



Grievance Form



The Ohio State University Nurses Organization (OSUNO) urges members to file a grievance when there is a contract violation or incident that affects workplace conditions. This form is to be filled out and copies emailed to the Nurse Manager of the nurse's unit, the appropriate OSUNO Board of Director and the Grievance Committee Chair.

Grievant name and unit: _____

Grievant personal email and phone number: _____

OSUNO Board member notified: _____

Nurse Manager: _____

Statement of Grievance: (briefly state facts of incident, include Dates/Times/persons involved. May attach sheets if necessary)

Article(s) of Contract violated (if applicable): _____

Remedy sought: The below remedy is in addition to any action deemed necessary to make the nurse whole.

Signature of Grievant: _____ Date: _____

Wish to Appeal to Level 2 Hearing (sign/date) _____

Wish to Appeal to Level 3 Arbitration (sign/date) _____

For OSUNO purposes only:

| | | |
|----------------------------|------------|---------------|
| Level 1 Response Received: | Date _____ | Outcome _____ |
| Appealed to Level 2: Y N | Date _____ | |
| Hearing | Date _____ | Outcome _____ |
| Appealed to Level 3: Y N | Date _____ | |
| Panel | Date _____ | Outcome _____ |
| Arbitration | Date _____ | Outcome _____ |