

Assessing Equality – The Equality Act 2010

Customer Impact Assessment

Name and brief description of policy being analysed

Grievance Policy

This policy outlines Fenland District Council's approach to dealing with all grievance issues that may arise. This policy sets out the responsibilities of both Fenland District Council and its employees (permanent/fixed term/casual). All employees may seek redress for grievances relating to their employment.

Information used for customer analysis

The policy itself, best practice, ACAS guidelines, XpertHR, appropriate legislation, consultation with MTSP, CMT, colleagues and HR team. Where appropriate Staff Committee.

	Could particularly benefit	Neutral	May adversely impact	Explanations	Is action possible or required?	Details of actions or explanations if actions are not possible Please note details of any actions to be placed in your Service Plan
Race				The policy is to raise issues in the workplace. The policy does not impact on	N	
Sex				the characteristics but looks at the issue or issues being raised and the best way to	N	
Gender reassignment				resolve them.	N	
Disability					N	
Age					N	
Sexual orientation					N	
Religion or belief					N	
Pregnancy & maternity					N	
Marriage & civil partnership					N	





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Human Rights				No known impact	N				
Socio Economic				No known impact	N				
Multiple/ Cross Cutting				No known impact	N				
Outcome(s) of customer analy	sis								
a) Will the policy/ procedure impact on the whole population of Fenland and/ or identified groups within the population; negative \Box neutral \blacksquare positive \Box									
No major change needed ■	Adjust	the policy $\ \square$		Adverse impact but continue \square	Sto	p and remove / reconsider policy \Box			
Arrangements for future monitoring:									
Review with service managers as and when required for advice to ensure no negative impacts.									
Details of any data/ Research used (both FDC & Partners):									
Completed by:									
Name: Ross Potter									
Position: HR, Payroll & Learni	ng Admin App	orentice							
Approved by (manager signature	re):			Date published:	Date published:				
Details of any Committee appr	oved by (if ap	plicable):		Date endorsed by Members if a	Date endorsed by Members if applicable:				