



**MASSACHUSETTS NURSES ASSOCIATION**

**340 Turnpike Street - Second Floor  
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**GRIEVANCE**

**STEP \_\_\_\_\_**

**TO:**

**FROM:**

**STATEMENT OF GRIEVANCE:**

The \_\_\_\_\_ is in violation of Article(s) \_\_\_\_\_  
\_\_\_\_\_ and other relevant provisions of the Agreement by: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROPOSED SOLUTION:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**cc:** Grievant(s):  
MNA Chairperson(s):  
MNA Staff:

**Delivered:** in person  mail  by fax

**Signature of administrator or designee** \_\_\_\_\_

**Date** \_\_\_\_\_ **Time** \_\_\_\_\_

