



**National  
Nurses  
United**

888 16<sup>th</sup> Street NW, Suite 640  
Washington, DC 20006  
P: 240.974.8300 / F:240.974.8303  
<http://www.nationalnursesunited.org>



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## Grievance Form

VA FACILITY \_\_\_\_\_

DATE OF OCCURRENCE \_\_\_\_\_

CONTRACT ARTICLE VIOLATED \_\_\_\_\_

DETAILS (USE ADDITIONAL SHEET IF NECESSARY)

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REMEDY REQUESTED \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_