



## STANDARD OPERATING PROCEDURE NUMBER

## Annexure H: Grievance Form

APPLICABILITY	EFFECTIVE FROM	DUE FOR REVIEW ON	PAGE: 1 of 5
All	29/04/2018	31/12/2020	

## AUTHORISED BY

Executive Committee	Decision Minuted – 04/02/2018	(Witness)
Passed at AGM	Decision Minuted – 29/04/2018	(Witness)

## INDEX

1	Grievance Form	1
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## LODGING A GRIEVANCE WITH THE SOUTH AFRICAN MONTESSORI ASSOCIATION

**Before Lodging a Grievance with SAMA please review the following steps where applicable:**

**Step 1:**

In the event of lodging a grievance against a SAMA member school, the complainant must demonstrate that all remedies available at the institution (grievance procedures, appeals hearings, etc.) have been exhausted. The complainant should also describe what external recourses has been followed in this regard. (Evidence must accompany this grievance form.)

**Step 2:**

State which compliance in terms of SAMA constitution and Annexure C, F and G: has been violated:

**Grievances in Violation of Children's Act, (No. 38 of 2005)**

In the event of serious grievances such as physical, sexual or emotional abuse, neglect, racism and/or discrimination, or any other act that is in directly violation of the Children's Act, (No. 38 of 2005) such matters must be reported directly to the regional Police Services, the Department of Social Development and/or the Department of Education.

Note: In the case where a complainant wishes their identity to be withheld, SAMA only undertakes to make a note of the grievance and alert the member that the grievance has been lodged. No further action will be taken.

**Once consideration has been given to the above steps/points the complainant may continue to complete the Grievance form and submit it to SAMA at [admin@samontessori.org.za](mailto:admin@samontessori.org.za)**

### **Complainant Information**

Title:	
Full Name:	
Street Address:	
City:	
Province:	
Postal Code:	
Country:	
Telephone:	
Fax:	
Cel:	
Email:	
SAMA Membership status:	

**OR**

- Anonymous Complaint**

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### **GRIEVANCE:**

Please describe the steps taken to exhaust the institution's grievance process and describe what external recourses has been followed. Please include adequate evidence by attaching additional sheets for description if necessary):

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What outcome do you wish to achieve?

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For review of this complaint, ALL applicable boxes must be checked below:

- I have read the Annexure H: SAMA Complaint & Grievance document and agree that this form constitutes my formal grievance.
- As stated in the Annexure H: SAMA Complaint & Grievance document, I understand that the Association does not intervene in the internal procedures of institutions or perform as a regulatory body, nor is the Association a formal ad judicatory or grievance-resolving body.
- I authorize SAMA to provide my complaint and/or any documents concerning my complaint to the involved institution(s).
- I attest that this matter is not under litigation. (SAMA does not review complaint matters that are involved with litigation).
- I hereby certify that all of the information I have given above is true and complete to the best of my knowledge.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ by:

-----  
COMPLAINANT

\_\_\_\_\_  
(Please Print Name)

-----  
WITNESS

\_\_\_\_\_  
(Please Print Name)

**FOR OFFICIAL USE ONLY**

**SAMA GRIEVANCE FORM REVIEW**

NAME OF REVIEWER:.....

COMPLAINANT:.....

COMPLAINANT STATUS:.....

INSTITUTION:.....

INSTITUTION STATUS:.....

COMPLAINT TYPE:

- IN-SCOPE
- OUT OF SCOPE

DATE RECEIVED: .....

DATE ACKNOWLEDGED:.....

ACTION TAKEN:.....  
.....  
.....  
.....  
.....

CLOSED: .....

SIGNED BY: .....