



# Oregon Federation of Nurses and Health Professionals

AFT LOCAL 5017 - AFL-CIO

## GRIEVANCE FORM

Once you have completed this form, please email/fax it to the manager AND to ContractAdministration@ofnhp.org or 503.657.7456. Call 503.657.9974 with any questions.

Date

Grievant Name  Phone #  Bargaining Unit

Home Address  Apt #  City  State  Zip

Work Site   7/70  5/40  Other  Step \_\_\_\_\_ Coded Hours

Manager Name  Email  Phone #

Steward Name  Phone #

Give a brief description of the grievance (date, time, shift, who was involved, specific incident, etc.):

Contract Violations (include Article(s) and Section(s)):

Remedy:

Signature \_\_\_\_\_ Date Submitted \_\_\_\_\_

Employer Answer:

Signature \_\_\_\_\_ Date Answered \_\_\_\_\_