



CENTRE FOR DEVELOPMENT IN SOCIAL JUSTICE (CDSJ)

GRIEVANCE AND COMPLAINTS HANDLING POLICY



CENTRE FOR DEVELOPMENT
— IN SOCIAL JUSTICE —
A People-Centered Development

1. Title

This instrument shall be known as the **CDSJ Grievance and Complaints Handling Policy**.

2. Effective Date

This Policy takes effect on the date of approval by the competent governance authority of CDSJ and remains in force until amended or repealed.

3. Purpose

This Policy sets the rules for how CDSJ receives, records, assesses, classifies, acknowledges, investigates, resolves, escalates, and closes grievances and complaints made by staff, governance members, consultants, volunteers, interns, partners, service users, community members, and other affected persons.

This Policy is intended to ensure that complaints and grievances are handled through a clear and trusted process instead of being ignored, personalised, suppressed, or dealt with informally in a way that creates inconsistency or unfairness. It is also intended to protect complainants, respondents, witnesses, and decision-makers by making the process predictable. The aim is not only to hear complaints, but to route them correctly, act on them within set timelines, preserve records, prevent retaliation, and ensure that matters are addressed at the correct level. A complaint that is not recorded properly cannot be managed properly, and a grievance process that is vague quickly becomes a source of mistrust.

4. Application

This Policy applies to:

- a. all CDSJ staff, whether permanent, temporary, fixed-term, seconded, or part-time;
- b. interns, fellows, volunteers, consultants, and other associated personnel;
- c. governance members, where the complaint relates to their conduct or a governance-related matter;
- d. former staff and former associated personnel where the complaint relates to conduct or decisions that occurred during their engagement with CDSJ and is reported within a reasonable period;
- e. partners, sub-grantees, suppliers, and service providers where the complaint relates to CDSJ conduct, CDSJ personnel, or a CDSJ-managed process; and
- f. community members, participants, beneficiaries, or third parties where the complaint relates to CDSJ programmes, representatives, activities, or service delivery.

This Policy covers both internal and external complaints, provided the complaint concerns a CDSJ matter.

5. Matters Covered by this Policy

This Policy covers complaints and grievances relating to:

- a. unfair treatment in the workplace;
- b. disrespectful, abusive, or unprofessional conduct;
- c. bullying, victimisation, or hostile work behaviour;
- d. poor management conduct or unfair supervisory treatment;
- e. workplace conflict that cannot be resolved informally;
- f. concerns about recruitment, transfer, performance handling, workload, communication, or unfair process;
- g. community or stakeholder dissatisfaction with CDSJ conduct, response, service, or programme process;

- h. complaints about exclusion, bias, or poor treatment in a CDSJ process;
- i. complaints about failure to follow approved internal procedures; and
- j. any other non-criminal, non-safeguarding, non-fraud, non-sexual misconduct matter that can properly be addressed through a grievance or complaints process.

6. Matters Not Primarily Handled Under this Policy

The following matters may be reported through this Policy, but they must be referred immediately to the more specific policy or process that governs them:

- a. fraud, bribery, theft, procurement abuse, or financial misconduct, which must be handled under the Anti-Fraud, Corruption and Bribery Policy;
- b. protected disclosures about serious wrongdoing, which must also be handled under the Whistleblower Protection Policy;
- c. safeguarding concerns, including abuse, exploitation, or risk of harm, which must be handled under the Safeguarding Policy;
- d. child protection concerns, which must be handled under the Child Protection Policy;
- e. sexual harassment or sexual misconduct complaints, which must be handled under the Sexual Harassment Policy;
- f. matters requiring formal disciplinary sanction, which may proceed under the Disciplinary Policy after grievance or complaint assessment; and
- g. criminal conduct, which may require referral to law enforcement or another competent authority.

Where a complaint is submitted under this Policy but belongs under another policy, the receiving officer must record it, acknowledge receipt, and route it to the correct process within **2 working days**.

7. Definitions

For purposes of this Policy:

Complaint means any expression of dissatisfaction, concern, objection, or allegation relating to CDSJ conduct, service, decision, process, representative, or activity.

Grievance means a complaint raised by a staff member or associated person about unfair treatment, workplace conditions, interpersonal conduct, management action, or any work-related matter affecting them personally.

Complainant means the person making the complaint or grievance.

Respondent means the person, office, team, or structure against whom the complaint is made.

Receiving Officer means the person who first receives and records the complaint.

Working day means any day other than a weekend or official public holiday in the relevant office or jurisdiction.

8. Guiding Rules

All complaints and grievances under this Policy must be handled using the following rules:

- a. every complaint must be recorded;
- b. every complainant must receive an acknowledgment unless the complaint is anonymous and cannot be replied to;
- c. every matter must be classified and routed to the correct process;
- d. no person may handle a complaint in which they are personally implicated;

- e. no person may retaliate against a complainant, witness, or support person;
- f. confidentiality must be protected as far as possible;
- g. time limits must be followed unless a documented reason makes delay unavoidable; and
- h. closure must be documented.

These are mandatory operating rules. A manager may not choose to ignore a complaint because they think it is minor, uncomfortable, politically sensitive, or likely to reflect badly on the office. Once a complaint is raised, CDSJ must either handle it under this Policy or route it properly.

9. Types of Complaint Pathways

9.1 Informal Resolution Pathway

This applies where the matter is minor, recent, and capable of being resolved through clarification, facilitated discussion, apology, correction, or managerial intervention.

9.2 Formal Grievance or Complaint Pathway

This applies where the matter is serious, repeated, disputed, not suitable for informal resolution, or where informal resolution has already failed.

9.3 Referral Pathway

This applies where the matter falls under another policy, such as safeguarding, fraud, sexual harassment, or whistleblowing.

9.4 Escalation Pathway

This applies where:

- a. the complaint concerns a line manager and cannot reasonably be reported to them;
- b. the complaint concerns Executive Management;
- c. the complaint concerns a governance office bearer;
- d. there is a conflict of interest in normal handling; or
- e. the matter is too serious to remain at the original reporting level.

10. Who May Receive a Complaint

A complaint may be received by:

- a. the immediate line manager, where appropriate;
- b. the next-level manager, where the line manager is implicated or unavailable;
- c. the Co-Executive Director – Operations and Technical Services;
- d. the Co-Executive Director – Programmes and Partnerships;
- e. the HR focal point or designated complaints focal point, where one exists;
- f. the Chairperson or designated governance authority, where Executive Management or a governance member is implicated; or
- g. any formally designated complaints channel of CDSJ.

Where a complaint is received by a person who is not the correct handling authority, that person must record and refer it within **2 working days**.

11. Form of Complaint

A complaint may be made:

- a. in writing;
- b. by email;
- c. through a complaint form;
- d. verbally, in which case the receiving officer must reduce it to writing and ask the complainant to confirm it where possible; or
- e. anonymously.

A complaint should include, where available:

- a. the name of the complainant;
- b. the date of the complaint;
- c. the person or office complained about;
- d. a description of what happened;
- e. date or period of the events;
- f. any witnesses or documents; and
- g. the outcome sought, if known.

A complaint may not be dismissed only because the complainant does not use formal language or does not know the correct policy label.

12. Complaint Register

The receiving office must maintain a **Complaints and Grievance Register**.

Every complaint entered into the register must show at least:

- a. complaint reference number;
- b. date received;
- c. complainant name or anonymous status;
- d. short description of complaint;
- e. classification;
- f. person or office handling it;
- g. status;
- h. date acknowledged;
- i. date closed; and
- j. outcome category.

No complaint may be handled entirely off-record.

13. Acknowledgment of Complaint

Where the complainant is known and contact is possible, acknowledgment must be issued within **3 working days** of receipt.

The acknowledgment must:

- a. confirm receipt;
- b. state the complaint reference number;
- c. state whether the matter appears to fall under this Policy or another process; and
- d. indicate the next step.

An acknowledgment does not mean the complaint has been proven. It only confirms that CDSJ has received it and opened a process.

14. Initial Assessment

Every complaint must be assessed within **5 working days** of receipt.

The initial assessment must determine:

- a. whether the complaint falls under this Policy;
- b. whether the complaint should be handled informally, formally, or by referral;
- c. whether there is any immediate risk of retaliation, escalation, or harm;
- d. whether any interim protective measure is needed; and
- e. who should handle the complaint going forward.

The initial assessment must be recorded in writing.

15. Informal Resolution

15.1 When Informal Resolution May Be Used

Informal resolution may be used only where:

- a. the matter is not serious misconduct;
- b. the complainant agrees to the informal route;
- c. there is no power imbalance that makes informal handling unfair; and
- d. the matter appears capable of practical resolution without formal investigation.

15.2 Informal Resolution Methods

Informal resolution may include:

- a. facilitated discussion;
- b. clarification meeting;
- c. apology;
- d. correction of a misunderstanding;
- e. work arrangement adjustment;
- f. supervisor guidance; or
- g. agreed behavioural undertaking.

15.3 Time Limit

Informal resolution should be completed within **10 working days** from the date it is assigned to that route.

15.4 Recording

Even where resolved informally, the file must record:

- a. the issue raised;
- b. the action taken;
- c. the date resolved; and
- d. whether the complainant accepted closure.

If informal resolution fails, the matter must move to the formal pathway.

16. Formal Complaint Handling

16.1 When Formal Handling Is Required

Formal handling is required where:

- a. the matter is serious;
- b. the facts are disputed;
- c. informal resolution is not suitable;
- d. the complainant requests formal handling;
- e. the matter concerns repeated conduct; or
- f. there is a risk that formal findings or disciplinary referral may be required.

16.2 Notice to Respondent

The respondent must be informed of the complaint in writing within **5 working days** after the matter is assigned to formal handling, unless doing so immediately would compromise evidence, safety, or a required referral process.

16.3 Response Period

The respondent must be given **5 working days** to provide a written response, unless urgency or case complexity requires a different period.

16.4 Fact-Finding

The handling officer may:

- a. review written records;
- b. interview the complainant;
- c. interview the respondent;
- d. speak to witnesses;
- e. review emails, messages, attendance records, or management records; and
- f. gather any other relevant internal evidence.

16.5 Investigation Timeline

Formal complaint handling should ordinarily be completed within **20 working days** from the date of formal assignment.

If that is not possible, the complainant and respondent must be informed of the delay and the revised timeline.

17. Complaints Against Line Managers

A complaint against a line manager must not be handled by that same line manager.

Such a complaint must be reported to the next level of authority or to the designated complaints or HR focal point. Where both the line manager and the next level are implicated, the complaint must be escalated to one of the Co-Executive Directors or the Chairperson, depending on who is implicated.

18. Complaints Against Executive Management

A complaint against a Co-Executive Director must be submitted to the Chairperson or another governance authority designated to receive such matters.

If both Co-Executive Directors are implicated, the matter must be handled by the designated governance authority and may require an external investigator or reviewer.

19. Complaints Against Governance Members

A complaint against a governance member must be reported to the Chairperson, unless the Chairperson is the respondent.

A complaint against the Chairperson must be reported to the designated constitutional board authority or another governance office bearer appointed to receive such complaints.

20. Anonymous Complaints

Anonymous complaints may be received and assessed.

An anonymous complaint must not be ignored solely because the sender is unknown. It must still be recorded, assessed, and acted on where the information provided is specific enough to justify review.

However, anonymous complaints may limit CDSJ's ability to verify facts, seek clarification, or provide feedback.

21. Protection Against Retaliation

No person may retaliate against a complainant, witness, support person, or any other person participating in a complaint process.

Retaliation includes:

- a. dismissal or threat of dismissal;
- b. demotion or exclusion;
- c. intimidation;
- d. hostile treatment;
- e. unfair negative review;
- f. denial of opportunity because of complaint participation;
- g. malicious rumours; or
- h. any other adverse action linked to the complaint.

Any retaliation allegation must be recorded immediately and may be handled under this Policy, the Whistleblower Protection Policy, or the Disciplinary Policy depending on the facts.

22. Interim Measures

Where necessary, CDSJ may take temporary measures while a complaint is being handled. These may include:

- a. temporary reporting-line adjustment;
- b. temporary no-contact instruction;
- c. limited change of duties;
- d. temporary separation in the workplace;
- e. temporary withdrawal from a process; or
- f. any other proportionate measure necessary to protect fairness, safety, or the integrity of the process.

Interim measures are administrative and do not by themselves amount to a disciplinary finding.

23. Outcome Categories

A complaint may be closed with one or more of the following outcomes:

- a. resolved informally;
- b. not substantiated;
- c. partly substantiated;
- d. substantiated;
- e. referred to another policy process;
- f. withdrawn by complainant, but noted;
- g. closed due to insufficient information; or
- h. escalated for disciplinary, governance, safeguarding, or legal action.

The outcome must be recorded in writing.

24. Communication of Outcome

The complainant must be informed in writing when the matter is closed.

The communication must state:

- a. whether the matter was resolved, not substantiated, referred, or escalated;
- b. whether any corrective action was taken, to the extent lawfully disclosable; and
- c. whether there is any further internal review or appeal route.

The respondent must also be informed of the outcome where they were formally notified of the complaint.

25. Corrective Action

Where a complaint is substantiated, CDSJ may take one or more of the following actions:

- a. apology or corrective communication;
- b. management instruction;
- c. mediation or facilitated restoration where appropriate;
- d. training or coaching;
- e. work allocation or reporting adjustment;
- f. policy reminder;
- g. referral to the Disciplinary Policy;
- h. referral to another specialist policy; or
- i. any other lawful corrective measure.

26. Malicious or Knowingly False Complaints

A complaint that is not proven is not automatically false.

However, if it is established that a person knowingly fabricated allegations, forged evidence, or used the complaints process maliciously to harm another person, the matter may be referred for disciplinary action.

This rule protects the integrity of the process without discouraging good-faith reporting.

27. Appeal or Review

A complainant or respondent may request internal review of the outcome within **5 working days** of receiving the outcome communication.

The request for review must:

- a. be in writing;
- b. state the reasons for review; and
- c. identify whether the concern relates to process unfairness, new evidence, incorrect facts, or disproportionality of outcome.

The review must be handled by a person or body not directly involved in the original decision. The review outcome should be communicated within **10 working days**.

28. Confidentiality and Records

Complaint files must be kept securely and access must be limited to persons with a legitimate need to know.

Complaint records must include:

- a. complaint form or written complaint;
- b. acknowledgment;
- c. assessment note;
- d. response from respondent where applicable;
- e. interview notes where applicable;
- f. outcome note; and
- g. closure communication.

Records must be retained in accordance with the Records Management and Document Retention Policy.

29. Time Limits Summary

The following standard time limits apply:

- a. acknowledgment: **3 working days**
- b. initial assessment: **5 working days**
- c. routing to correct process where misfiled: **2 working days**
- d. informal resolution: **10 working days**
- e. respondent response period in formal process: **5 working days**
- f. formal complaint handling: **20 working days**
- g. request for review: **5 working days**
- h. review outcome: **10 working days**

Where a timeline cannot be met, the reason must be recorded and both parties must be informed.

30. Roles and Responsibilities

30.1 Co-Executive Director – Operations and Technical Services

This office shall oversee implementation of this Policy for staff and operational complaints, ensure registers are maintained, and ensure timelines are monitored.

30.2 Co-Executive Director – Programmes and Partnerships

This office shall oversee implementation of this Policy for programme-related complaints and external complaints linked to programme delivery, unless another specialised policy applies.

30.3 HR or Complaints Focal Point

Where designated, this role shall maintain complaint files, support case routing, monitor deadlines, and provide process guidance.

30.4 Line Managers

Line managers shall receive and address complaints appropriately, but may not handle complaints where they are implicated or where the matter is too serious for line management resolution.

30.5 Governance Authority

The relevant governance authority shall handle complaints against Executive Management or governance members and ensure independence where senior leadership is implicated.

31. Non-Compliance with this Policy

Failure to comply with this Policy includes:

- a. refusing to record a complaint;
- b. suppressing a complaint;
- c. retaliating against a complainant or witness;
- d. handling a matter despite personal conflict of interest;
- e. breaching confidentiality without lawful reason;
- f. failing to route a complaint to the correct process; or
- g. ignoring timelines without explanation.

Any such failure may lead to corrective action, disciplinary action, governance action, or referral under another relevant policy.

32. Country Operations Clause

This Policy applies across all CDSJ operations.

Where a country of operation requires specific labour, complaints, dispute-resolution, safeguarding, data, or administrative procedures, CDSJ shall issue a country annex. The annex may add requirements but may not reduce the minimum standards in this Policy unless mandatory local law requires a different approach.

33. Related Instruments

This Policy shall be read together with:

- the Constitution of CDSJ;
- the CDSJ Policy Framework;
- the Board Governance and Oversight Charter;
- Code of Conduct and Ethics Policy;
- Whistleblower Protection Policy;
- Disciplinary Policy;
- Human Resources Policy;
- Sexual Harassment Policy;
- Safeguarding Policy;
- Child Protection Policy;
- Anti-Fraud, Corruption and Bribery Policy;
- Records Management and Document Retention Policy; and
- any approved complaint forms, registers, or country annexes.

34. Review

This Policy must be reviewed at least once every three years, or earlier if required by legal change, repeated complaint failures, audit finding, governance direction, or country expansion.

35. Approval

Approved by: Adv. Motlatsi J Mofolo
Approving Authority: Director and Boards Ex-Officio
Date of Approval: 10 February 2026
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