## **SUN Member Issues Investigation Form**

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UNI	ON O	F NURSES

Local # Facility	y/Agency:		Site/Unit:	
<b>SUN Members involved</b>				
Name				
Phone #				
Member Status				
Date & Time of Issue		Shift Affected (if	applicable)	
Synopsis of issue presente	ed or concerns raised			
Applicable Shift Details (e	g: notice of shift cance	ellation, scheduli	ng of shift, etc)	
<b>Applicable Past Practice</b>				Possible Discpline?
				Yes □ No □
				N/A Unsure
Was 9.03 activated?	Ves D Na D	Ongoing/Trendi	ng Issue?	
		116 133ac.	Yes □ No □	
	. $\square$	D		
	N/A 🗆	Breach of Practi		Yes No
Meetings* conducted to d	·		Documentation	/Evidence Collected
Meetings* conducted to d	·		Documentation ☐ Witness inve	/Evidence Collected
Meetings* conducted to d	·		Documentation  ☐ Witness inve ☐ Personnel fil	Projected estigation notes e information
Meetings* conducted to d	·		Documentation  ☐ Witness inve ☐ Personnel fil ☐ Relevant doc	estigation notes e information cumented communication
Meetings* conducted to d	·		Documentation  Witness inve Personnel fil Relevant doc (eg: emails,	estigation notes e information cumented communication communication book, etc)
Meetings* conducted to d	·		Documentation  Witness inverse Personnel file Relevant documentation (eg: emails, eg: communication)	estigation notes e information cumented communication communication book, etc) tion with professional assoc.
Meetings* conducted to d	·		Documentation  Witness inverse Personnel fil Relevant documentation (eg: emails, eg: email	estigation notes e information cumented communication communication book, etc) tion with professional assoc.
*including relevant/applicable men	date Mi	nutes Attached?	Documentation  Witness inverse Personnel fil Relevant documentation (eg: emails, eg: email	estigation notes e information cumented communication communication book, etc) tion with professional assoc. ployer policies
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Additional Notes/Supporting Information
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