

UPTÉ HEALTH CARE PROFESSIONALS UNIT GRIEVANCE FORM	Allegations of a violation of the Health Care Professionals Agreement in effect between the University and UPTÉ must be filled in on this form. See your Agreement for details regarding the filing of a grievance. PLEASE PROVIDE THE INFORMATION REQUESTED IN ACCORDANCE WITH ARTICLE 8, GRIEVANCE PROCEDURE OF THE HEALTH CARE PROFESSIONALS UNIT AGREEMENT.	
GRIEVANT'S NAME		NAME OF GRIEVANT'S IMMEDIATE SUPERVISOR
CAMPUS / MEDICAL CENTER / LABORATORY	DEPARTMENT / DIVISION	WORK TELEPHONE
EMPLOYEE CLASSIFICATION TITLE	NON-WORK ADDRESS TO WHICH CORRESPONDENCE MAY BE SENT TO GRIEVANT	
EMPLOYEE EMPLOYMENT STATUS ___ Career/Regular ___ Probationary ___ Full Time ___ Casual/Temporary ___ Per Diem ___ Part Time		GRIEVANT'S NORMAL HOURS OF WORK
IF REPRESENTED IN THIS GRIEVANCE, PROVIDE THE FOLLOWING:		
REPRESENTATIVE'S NAME	REPRESENTATIVE'S ORGANIZATION	REPRESENTATIVE'S TELEPHONE NUMBER
REPRESENTATIVE'S NON-WORK ADDRESS, CITY, STATE, ZIP		
TYPE OF GRIEVANCE: ___ INDIVIDUAL ___ GROUP (LIST ALL GRIEVANTS) ___ UNION (MUST BE SIGNED BY THE PRESIDENT OR DESIGNEE)	SPECIFIC ARTICLE(S) & SECTION(S) OF THE CONTRACT ALLEGED TO BE VIOLATED:	
DATE OF ACTION CAUSING GRIEVANCE ____/____/____	DATE OF INFORMAL DISCUSSION WITH SUPERVISOR ____/____/____	DATE OF INFORMAL RESPONSE ____/____/____
ALLEGED VIOLATION OF AGREEMENT		
REMEDY REQUESTED		
GRIEVANT'S AND/OR REPRESENTATIVE'S SIGNATURE		DATE

GRIEVANCE REVIEW -- STEP 1

DATE STEP 1 GRIEVANCE RECEIVED BY UC:		DATE OF UC RESPONSE:	
STEP 1 DECISION			
SIGNATURE OF STEP 1 REVIEWER	PRINTED NAME AND TITLE OF STEP 1 REVIEWER		TELEPHONE NUMBER
___ I DO NOT ACCEPT AND APPEAL THE STEP 1 RESPONSE TO THE SECOND STEP (STATE SUBJECT BELOW)		GRIEVANT'S AND/OR REPRESENTATIVE'S SIGNATURE	DATE
SUBJECT OF GRIEVANCE AT STEP 2, IF DIFFERENT THAN SUBJECT OF GRIEVANCE AT STEP 1.			

GRIEVANCE REVIEW -- STEP 2

DATE STEP 2 APPEAL POSTMARKED/HAND-DELIVERED	DATE STEP 2 APPEAL RECEIVED BY UC	DATE OF UC RESPONSE	DECISION ATTACHED ___ YES ___ NO
SIGNATURE OF STEP 2 REVIEWER		PRINTED NAME AND TITLE OF STEP 2 REVIEWER	
___ I DO NOT ACCEPT AND APPEAL THE STEP 2 RESPONSE TO THE SECOND STEP (STATE SUBJECT BELOW)		GRIEVANT'S AND/OR REPRESENTATIVE'S SIGNATURE	DATE
SUBJECT OF GRIEVANCE AT STEP 3, IF ANY ISSUE(S) OF GRIEVANCE AT STEP 2 HAS BEEN RESOLVED.			

GRIEVANCE REVIEW -- STEP 3

DATE STEP 3 APPEAL POSTMARKED/HAND-DELIVERED	DATE STEP 3 APPEAL RECEIVED BY UC	DATE OF UC RESPONSE	DECISION ATTACHED ___ YES ___ NO
SIGNATURE OF STEP 3 REVIEWER		PRINTED NAME AND TITLE OF STEP 3 REVIEWER	