



HNA FACT FORM

This form must be completed and submitted to HNA along with any supporting documents and/or witness statements. **This form is for HNA internal use only and all information will be considered confidential.** The information you will provide will assist the HNA in investigating your concern, complaint or grievance. You may use additional pages as necessary.

Name _____ Facility _____

Unit _____ Title _____ FT PT Per Diem

Current Mailing Address: _____

Best Contact # (non-work): _____ Best time(s) to call (non-work): _____

Email(non-work): _____ Date submitted: _____

Indicate Contract Section(s) Violated, if known: _____

Describe the incident which led to your concern/complaint:

Who was involved (Name, title, contact number include witnesses):

When did it occur? (day, date, time)

Contractual resolution sought? What must management do to correct the problem?

Additional information:

Office Use Only:

Date Received _____

Individual:

Class:

Date of Response _____ Grievance filed _____ ULP filed: _____ Other: _____