



Grievance Form

To file this grievance, please email/fax it to the employer AND to ContractAdministration@ofnhp.org

Call 503.657.9974 with any questions.

Grievant(s):
Individual Grievance Filing at Step 1
Class Action or Termination Filing at Step 2

Date: Bargaining Unit:
Employer: Kaiser PeaceHealth St. Charles
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.):

[Large empty box for grievance description]

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

[Large empty box for contract violations]
-and any and all other articles, policies and procedures or laws that may apply.

Remedy:

[Large empty box for remedy]
-and any and all other remedies to make grievant and contract whole.

Grievant Signature

Date

Grievance Number

Steward Signature

Date