



# GRIEVANCE FORM

DATE	NUMBER

*For office use only*

NAME OF GRIEVANT \_\_\_\_\_ CHAPTER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

TITLE \_\_\_\_\_ FACILITY \_\_\_\_\_

GRIV. STEP \_\_\_\_\_ PRESENTED TO: \_\_\_\_\_

## STATEMENT OF GRIEVANCE

## BASIS OF GRIEVANCE *(including, but not limited to):*

Violation of contract section(s) and other sections that may apply:

\_\_\_\_\_

Violation of established practice

Violation of applicable law or regulation

Violation of rule

Other (specify):

## REMEDY SOUGHT

I hereby authorize Northwest Medicine United (NWMU) and any of its representatives to act on my behalf in all matters pertaining to this grievance.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_