

Employee Grievance



SEIUHealthcare[®]
United for Quality Care

Grievant's Name

Date

Delegate's Name

Phone #

Facility / Department / Unit

STEP 1

Written presentation made to _____

Immediate Supervisor

Date

STEP 1

NATURE OF GRIEVANCE: (Include contract violation, personnel policy, etc. Attach additional information to this sheet.)

REMEDY DESIRED:

Grievant Signature

Delegate or Union Rep. Signature

Received by: _____

Signature

Date

<u>STEP 1</u> Answer received _____	<u>DISPOSITION:</u> <input type="checkbox"/> Settled <input type="checkbox"/> Withdrawn <input type="checkbox"/> Appealed to Arbitration Date: _____	<u>Copy to:</u> Delegate Management Grievant Union
<u>STEP 2</u> Grievance notification sent _____ Grievance meeting held on _____ Answer received on _____		
<u>STEP 3</u> Grievance notification sent _____ Grievance meeting held on _____ Answer received on _____		