) working days.

Step Two: If the employee by-passes Step One, the Administrator will (i) confer with the employee, the manager/supervisor and other appropriate members of management; (ii) investigate the concerns; and (iii) communicate a decision in writing to all parties involved within five (5) working days.

Step Three: If the employee is not satisfied with the Administrator's decision and wishes to pursue the grievance further, he/she may appeal to the Chief Executive Officer within five (5) days of receiving the written Step Two decision. The Chief Executive Officer will review and investigate the grievance and issue a written decision within ten (10) working days.

**TENDER CARE MEDICAL SERVICES, INC
EMPLOYEE GRIEVANCE RESOLUTION FORM**

EMPLOYEE GRIEVANCE		
Employee's Name:	Site Name	Position
Home Address:	Telephone (Work):	Telephone (Home):
The issues are:		
The relief I want is:		
Employee Signature:	Date:	Date Grievance Occurred:

Grievances must be presented or mailed to the immediate supervisor within 30 calendar days or 5 days of suspension or termination. If, however, the grievance alleges discrimination or retaliation by the immediate supervisor, the grievance may be submitted to the Administrator. The Grievance policy contains complete instructions. If questions arise, the Corporate Human Resources department may be contacted.

I. FIRST RESOLUTION STEP – NOTIFICATION TO IMMEDIATE MANAGER/SUPERVISOR		
Date Received:	Supervisor's Name	
Response:		
Supervisor's Signature:	Date:	Telephone Number:
<p>Employee's Response (check one):</p> <p><input type="checkbox"/> I conclude my grievance and am returning it to the Corporate Human Resources department.</p> <p><input type="checkbox"/> I advance my grievance to the second resolution step.</p> <p>Employee Comments (optional):</p>		
Employee Signature:		Date:

II. SECOND RESOLUTION STEP – NOTIFICATION TO ADMINISTRATOR OR CNO

Date Received:	Administrator or CNO's Name	
Response:		
Administrators or CNO's Signature:	Date:	Telephone Number:
Employee's Response (check one): <input type="checkbox"/> I conclude my grievance and am returning it to the Corporate Human Resources department. <input type="checkbox"/> Advance my grievance to the third resolution step. Employee Comments (optional):		
Employee Signature:		Date:

III. THIRD RESOLUTION STEP – NOTIFICATION TO CHIEF EXECUTIVE OFFICER

Date Received:	CEO's Name	
Response:		
Chief Executive Officer's Signature:	Date:	Telephone Number:

Note: Upon conclusion of the Third Resolution Step, this document must be returned to the Corporate Human Resources Department