



AFT Connecticut

A Union of Professionals

Backus Federation of Nurses

Grievance Complaint Form

Name _____ Step _____ Grievance # _____

Address _____

Home Phone Number _____ Work/Pager/cell# _____

Shift _____ Work area/Dept. _____

Nature of Complaint: _____

Requested Remedy: _____

Signature of Grievant _____

Date _____

Signature of Union Representative _____ Date _____

Answer Step 1 _____

Signature of Management Representative _____ Date _____

Answer Step 2 _____

Signature of Management Representative _____ Date _____

Answer Step 3 _____

Signature of Management Representative _____ Date _____