



1199C GRIEVANCE REPORT

Hospital Division

Guild Division

Grievant's Name _____ Date Hired _____

Address _____ Telephone # _____
Street City/State/Zip

Job Title _____ Institution Name _____

Department _____ Shift _____

Delegate's Name _____ Date Grievance Initiated _____

Nature (disposition) of Grievance: Please include what article(s) have been violated and attach copy(ies) of article(s).

Outcome of Grievance: Please attach all supporting documentation.

Grievance Processed through

Check one: Step I Date _____

Step II Date _____

Step III Date _____

Report filed by _____ Date _____