



Grievance Form - Step I

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Submission of Complaint - all portions of this section must be completed by the grievant or KPNAA Representative.

Employee Name: \_\_\_\_\_

Work Location: \_\_\_\_\_

Statement of grievance: \_\_\_\_\_

\_\_\_\_\_

Specific section of contract violation: \_\_\_\_\_

\_\_\_\_\_

Remedy sought: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ date: \_\_\_\_\_

KPNAA representative shall present the original to the supervisor, copies to Grievant, facility representative, KPNAA Business Representatives

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Supervisor's Response: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ date: \_\_\_\_\_

Upon completion of this section: Original for supervisor, copies to Grievant, Personnel Office, KPNAA facility representative, KPNAA business Representatives.



Grievance Form - Step II  
(attach copy of Step I, if Step I was in writing)

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Appeal to Employer: \_\_\_\_\_

\_\_\_\_\_

Reason for appeal: \_\_\_\_\_

\_\_\_\_\_

Remedy sought: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Facility Representative is: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Original to Assistant MGA, copies to Human Resources at Facility, Department Supervisor, Grievant, KPNAA Facility Representative, KPNAA Business Representative.)

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Employer's response: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Grievance form - Step III  
(with attached copy of Step I and Step II)

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Request for Employer to review:

I hereby request my Employer review and consider the grievance outlined on the attachments.

My facility is \_\_\_\_\_

My KPNAA representative is \_\_\_\_\_

Signature: \_\_\_\_\_ date: \_\_\_\_\_

Original to Labor Relation's, copies Assistant MGA, Human Resources, Department Supervisor, Grievant, KPNAA facility representative, KPNAA Business Representative.

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Employer's conclusion: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ date: \_\_\_\_\_



Grievance Form - Step IV  
(with attached copy of Step I , Step II, and Step III)

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Appeal to the Employer: **Re:**

I hereby request the grievance outlined on the attachments be appealed to arbitration, as so stated in the:

LABOR AGREEMENT

between

KAISER PERMANENTE NURSE ANESTHETIST ASSOCIATION

of

SOUTHERN CALIFORNIA

and

SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP

October 2, 2000 - October 1, 2007

Signature: \_\_\_\_\_ date: \_\_\_\_\_

Original to Labor Relations

Copy to: KPNAA Attorney

Assistant MGA

Human Resources

Department Supervisor

Grievant

KPNAA facility representative

KPNAA Business Representative