

For office use only

Grievance Date: Step 1 \_\_\_\_\_

Filing date Step 2 \_\_\_\_\_

Meeting date Step 2 \_\_\_\_\_

Filing date Step 3 \_\_\_\_\_

Meeting Date Step 3 \_\_\_\_\_

GRIEVANCE # \_\_\_\_\_

**GRIEVANCE FORM  
VFNHP LOCAL 5221  
P.O. BOX 948  
BURLINGTON, VERMONT 05402**

GRIEVANT(S): \_\_\_\_\_

STEWARD(S): \_\_\_\_\_

CHIEF STEWARD: \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

UNIT/FACILITY \_\_\_\_\_

MANAGER \_\_\_\_\_

DIRECTOR/SUPERVISOR \_\_\_\_\_

**ARTICLE (S) OF CONTRACT VIOLATED:**

(And the contract in its entirety)

**STATE VIOLATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REMEDY SOUGHT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF GRIEVANT(S)** \_\_\_\_\_

**FIRST STEP ANSWER**

**FAX TO: 658-7673**

\_\_\_\_\_  
\_\_\_\_\_

**SECOND STEP ANSWER** (Attach response letter/email from management)

**FAX TO: 658-7673**

\_\_\_\_\_  
\_\_\_\_\_

**THIRD STEP ANSWER** (Attach response letter/email from management)

**FAX TO: 658-7673**

\_\_\_\_\_  
\_\_\_\_\_

**SIGN BELOW** IF THE GRIEVANCE HAS BEEN SETTLED TO YOUR SATISFACTION

**FAX TO: 658-7673**

**GRIEVANT(S)** \_\_\_\_\_

**STEWARD** \_\_\_\_\_

KEEP A COPY OF THIS DOCUMENT FOR YOUR RECORDS