



NATIONAL UNION OF HEALTHCARE WORKERS

# GRIEVANCE FORM/ FORMULARIO DE QUEJA

Name of Grievant/Nombre del Agraviado \_\_\_\_\_ Facility/Hospital o Lugar de Trabajo \_\_\_\_\_

Address/Dirección de Trabajo \_\_\_\_\_ Phone/Teléfono \_\_\_\_\_ Job/Puesto de Trabajo \_\_\_\_\_

Steward/Delegado Sindical \_\_\_\_\_ Department/Departamento \_\_\_\_\_ Phone/Teléfono \_\_\_\_\_

Date Filed/Fecha en que se presentó la Queja \_\_\_\_\_ Supervisor/Supervisor \_\_\_\_\_

Step 1 Meeting Date/ Fecha de Reunión del Paso 1 \_\_\_\_\_ Skelly Hearing Date/Fecha de Reunión Preliminar \_\_\_\_\_

Statement of Grievance/Declaración de la Queja: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicable contract provisions include but are not limited to (article/section paragraphs)/Estipulaciones del Contrato aplicables pero no limitados a (artículo/sección/párrafo): \_\_\_\_\_

Requested Resolution/Solución Solicitada: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Grievant/Firma del Agraviado: \_\_\_\_\_

*Pursuant to the Employer's duty to bargain in good faith, the union hereby requests the following information and/or documents which are necessary and relevant to process this grievance/Es deber del empleador negociar de buena fe y del Sindicato solicitar la siguiente información y/o documentos que son necesarios y relevantes para procesar la queja:* \_\_\_\_\_  
\_\_\_\_\_

Received by Administrator: \_\_\_\_\_ Title: \_\_\_\_\_ Date Received: \_\_\_\_\_

Step 2 Answer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Answered Received by Union Rep: \_\_\_\_\_ Date Received: \_\_\_\_\_ Satisfactory?  Yes  No

Received by Administrator: \_\_\_\_\_ Title: \_\_\_\_\_ Date Received: \_\_\_\_\_

Step 3 Answer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Answered Received by Union Rep: \_\_\_\_\_ Date Received: \_\_\_\_\_ Satisfactory?  Yes  No

Request for Arbitration Submitted by Division Director: \_\_\_\_\_ Date: \_\_\_\_\_

Date Closed: \_\_\_\_\_ Precedent-Setting: \_\_\_\_\_ Non-Precedent-Setting: \_\_\_\_\_