

**KUNA LOCAL 5132 GRIEVANCE FORM
PURSUANT TO ARTICLE 42**

This form shall be used for all KUNA Union grievances. Additional sheets may be attached to this form if there is need for more space than provided. All such attachments must be dated, signed, and identify the specific step to which each attachment applies.

Grievance Filed at STEP ONE (Nurse Manager)

Grievant's Name (Please Print): _____

Job Title: _____ **Unit** _____ **Shift** _____

Home Phone _____ **Cell Phone** _____ **Work e-mail** _____

Clinical Representative _____

The following violation occurred on or about ____/____/____, *Grievance must be submitted within seven (7) days of the date of the incident or discovery of incident, or the date that the employee knew of the occurrence.*

**Violation of KUNA MOA: ARTICLE(s) /Hospital or Unit Policy
SECTION(s) or any that may apply:**

Grievance:

Remedy Sought:

Grievant's Signature: _____

KUNA Steward/Representative's Name : _____

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Response to STEP ONE from Nurse Manager

Investigation conducted? Yes _____ date: __/__/__ No _____

Meeting with grievant held? Yes _____ date: __/__/__ No _____

Nurse Manager Name: _____

Nurse Manager Written Response (attach) _____

Nurse Manager response must be received by grievant within seven (7) days of meeting with the grievant

Date response provided to grievant __/__/__

Grievance Moved to STEP TWO - Department Director

If Step 1 is not settled to employee's satisfaction, the employee may within five (5) days, appeal the grievance in writing to the Department Director.

Filed On ____/____/____ Grievant's initials _____

Received by: _____ Date Filed: __/__/__ Time: _____

Method Filed (*Check one*): In person _____ Email: _____ Date /Time _____

Response to STEP TWO from Department Director

Additional Investigation conducted? Yes _____ date: __/__/__ No _____

Meeting with grievant held? Yes _____ date: __/__/__ No _____

Department Director Name: _____

Department Director's written response (attach)

The Department Head shall respond to the grievance in writing within five (5) days after receipt of the appeal.

Date response provided to grievant _____

If the grievance is not settled to the employee's satisfaction, the employee may, within five (5) days after receiving the answer in step 2 above, appeal the grievance in writing to the VP Operations/designee stating the reason for the appeal.

Grievance Moved to STEP THREE - Appeal to Vice President, Operations Designee

Filed On ____/____/____ Grievant's initials _____

Received by: _____ Date Filed: __/__/__ Time: _____

Method Filed (*Check one*): In person _____ Email: _____ Date /Time: _____

The investigation of step 3 shall be concluded within ten (10) days after filing; the VP Operations/Designee shall render a written decision within five (5) days after the conclusion of the investigation

Response to STEP THREE from Vice President Operations/Designee

Additional Investigation conducted? Yes _____ date: __/__/__ No _____

Meeting with grievant held? Yes _____ date: __/__/__ No _____

Vice President Operations Designee Name: _____

Vice President Operations/Designee's written response (attach)

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Grievance moved to STEP FOUR

A Grievance not resolved in Steps 1,2, or 3 may be appealed in writing by the employee within five (5) days after receipt of the written decision from the VP Operations/Designee to an Arbitration Committee consisting of two representatives of the hospital and two representatives of the Association, a minimum of one Hospital representatives and a minimum of one of the Association Representatives shall have participated in the negotiation of the "Memorandum of Agreement"

Filed On ____/____/____ **Grievant's initials** _____

Received by: _____ **Date Filed:** ____/____/____ **Time:** _____

Method Filed (Check one): In person _____ **Email:** _____ **Date /Time** _____

*The **Arbitration Committee** shall conduct a hearing within ten (10) days after receiving the appeal regarding the grievance and hear arguments from both sides.*

Response to STEP FOUR from the Committee

The party (parties) will be notified in writing of the decision of the Arbitration Committee within five (5) days following the close of the hearing.

The decisions of the Arbitration committee shall be final and binding on the party (parties) involved unless the Committee is "deadlocked".

If the Committee is "deadlocked", the grievant may appeal in writing within five (5) days of receipt of the decision.

The grievance will then proceed to an impartial arbitrator selected in accordance with the procedures outlined in Article 42 of the Memorandum of Agreement between the University of Kansas Hospital Authority and the Kansas University Nurses' Association.