**NURSE REP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UNIT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_**

**PLEASE RETURN FORM BY FRI, OCT 13, 2023 TO: ROOM H214, SCAN OR FAX 9-416-480-6867 FROM INSIDE SUNNYBROOK OR 416-480-6868 FROM AN OUTSIDE FAX.**

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| **PROBLEMS** | **INFORMATION** |
| 1. **Scheduling Concerns**   - e.g. are schedules posted on time  - Are STAT and vacation requests being granted  - How many vacant positions (mat leaves, sick leaves, unfilled FT lines  - Are overtime shifts distributed correctly | **PLEASE PROVIDE DETAILS (NAMES, DATES)** |
| 1. **Workload Issues**  * Have there been workload complaints in the past 3 months? * Is there a common cause? * Are there problems which nurses have not filled out Workload Complaints for? |  |
| 1. **Health and Safety**   - Have there been injuries?  - Any equipment concerns?  - Do you have staff on accommodated or modified work? Is it impacting other staff?  - Any violence issues? |  |
| 1. **Professional Issues**   - Availability of in-service, access for all staff  - Unit nursing practice council – are issues being discussed? |  |
| 1. **Human Rights**   - Harassment issues  - Interpersonal conflicts  - Bullying |  |
| 1. **Miscellaneous**    * Have you nursed patients in the hallway lately?    * Did you fill out a workload complaint? |  |

**IF ADDITIONAL SPACE IS REQUIRED, ATTACH EXTRA PAGES AS NEEDED**