



Grievance #: _____

Date Emailed: _____

Step 1 Date: _____

GRIEVANCE FORM

Registered Nurses Association & University of Cincinnati Medical Center

Type of Grievance: ☐ Individual ☐ Class Action

Grievant(s): _____ **Unit(s):** _____

Home Phone: (____) _____ **Manager:** _____

Grievant(s) Email: _____

Grievance Details: ☐ Attendance ☐ Performance ☐ Other

Level of Corrective Action:

☐ Initial ☐ Written ☐ FWW ☐ Termination ☐ Other

Description: This grievance is in response to _____

by administration on _____.

Violations of ONA Contract: Article(s)/Section(s)/Other _____

_____ past practice and all other pertinent provisions of the ONA contract.

Remedy:

☐ Immediate removal from personnel file ☐ Immediate cease and desist ☐ Other

_____ and all else to make the nurse(s) whole.

Grievant(s) Signature/Designee: _____ **Date:** _____

Step 1 RNA Rep: _____ **Step 1 Manager:** _____

HR Rep: _____
