



JNESO - District Council 1, IUOE-AFL-CIO

SHORT STAFFING/ COMPLAINT FORM

HOME HEALTH
PLEASE PRINT

I/WE _____ INDICATE JOB TITLE: i.e., RN, LPN. _____(s)

employed at _____ at their _____ as _____
Facility/Employer Office / Location Shift/ Status i.e. Days/Per Visit, etc.

hereby protest my/our assignment _____ despite my objection.
DATE/TIME

Supervisor You Reported To: _____ Supervisor Response: _____
(if any)

Section II Please check all appropriate statements:

- Staff not given adequate orientation
- The assignment poses a serious threat to the health and safety of staff
- Staff involuntarily forced to work beyond scheduled hours , including documentation time*
- Inadequate time allowance for acuity of patients
- New patients were assigned without adequate or appropriate staff
- Other (please explain) _____
- The assignment poses a potential threat to the health and safety of staff and patients

Section III Caseload and Acuity

Caseload _____ Daily Assignment _____

List pertinent acuity and other factors:

- extensive wound care
- unforeseen home situation
- extensive teaching
- extensive travel time
- Other _____

Section IV Complete this section if you think the situation cannot be explained adequately in Section 2 and 3, or if you think additional information is relevant.

Brief statement of problem: _____

Section V Did you call the appropriate authority?

STATE OF NEW JERSEY DEPARTMENT OF HEALTH
SHORT STAFFING COMPLAINT HOTLINE (800) 792-9770

- Yes
- No

When: _____
Date and Time

Who did you speak to? _____ What was their response? _____

***If this was a case of mandatory overtime please see your Steward for a N.J. Department of Labor *Mandatory Overtime Complaint Form* And/or Grievance filing**

- Mandatory Overtime Complaint Form filed Yes No Copy attached
- Grievance Filed (where applicable) Yes No Copy attached

JNESO MEMBERS PRINT NAME _____ NAME _____ NAME _____

EMAIL & CELL _____ NAME _____ NAME _____

WHITE: UNION/Steward

YELLOW: MEMBER

PINK: MANAGEMENT