

**Marquette General Hospital
MNA/RN Staff Council Pre-Grievance Complaint Form
For Conflict Resolution**

For further details, refer to Article 16 of the contract.

Employee Name: _____ Date: _____
Department/Unit: _____ Shift: _____

If an employee has a complaint the employee must first document in writing on the Pre-Grievance Complaint Form the specific complaint, concern or problem and attempt to resolve the complaint informally through meeting with the Manager. This completed form must be presented in person to the immediate manager or their designee. Failure to submit the Pre-Grievance Complaint Form within ten days of the time the employee could have reasonably become aware of the incident will result in automatic forfeiture of the right to initiate or process the matter to a grievance.

Date of Occurrence giving rise to claim _____ (If more than 10 days prior to the filing date, include an explanation as to when the problem became known to the employee and why the employee should not have known about this earlier.) _____

Statement of Complaint and Individuals Involved (Attach any appropriate documentation e.g. timesheets, schedules, etc.)

Relief Requested:

Complainant's Signature _____

The Manager and the employee shall promptly meet in an effort to resolve the issue. The Manager shall respond in writing to the complaint within ten days after the meeting.

Date of Meeting: _____ Manager Response: _____

Manager's Signature: _____

Date response given to employee: _____

Employee response:

- I hereby consider this issue resolved. (Return yellow copy to manager within 10 days. The manager will forward a copy to the Assistant Administrator/HR. Original to be forwarded to the Union Steward.
- The manager's response does not resolve this issue. (Consult with union steward or designee immediately if you wish to pursue issue.)

Employee Signature: _____ Date: _____