CNA GRIEVANCE FORM

Grievant Name: _____ Date: _____

Kaiser Facility:_____ Unit: _____Shift: _____ DOH: _____

FTE Status: _____

Nature of Grievance: (describe the incident which gave rise to the grievance – who, what, when, where, witnesses)

Articles Violated:

And all applicable contract provisions, past practices, past arbitral decisions, policies and procedures and Federal, State and local laws and regulations.

Remedy Sought:

Name of the Nurse Rep: _____Date:_____

Signature of Nurse Rep: _____Phone: _____ E-mail: _____

Signature of Grievant: _____Phone: _____ Date: _____

_____

(signature conveys authority for Union to review and have access to grievant's personnel file.