



National Nurses United

GRIEVANCE FORM

Attention: Assistant Vice President of Human Resources

Employee / Labor Relations
MedStar Washington Hospital Center
110 Irving Street, N.W.
Washington, D.C. 20010

Grievance # _____

Date: _____

STATEMENT OF GRIEVANCE:

The MedStar Washington Hospital Center is in violation of Article(s):

and any other relevant provisions of the Collective Bargaining Agreement and / or any applicable Federal, State or Municipal regulations by: _____

PROPOSED SOLUTION:

_____ Delivered: In person _____ By mail _____ By FAX _____

Grievant / NNU Representative

Signature of Employee-Labor Relations Representative

Date

National Nurses United
8630 Fenton Street, Suite 1100, Silver Spring, MD 20910-3836
Telephone: (240) 235-2000 Fax: (240) 240-235-2019

1 copy each to: Grievant / Grievant's Supervisor / NNU Chief Shop Steward