SEIU Healthcare Wisconsin United for Quality Care

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Pat Raes, President

SEIU HEALTHCARE WISCONSIN
GENERAL GRIEVANCE FORM

Give a copy of this form to the appropriate management representatives (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 Number:

Step:

Type: Individual OR Union (select one)

Name of Grievance or UNION:

Chapter:

Worksite or Work Unit:

Job Class:

Hours of Shift:

Cell/Home Phone:

This grievance alleges violation(s) of the following 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: (Insert Article & Section)

Briefly Describe the grievance:

For Disciplines including terminations: On or about (insert date), grievant was disciplined without just cause.

Sample For Contract Violations: On or about / Since on or about (insert date) the Employer (insert issue; example: scheduled employees) in violation of the contract.

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

For Disciplines: Rescind Discipline, Purge Personnel Record of any and all related documentation and information, pay any applicable backpay and/or benefits and otherwise make grievant whole.

For Terminations: Rescind Discipline, Purge Personnel Record of any and all related documentation and information, return grievant to former position, pay any applicable back pay and benefits and otherwise make grievant whole.

Sample for Contract Violations: Cease and desist (insert process); Pay affected employees back pay and make whole in every way; Return grievant to former position.

Date Submitted to Employer:

Signed by:

For purposes of investigating and/or processing a grievance, please provide our Union with the following information:

- Any and all information used to determine the need to discipline and/or discharge (insert name) on (insert date) including supervisor notes, witness statements, etc.
- Copies of all applicable policies or procedures regarding:
- Other information specified below:

Please provide this information by no later than (insert date).

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.