



**SEIU Healthcare**  
 United for Quality Care

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**Ramón Argandona, President**

## SEIU HEALTHCARE WISCONSIN GENERAL GRIEVANCE FORM

Give a copy of this form to the appropriate management representative (check your contract), keep a copy for yourself, and **send a copy to the Union Office**. For help, call the union office in Milwaukee, Madison or La Crosse as noted above.

Employer: \_\_\_\_\_ Grievance # \_\_\_\_\_

**STEP:**  1  2  3  4      **TYPE:**  Written  Individual  Union

Name of grievant or UNION: \_\_\_\_\_

Chapter \_\_\_\_\_ Worksite or Work Unit \_\_\_\_\_

Job Class \_\_\_\_\_ Hours of Shift \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

This grievance alleges violation(s) of: Article & Section # \_\_\_\_\_ of the labor agreement between SEIU Healthcare Wisconsin and your employer and any and all other applicable articles, sections, policies and/or law.

Briefly describe the grievance:

Relief sought to make the grievant(s) whole in every way, including but not limited to:

Grievant's Signature	Worksite Leader/Union Rep's Signature	Date Submitted to Employer	Date Received by Employer/Initials of Receiver

Employer's Decision:

Employer's Signature	Title	Date Returned

**1st Step      2nd Step      3rd Step**

Date Submitted to Employer      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Date Received back from Employer      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_