

**District of Columbia Nurses Association
Children's National Medical Center
Grievance Form**

Grievant _____ Date Filed _____

Duty Station _____ Grievance Filed With _____

Step _____ Contract Violation Article _____ Section _____

Describe Nature of the Grievance:

Relief Requested:

Step 1 Information (To be filled out by supervisor)

Name of supervisor _____ Date _____

Response to Grievance: _____

Signature of Grievant

Union Representative

Signature of Witness

Supervisor

Instructions for Filing

- 1. Please Print or Type**
- 2. Prepare in Triplicate**
- 3. Send copy simultaneously to:
Director of Human Resources & DCNA**
- 4. If necessary attach additional information**

STEP	Received by	Date
I	_____	_____
II	_____	_____