

MSNA GRIEVANCE REPORT

Date _____

Grievant _____ Cell/Home Phone _____

Local Unit _____ Unit Phone _____

Job Classification _____ Employee's Supervisor _____

Dept. Head _____ Steward _____

WITNESSES | Name(s), Phone, Unit

INCIDENT/PROBLEM | Place, Date, Time

INCIDENT/PROBLEM | Description

VIOLATION OF Contract Statute Past practice Policies
Specify (and any other relevant article or section of the contract):

REMEDY

and make whole in every way.

Signatures: Grievant _____

Steward _____

Maine State Nurses Association

23 Water Street, Suite 301

Bangor ME 04401

t » 207-622-1057 | f » 207-623-4072

msna@nnoc.net

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