

**SEIU HEALTHCARE PENNSYLVANIA
GRIEVANCE FORM**

Chapter: _____

Grievant: _____

Phone: _____

Dept: _____

Classification: _____

Delegate: _____

Date Filed: _____

Statement of Grievance: _____

Remedy Sought: _____

Received by Supervisor: _____ Date: _____

Step One Response: _____

Received by Union Rep: _____ Date: _____

Is Answer Satisfactory? Yes No Date Filed to Step Two: _____

Received by Dept. Head: _____ Date: _____

Step Two Response: _____

Is Answer Satisfactory? Yes No Date Filed to Step Three: _____

Received by HR: _____ Date: _____

Step Three Response: _____

Is Answer Satisfactory? Yes No **Date Filed to Arbitration:** _____
