GRIEVANCE FORM
VFNHP LOCAL 5221
121 PARK AVENUE, SUITE 10, WILLISTON VT 05495
802.657.4040

GRIEVANT(S): ____________________________
STEWARD(S): ____________________________
CHIEF STEWARD: _________________________
TELEPHONE NUMBER: ________________
UNIT/FACILITY __________________________
MANAGER ____________________________
DIRECTOR/SUPERVISOR __________________

ARTICLE (S) OF CONTRACT VIOLATED:
________________________________________________________________________________________
(And the contract in its entirety)

STATE VIOLATION:
________________________________________________________________________________________
________________________________________________________________________________________

REMEDY SOUGHT:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

SIGNATURE OF GRIEVANT(S):______________________________________________________

FIRST STEP ANSWER
________________________________________________________________________________________
FAX TO: 802-871-5946

SECOND STEP ANSWER (Attach response/letter/email from management)
________________________________________________________________________________________
FAX TO: 802-871-5946

THIRD STEP ANSWER (Attach response/letter/email from management)
________________________________________________________________________________________
FAX TO: 802-871-5946

SIGN BELOW IF THE GRIEVANCE HAS BEEN SETTLED TO YOUR SATISFACTION
GRIEVANT(S): ____________________________ STEWARD: ______________________

KEEP A COPY OF THIS DOCUMENT FOR YOUR RECORDS