



GRIEVANCE FORM

Facility and Worksite: _____ Date: _____ Department/Unit: _____

Subject of Grievance: _____ Pay or Benefits Issue

Name of Grievant(s): _____ Contact #: _____

Supervisor/Manager: _____ HR Contact: _____

Steward/Union Representative: _____

Grievance/Violation (specify Article or Section of CBA violated): _____

_____ and any and all other articles and sections of the Collective Bargaining Agreement that may apply.

Basic Facts of Incident: (Who, What, When, Where): _____

Desired Remedy: _____

_____ and make grievant(s) whole for any and all losses.

Sign and Date

Information Requested:

1. Any and all documentation and information relevant to the incident outlined above.
2. See Reverse

Please fill in the dates and responses

Incident Date (date contract violated, discipline issued, pay roll): _____

Pre-Grievance (Allina) or 1st Step (Informal Discussion with Supervisor/Manager)

Meeting date: _____ Response date: _____

In attendance: _____

Response: _____

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Original (White): to Employer Yellow: to Union Pink: Grievant XXXX: Steward