

DISTRICT OF COLUMBIA NURSES ASSOCIATION

Grievance Form

Grievant: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_

Position: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Describe Nature of Grievance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What is the alleged violation of the contract, existing policy, past practice,  
local, state or federal law? \_\_\_\_\_

\_\_\_\_\_

Remedy: I suggest the following to resolve my grievance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Grievant:

\_\_\_\_\_  
Union Representative

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Telephone

Note: The Association hereby requests a hearing on this matter. Please call to confirm a date and time acceptable to all parties.