



RN Description of Events/Issues



National Nurses United-VA

Date: _____

To: Whom It may Concern

From: _____

My unit name and phone extension is: _____

My home phone number is: _____

My Cell phone number is: _____

My home email address is: _____ @ _____

My description of the issue is: _____

(Use additional pages as needed)

Remedy Requested: _____

Witnesses pro or con (please indicate which): _____

Honors/Awards/Last proficiency/Counseling/Previous Discipline:

(Signature)

Step 1 Disposition: _____ Union Rep: _____

Rendered By: _____ Date: _____ Union Action: Accepted / Appealed Date: _____

Step 2 Disposition: _____ Union Rep: _____

Rendered By: _____ Date: _____ Union Action: Accepted / Appealed Date: _____

Step 3 Disposition: _____ Union Rep: _____

Rendered By: _____ Date: _____ Union Action: Accepted / Appealed Date: _____