



AFGE LOCAL 1170

Pacific Medical Centers

Employee Complaint

Grievant's Name

Date

Delegate's Name

Phone #

Facility / Department / Unit

STEP 1

Written presentation made to

Immediate Supervisor

Date

STEP 1

NATURE OF COMPLAINT (Include contract violation, personnel policy, etc. Attach additional information to this sheet.)

REMEDY DESIRED:

Complainant Signature

Delegate or Union Rep. Signature

Received by:

Signature

Date

STEP 1

Answer received

STEP 2

Compliant notification sent

Complaint meeting held on

Answer received on

STEP 3

Complaint notification sent

Complaint meeting held on

Answer received on

DISPOSITION:

- ☐ Settled
☐ Withdrawn
☐ Appealed to Arbitration
☐ Date: _____

Copy to:

Delegate
Management
Complaint
Union

Send form to representation@afgelocal1170.org