Grievance Form - Step I

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

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:____________________________
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