



Kent Hospital
United Nurses & Allied Professionals, Local 5008
375 Branch Avenue, Providence, RI 02904
T: 401-831-3547 x19 · F: 401-831-3677

– Grievance Form –

Name of Grievant _____ Tel. h) _____ w) _____

Dept. _____ Unit _____ Title _____ Shift _____

Unit Representative _____ Tel. h) _____ w) _____

Statement of Grievance: _____

Corrective Action Requested: _____

Signature of Grievant and/or Unit Representative

Date

-
-
- Step 1 Submitted to: _____ Date: _____
 - Step 2 Submitted to: _____ Date: _____
 - Step 3 Submitted to: _____ Date: _____

White copy: Union Office

Pink copy: Employer