



# ONA/OSUNO 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 _____