



**Health Professionals and Allied Employees -AFT, AFL/CIO**  
**Grievance Report Local 5058**

**Grievance #:** \_\_\_\_\_ **Date Filed:** \_\_\_\_\_

**Name of Grievant:** \_\_\_\_\_

**Dept:** \_\_\_\_\_

**Shift:** \_\_\_\_\_

**Statement of Grievance:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  Please See Attached

**Resolution:** Make whole in all respects, including but not limited to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  Please See Attached

**Grievant:** \_\_\_\_\_ **Union Representative:** \_\_\_\_\_

**Step I :** Date submitted: \_\_\_\_\_ Date of Meeting \_\_\_\_\_

Response: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  Please See Attached

**CNE or Designee Signature:** \_\_\_\_\_

**Resolved:** ( ) Yes ( ) No

**Step II :** Date submitted \_\_\_\_\_ Date of Meeting \_\_\_\_\_

Response: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  Please See Attached

**VP of Human Resources or Designee Signature:** \_\_\_\_\_

**Resolved:** ( ) Yes ( ) No

**Step III Arbitration:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_