



Oregon Federation of Nurses and Health Professionals

AFT LOCAL 5017 - AFL-CIO

OFNHP Grievance Form

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

Grievant(s):	Date:	Barg Unit:	Step:
Grievant Email:	Employer:	Worksite:	
Grievant Phone:		Dept:	

Steward(s) Name:	Manager/Supervisor Name:
Steward Email:	Manager/Supervisor Email:
Steward Phone:	Manager/Supervisor Phone:

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

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

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

Remedy:

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

Grievant Signature

Date

Steward Signature

Date