



## Grievance Form

*To file this grievance, please email/fax it to the employer*

**AND to [ContractAdministration@ofnhp.org](mailto:ContractAdministration@ofnhp.org)**

**OR FAX 503.657.7456**

*Call 503.657.9974 with any questions.*

Grievant(s):	
Individual Grievance Filing at Step 1	<input type="checkbox"/>
Class Action or Termination Filing at Step 2	<input type="checkbox"/>

Date:	Bargaining Unit:		
Employer: Kaiser <input type="checkbox"/>	PeaceHealth <input type="checkbox"/>	St. Charles <input type="checkbox"/>	
Dept:	Worksite:		

Steward(s) Name:
Steward Email:
Steward Phone:

Manager/Supervisor Name:
Manager/Supervisor Email:
Manager/Supervisor Phone:

Give a brief description of the grievance (date, time, shift, parties, incident, etc.):

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

-and any and all other articles, policies and procedures or laws that may apply.

Remedy:

-and any and all other remedies to make grievant and contract whole.

Grievant Signature \_\_\_\_\_

Date \_\_\_\_\_

<u>Grievance Number</u>
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Steward Signature \_\_\_\_\_

Date \_\_\_\_\_