



SEIU Healthcare®

United for Quality Care

HEADQUARTERS

33 Nob Hill Road
Madison, WI 53713
PHONE: 608-277-1199
TOLL FREE: 888-285-1199
FAX: 608-270-2025

MILWAUKEE REGIONAL

633 S Hawley Rd Suite 106
Milwaukee, WI 53214
PHONE: 414-455-3840
TOLL FREE: 877-306-1199
FAX: 414-763-5156

LA CROSSE SATELLITE

2020 Caroline Street
La Crosse, WI 54603
PHONE: 608-787-8835
TOLL FREE: 877-787-8084
FAX: 608-787-8836

Request for Information for Grievance Investigation and/or Processing

Date: _____

To: _____

From: _____

Re: _____

For purposes of investigating and/or processing a grievance, please provide our Union with the following information: (check all that apply)

____ Any and all information used to determine the need to discipline and/or discharge _____ dated _____, including supervisor (employee name) (date of discipline and/or discharge) notes, witness statements, etc.

____ Copies of all applicable policies or procedures regarding:

____ Other information specified below:

Please provide this information by no later than _____.

If any part of this request is denied or unavailable, please so inform our Union in writing and provide the remaining items as soon as possible. This information will be accepted by our Union without prejudice to our position that our Union is entitled to all documents and information called for in this request.

Thank you for your cooperation in this matter.