Staffing, Work Assignment and Concern Form

Employee Name: __________________________ Date: __________________

Department: ____________________________ Shift: ____________________

I have informed (supervisor) ____________________ Title: __________________

Work Assignment Issues:
The assignment has compromised my ability to complete my assigned work due to: (all checked areas must have description)

☐ Inability to complete assigned work due to short staffing
☐ Insufficient training/orientation for assignment
☐ Lack of equipment/supplies
☐ Safety concern
☐ Unfair Assignment

Description of concern: ____________________________________________________________________________________________
________________________________________________________________________________________________________________________________

How you would fix this concern: ____________________________________________________________________________________________
________________________________________________________________________________________________________________________________

Missed Breaks and Meal Periods:

☐ Didn’t receive an uninterrupted meal period, Date: __________________
☐ Didn’t receive my break Date: __________________
  ☐ First break
  ☐ Second break

Other Concerns:

☐ Management spoke to me in a disrespectful way, please provide details: __________________________
________________________________________________________________________________________________________________________________

Other: __________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________

Routing instructions:
1. Employee complete form and may make photocopy for self and/or UFCW 21 shop steward
2. Send original copy to Supervisor/Manager for response.