Nursing Employee Problem Solving Record Rockledge Hospital

Employee's Name:		
(La	ast) (First)	(Middle Initial)
Date grievance occurred:	Date grievant aware of	occurrence:
	STEP ON	<u>IE</u>
Written grievance submitted	d to:	
written grievance submitted	(Print Name of Hea	d Nurse / Nurse Manager)
Date and time submitted: (Within seven (7) calendar days	s of knowledge of event)	
Contract Provision (s) Allege	ed Violated:	
Description of Grievance:		
Signatures of those present:	: FNA	MANAGEMENT
Date and time written respo (Within ten (10) calendar days	onse submitted: of presentation of Step 1 grievance)	
Response:		
Signatures of those present:	: FNA	MANAGEMENT
	STEP TW	<u>'0</u>
Written grievance submitted	d to:(Print Name of Dep.	artment Director)
	CELLIC MAINE OF DED	artinent Directori

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Date and time submitted: (Within ten (10) calendar days of receipt of Step 2 response)					
Appeal:					
Signatures of those prese	nt:				
	FNA		MANAGEMENT		
_					
Date and time Step 2 grie	vance presented:				
Department Head's response (Within ten (10) calendar days of from the date of the Step 2 meeting):					
Cianatura af the an arrang					
Signatures of those prese	FNA		MANAGEMENT		
		STEP THREE			
Written grievance submitted to:					
		int Name of Director of	Human resources)		
Date and time submitted: (Within ten (10) calendar da	: ys of receipt of Step 2 respon	se)			
Appeal:					
Signatures of those prese	nt: FNA		MANAGEMENT		

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Date and time Step 3 gr	evance presented:		
	onse (Within ten (10) calend		of the Step 3 meeting):
Signatures of those pres	ent: FNA		MANAGEMENT
		STEP FOUR	
Notification of intent to arbitrate by:			(Signature)
Date notification sent: _			

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