



OSUNO/ONA Grievance Form

OSUNO urges members to file a grievance when there is a contract violation or incident that affects workplace conditions.

Fill out and email to the Nurse Manager, your Board member and grievance@osuno.com.

Grievant name and unit: _____

Grievant personal email and phone number: _____

OSUNO Board member(s) notified: _____

Nurse Manager: _____

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

Why is this a grievance? (What is management violating – please check all that apply.)

- contract (Article or Articles _____)
- rules and regulations (if checked, please attach a copy of the rule or regulation)
- unjust / inequitable treatment
- existing policy (if checked, please attach a copy of the policy)
- past practice
- local, state, federal laws, etc. (please identify if known _____)
- other: _____

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

Signature of Grievant: _____ Date: _____