

GRIEVANCE FORM

ONLINE VERSION

*This form may be completed and saved using Adobe Reader™.
It may either be printed for mail or fax submission, or sent electronically as an email attachment.*

GENERAL INFORMATION:

DATE

NUMBER

NAME OF GRIEVANT _____

FOR OFFICE USE ONLY

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ EMAIL _____

GRIEVANT'S UNIT, SHIFT, & CLASSIFICATION _____

EMPLOYER FACILITY _____

EMPLOYER ADDRESS _____

GRIEVANCE STEP _____ PRESENTED TO _____ TITLE _____

STATEMENT OF GRIEVANCE:

BASIS OF GRIEVANCE (including, but not limited to):

___ VIOLATION OF CONTRACT SECTION(S) AND OTHER SECTIONS THAT MAY APPLY:

___ VIOLATION OF ESTABLISHED PRACTICE

___ VIOLATION OF APPLICABLE LAW OR REGULATION

___ VIOLATION OF RULE

___ OTHER (SPECIFY): _____

REMEDY DESIRED: CHECK, IF APPLICABLE: TO BE MADE WHOLE.

CHECK, IF APPLICABLE:

I HEREBY AUTHORIZE THE OREGON NURSES ASSOCIATION (ONA) AND ANY OF ITS REPRESENTATIVES TO ACT ON MY BEHALF IN ALL MATTERS PERTAINING TO THIS GRIEVANCE.

LOCAL UNIT REPRESENTATIVE _____

ONA STAFF LABOR REPRESENTATIVE _____

(DATE)

(GRIEVANT SIGNATURE)