

# GRIEVANCE INVESTIGATION WORK SHEET

Grievant Name:	_____
Department:	_____
Home Phone:	_____
Work Phone:	_____
Pager:	_____
Email:	_____
Date of Hire:	_____

*Describe what happened (include incidents which gave rise to this grievance):*

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*When did it occur?*

Day & Date: \_\_\_\_\_  
Time: \_\_\_\_\_

*Who was involved?*

Name(s): \_\_\_\_\_  
Title(s): \_\_\_\_\_

*If there were any witnesses, list below:*

Name(s): \_\_\_\_\_  
Title(s): \_\_\_\_\_

*Where did it occur (be specific)?*

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*Why is this a grievance (what is management violating)?*

- contract
- rules and regulations
- unfair treatment
- existing policy
- past practice
- local, state, federal laws, etc.
- other (describe below):

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*What must management do to correct this problem?*

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*Additional comments (use back of page if more space is needed):*

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Staff Council Representative: \_\_\_\_\_  
Grievant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A copy of this form is to be submitted to the state nurses' association with the grievance. Also attach copies of any disciplinary action taken that caused this grievance.