



Health Professionals and Allied Employees -AFT, AFL/CIO
Grievance Report Local 5058

Grievance #: _____ **Date Filed:** _____

Name of Grievant: _____

Dept: _____

Shift: _____

Statement of Grievance: Contract violation including but not limited to:

_____ Please See Attached

Resolution: Make whole in all respects, including but not limited to:

_____ Please See Attached

Grievant: _____ **Union Representative:** _____

Step I : Date submitted: _____ Date of Meeting: _____

Response: _____

_____ Please See Attached

CNE or Designee Signature: _____

Resolved: () Yes () No

Step II : Date submitted _____ Date of Meeting _____

Response: _____

_____ Please See Attached

VP of Human Resources or Designee Signature: _____

Resolved: () Yes () No

Step III Arbitration: _____ **Date Submitted:** _____