

UAW Local 2322

Unsafe Staffing/Mandating Report



Shop Name: _____ Site/Unit: _____

Date: ____/____/____ Shift: _____ Time: _____ a.m. ____ p.m. ____ (check one)

Supervisor: _____ # of Staff: _____ # of Clients: _____

Acuity: (i.e., restraints, 1 to 1, etc.):

Reason given for shortage/mandating:

Conditions observed by staff:

Reported by: _____

*** PLEASE GIVE COPY TO YOUR UAW STEWARD AND YOUR MANAGER/DIRECTOR ***

Send a copy to your Servicing Representative
(fax) 413.534.7611 or (mail) 4 Open Square Way, Suite 406 Holyoke, MA 01040