



# Montana Nurses Association

20 Old Montana State Highway □ Clancy, MT 56934

PH (406) 442-6710 FAX (406) 442-1841

Contact your Union Representative or MNA Staff for assistance.

## Grievance Form

Name of Grievant	
Department	Shift
Mailing Address	
Cell Phone	Personal Email
Grievance Briefly Described: (include accurate dates, times and places)	
Article(s) and section(s) of the contract and any statute(s) violated including but not limited to:	
Remedy sought- Including but not limited to:	
Information requested:	

Grievant(s) Signature(s): \_\_\_\_\_

Unit Representative Name:
Address:
Cell Phone:
Email:
Signature:

Date Grievance Filed:
Name of Local Unit:

THIS FORM SHOULD BE FILLED OUT IN TRIPLICATE:

Original to the Grievant(s)      Copy to the MNA office      Copy to Employer

**ALL GRIEVANCES MUST BE TIMELY**  
(i.e., FILED WITHIN THE TIME FRAMES SPECIFIED IN THE CONTRACT)