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**Springfield Registered Nurses**

**United Nurses & Allied Professionals, Local 5122**

**-Grievance Form –**

**Name of Grievant**

**Department Unit Title Shift**

**Statement of Grievance:**

**Corrective Action Sought**:

 **Date:**

**Signature of Grievant and/or Unit Representative**

□**Step 1 Submitted to: Date:**

**Answer:**

□**Step 2 Submitted to: Date:**

**Answer:**

□**Step 3 Submitted to: Date:**

**Answer:**

**Signature of Grievant and/or Unit Representative Date:**

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**To: ALL Stewards**

**From: President of Local 5122**

***CHECKLIST FOR GRIEVANCE (S)***

* **Copy of the grievance.**
* **Copy of the grievance reply on all steps.**

 **Copy of the Union’s request to move the grievance to the next step.**

* **Copy of the Contract for the year(s) when the violation occurred.**
* **Witnesses - phone calls and addresses.**
* **Statements - written or oral.**
* **Other**

**The grievance may be delayed if the following information is not supplied when requested.**