



# JNESO - District Council 1, IUOE-AFL-CIO

## SHORT STAFFING/ COMPLAINT FORM

**HOME HEALTH**  
**PLEASE PRINT**

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

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