

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**

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**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**