WORKLOAD COMPLAINT FORM

Please complete as many sections of the form as possible

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

SECTION 1: INFORMATION

Name(s) of Employee(s) Reporting (please include any additional employees in a separate document)

_____

Unit/Department: _____ Campus/Site: _____

Date of Occurrence: _____Time of Occurrence: _____Time Supervisor Notified: _____

Shift Length: ☐ 7.5 hr. ☐ 11.25 hr. ☐ Other _____

Date Workload Complaint Form Submitted to Manager: _____

SECTION 2: DETAILS OF OCCURRENCE

Provide a concise summary of the occurrence:

_____

_____

_____

_____

_____

_____

_____

Is this an isolated incident or an ongoing problem: _____

SECTION 3: WORKING CONDITIONS/CONTRIBUTING FACTORS

If there was a shortage of staff at the time of the occurrence (including support staff), please check one or all of the following that apply:

☐ Vacation/leaves ☐ Injury/illness ☐ Vacancies

☐ Other _____

Has a Safety Learning System (SLS) report been filed?

☐ Yes ☐ No

SLS Number _____

If known, list any TOH or departmental policies and/or professional standards or guidelines that have been breached:

_____

_____

_____

_____

_____

SECTION 4: INITIAL ATTEMPT AT RESOLUTION

At the time the workload issue occurred, did you discuss the issue with your **immediate supervisor**?

☐ Yes, what was the outcome of the discussion and what solutions were identified?

_____

_____

☐ No How come?

_____

Failing resolution, did you discuss the issue with your **manager** after the occurrence?

☐ Yes, what was the outcome of the discussion and what solutions were identified?

_____

_____

☐ No How come?

_____

SECTION 5: RECOMMENDED SOLUTIONS

What do you believe should be rectified to prevent similar occurrences:

_____

_____

_____

_____

_____

SECTION 6: EMPLOYEE SIGNATURES

Signature _____ Email _____

Signature _____ Email _____

Signature _____ Email _____

Signature _____ Email _____

Date submitted: _____

Please make sure to submit a copy of the workload complaint form to your manager and to the Union office

SECTION 7: MANAGEMENT COMMENTS

_____

_____

_____

_____

For further clarification, see article 9.14 of the CUPE & TOH Collective Agreement