

STAFF NURSES' ASSOCIATION
NURSE GRIEVANCE FORM

Grievant's Name:

Department:

Date Filing Grievance:

Grievance Step Filing: *(Check Appropriate Step Filing)*

Step 1: Step 2: Step 3: Step 4:

ALLEGED CONTRACT VIOLATION:

Article & Section Number:

Date/Time of Violation:

NATURE OF THE GRIEVANCE:

INFORMAL DISCUSSION: (Describe Time, Place, Who was present and Nature of Discussion)

REMEDY REQUESTED:

GRIEVANT SIGNATURE

DATE FILED

FOR FILING PURPOSE:

INFORMAL DISCUSSION DATE: _____ -

STEP 1 FILE DATE: _____ DATE OF RESPONSE: _____

STEP 2 FILE DATE: _____ DATE OF RESPONSE: _____

STEP 3 FILE DATE: _____ DATE OF RESPONSE: _____

STEP 4 FILE DATE: _____ DATE OF RESPONSE: _____