

EMPLOYEE GRIEVANCE

Grievant: SEIU Healthcare _____ Date _____
1199NW and _____
All Affected _____

Delegate's Name _____ Phone number _____ Facility/Dept/ Unit _____

Written presentation to immediate supervisor Supervisor name _____ Date _____

Nature of grievance

The employer has violated its contractual obligations, including, but not limited to:

Remedy desired

The grievants be made whole in every way, including, but not limited to:

Grievants signatures _____ Date _____

Received by signature _____ Date _____

Step 1:

Answer recieved

Step 2:

Grievance notification sent on: _____

Grievance meeting held on: _____

Answer recieved on: _____

Step 3:

Grievance notification sent on: _____

Grievance meeting held on: _____

Disposition:

Settled

Withdrawn

Appealed to arbitration

Date: _____

Copied to:

Delegate

Management

Grievant

Union