



Health Professionals and Allied Employees

AFT/AFL-CIO

Grievance Report - Local _____

Name of Grievant(s) _____
(If a class action grievance, specify the group of employees involved in the grievance)

Classification/Job Title: _____ Shift: _____ Status (FT, PT, PD) _____

Facility Location: _____ Dept. Unit: _____ Work Phone#: _____
(If applicable)

Home Phone #: _____

Contract sections (s) or policy (ies) violated: _____ Date of Violation: _____

Grievance Filed at Step: _____ Submitted to: _____ Date: _____

Grievance Submitted at Step: _____ Submitted to: _____ Date: _____

Grievance Submitted at Step: _____ Submitted to: _____ Date: _____

ISSUE(S) INVOLVED IN THE GRIEVANCE:

AWARD SOUGHT:

The Union requests that the grievant(s) be made whole in all respects, including:

Grievant's signature: _____ Date: _____
(if a class action grievance, additional signatures may be attached)

Union Representative's signature: _____ Union Representative's Phone # _____



Please press down hard & write legibly

1st - Employer's copy

2nd - Union Rep's copy

3rd - Grievant's copy

4th - Grievance Chair's copy

