

ASSOCIATION OF DIAGNOSTIC IMAGING TECHNOLOGISTS

Grievance Form (Essentia Health – Virginia)

Name of Member _____ Date _____
Please Print

Home Address _____
Street City Zip Code

Phone (W) _____ (H) _____ Hospital _____

Name of Manager _____ Phone _____

Date Grievance occurred _____

Have you discussed your Grievance with your Department Manager? Yes _____ No _____
On what date? _____

Did you provide your Department Manager with a written summary of your Grievance?
Yes _____ No _____ On what date? _____

(Note: **You must submit your grievance in writing to the department management and to Essentia Employee and Labor Relations within 15 calendar days** from the date the grievance occurred or, if the grievance relates to pay, within 20 calendar days after the payday for the period during which the grievance occurred.) **Briefly** describe your Grievance below:

Signature of Member

Copies of this Form must be sent to:

1) Association of Diagnostic Imaging Technologists 807 Broadway Street NE Suite 127 Minneapolis, MN 55413 Telephone: (763) 213-8252 Fax: (763) 753-7463	2) Your Department Management 3) Essentia Employee and Labor Relations Human Resources SSB6 407 East Fourth Street Duluth, MN 55805 Fax: (218) 786-4187
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