

For office use only

GRIEVANCE # _____

Grievance Date Step 1 _____

Filing date Step 2 _____

Meeting date Step 2 _____

Filing date Step 3 _____

Meeting Date Step 3 _____

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

FAX TO: 802-871-5946

GRIEVANT(S): _____ STEWARD: _____

KEEP A COPY OF THIS DOCUMENT FOR YOUR RECORDS