

## Kaiser Grievance Form

Today's Date: \_\_\_\_\_

Date Issue Occurred: \_\_\_\_\_

### Contact Information for Grievant:

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Facility: \_\_\_\_\_

Department: \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Personal E-mail: \_\_\_\_\_

Work Email: \_\_\_\_\_

### Details of the Grievance:

Nature of Grievance: \_\_\_\_\_

Article(s) and Section(s) Violated (including but not limited to): \_\_\_\_\_

Remedy Requested: *Make Employee whole including but not limited to:* \_\_\_\_\_

The Union requests the following information for this grievance: \_\_\_\_\_

**Grievant:** \_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

**Steward:** \_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

Steward Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Steward E-mail: \_\_\_\_\_

### For Union Use Only:

Grievance Code: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

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