

**Local 7 Staffing Committee Documentation of Staffing Concern**

**A staffing concern has been identified and unresolved at the following Kaiser Permanente location:**

**Facility** \_\_\_\_\_ **Department** \_\_\_\_\_

**Please describe the staffing concern (include duration of the issue, vacancies and other pertinent information about what is happening in the department)**

[please use separate page if additional space is needed]

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

**What has been done at the department (unit level) to resolve the situation?**

[please use separate page if additional space is needed]

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

**If Issue Resolution/Interest Based Problem Solving was used to attempt to resolve the issue, what was the problem statement?**

[please use separate page if additional space is needed]

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

**Person(s) completing the form:**

_____ Name (Staff Member)	_____ Telephone Number	
_____ Name (Staff Member)	_____ Telephone Number	Date and Time Stamp
_____ Name (Staff Member)	_____ Telephone Number	Date: _____
_____ Name (Supervisor)	_____ Telephone Number	Time: _____

**Has a Local 7 Union Steward been involved in this process? If so, who?**

\_\_\_\_\_  
Local 7 Union Steward

\_\_\_\_\_  
Telephone Number

**Suggested Process:**

- a. Use this form to submit staffing concerns to the Local 7 Staffing Committee.  
or;
- b. A staff member and supervisor or steward and supervisor can bring the completed form to the Local 7 Staffing Committee to discuss the staffing concerns.

Disclaimer: Local 7 and Management are committed that no retaliation shall result from identifying a concern and utilizing this form.

Copies distributed to: MOA/Director, Staffing Committee, Employee