

CUPE WORKLOAD COMPLAINT FORM – NON-RPN

Note: This form is to be used by all CUPE Clerical and Service job classifications excluding Registered Practical Nurses (RPNs). RPNs must use the CUPE Workload Complaint Form – RPN.

All sections of the form **must** be completed prior to submission for review.

The parties agree that patient care is enhanced if concerns relating to professional practice, patient acuity, fluctuating Work-Loads and fluctuating staffing are resolved in a timely and effective manner.

SECTION 1: GENERAL INFORMATION

Name(s) of Employee(s) Reporting (Please Print) (attach additional sheet if necessary)

Name	Job Classification
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Unit/Area/Program: _____ Site/Location: _____

Date of Occurrence _____ Time of Occurrence: _____

Shift Length: 7.5 hr. 11.25 hr. Other _____

Name of Manager/Supervisor: _____ Time Notified: _____

Date Form Submitted to Employer: _____

SECTION 2: WORKING CONDITIONS

In order to effectively resolve workload issues, please provide detail about the working conditions at the time of the occurrence by providing the following information:

Type of Work Being Performed (please describe)

Number of Staff on Duty_____ Usual Number of Staff on Duty_____

If there was a shortage of staff at the time of the occurrence, please provide details about why there was a shortage:

SECTION 3: DETAILS OF OCCURENCE

Is this an: Isolated Incident Ongoing Problem (*Check One*)

I/We the undersigned, believe that I was/we were given an assignment that was excessive or inconsistent with quality patient care and/or created an unsafe working environment for the following reasons. (Provide brief description of problem/work assignment below, including what happened, how the assignment was inconsistent with quality patient care and/or created an unsafe work environment, where the incident happened.):

SECTION 4: REMEDY

a) At the time the workload issue occurs, discuss the issue within the unit/area/program to develop strategies to meet patient care needs. Provide details of how it was or was not resolved:

b) Failing resolution at the time of the occurrence, seek immediate assistance from your immediate supervisor/manager who has responsibility for timely resolution of workload issues. Discussion details:

c) Was it resolved Yes No

Provide details of how it was or was not resolved:

SECTION 5: RECOMMENDATIONS

To correct this problem, I/we recommend:

SECTION 6: EMPLOYEE SIGNATURE(S)

Signature: _____ Date: _____
Phone #: _____ Email: _____
Signature: _____ Date: _____
Phone #: _____ Email: _____
Signature: _____ Date: _____
Phone #: _____ Email: _____
Signature: _____ Date: _____
Phone #: _____ Email: _____

SECTION 7: MANAGEMENT COMMENTS

The manager (or designate) will provide a written response to the individual(s) with a copy to the Bargaining Unit President. Please provide any information/comments in response to this report, including any actions taken to remedy the situation, where applicable:

Manager Signature: _____ Date: _____
Date Provided to Employee(s): _____

Process as outlined in Article 9.16 (b)

- Step 1** *Employee(s) are to raise their concern(s) with immediate supervisor within 48 hours of the occurrence. After discussion with the immediate supervisor, if resolution has not been achieved, the employee may formalize their complaint by completing the CUPE Workload Complaint Form – Non-RPN.*
- Step 2:** *The supervisor is to provide a response within 10 working days by completing their portion of the form.*
- Step 3:** *Failing resolution following the form's completion, through the Union representative, the complaint may be submitted to either the Joint Health and Safety Committee or the Labour Management Committee for further review and advisement.*