



# 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 #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Date of Violation: \_\_\_\_\_  
*(If applicable)*

Contract section(s) or policy(ies) violated, including but not limited to: \_\_\_\_\_  
\_\_\_\_\_

Grievance Filed at Step: \_\_\_\_\_ Submitted to: \_\_\_\_\_ Date: \_\_\_\_\_

Grievance Filed at Step: \_\_\_\_\_ Submitted to: \_\_\_\_\_ Date: \_\_\_\_\_

Grievance Filed 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*