



RI HOSPITAL UNAP Grievance FACT Sheet

1. When faxing from RIH: 9-831-3677 (NO area code)
 2. Confirm Receipt within 24 hours. There is a time-limit with filing grievances

Call 831-3647 (x 11) or Text UNAP (401) 238-3484
 3. Give a copy to your Unit Rep immediately after the date of the occurrence.
- Learn about the grievance process. UNAP Contract Article 13

DATE: _____

GRIEVANT NAME: _____ UNIT: _____ SHIFT: _____ DOH: _____

Work phone: _____ Cell phone: _____ Email: _____

UNIT REP NAME: _____

Check the box(es) that apply.

- I gave my Unit Rep a copy of this document on _____ (date).
- I discussed the issue with my Unit Rep .
- There is no Unit Rep for our unit/department.

SUPERVISOR NAME: _____ phone: _____

Who was involved? Give name(s) and titles. Include witnesses. _____

What happened? Describe incidents which gave rise to the grievance. _____

Where did it occur? Specific locations. _____

When did it occur? Date(s) and time(s) _____

Why is this a grievance? What is the violation? (Contract language, hospital policy, unfair treatment, past practice, local, state or federal laws). _____

What is the remedy? (What must management do to correct the problem) _____

