



# SEIU Healthcare® United for Quality Care

## GRIEVANCE REPORT

If you believe that an action is in violation of your contract and has not received a satisfactory solution, complete this form, include any accompanying attachments and follow contract guidelines for submission. Your Union Steward should be present during all discussions of your grievance with the Supervisor.

Name of Aggrieved \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Hire \_\_\_\_\_ Employer \_\_\_\_\_

Department/Occupation \_\_\_\_\_ Wage \_\_\_\_\_ Shift \_\_\_\_\_

Status: Full-Time      Part-Time      Contingent

Signature \_\_\_\_\_ Date/Time Presented to: \_\_\_\_\_

Steward \_\_\_\_\_

Grievance  
(Please describe the incident that violated the contract, specifying the Article/Section/Policy Violated)

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Please add additional articles where applicable \_\_\_\_\_

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Resolution \_\_\_\_\_

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Work-site Leader Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



**SEIU**Healthcare.<sup>®</sup>  
United for Quality Care

GRIEVANCE REPORT

First Employer Response \_\_\_\_\_

Second Employer Response \_\_\_\_\_

Third Employer Response \_\_\_\_\_

Action Accepted Y/N \_\_\_\_\_ Proceed with Grievance Y/N \_\_\_\_\_

This grievance has been withdrawn Y/N \_\_\_\_\_

This grievance has been settled to my satisfaction by SEIU Healthcare Michigan Y/N \_\_\_\_\_

Grievant Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_