



Staffing Concern Form

Form is used for submitting a complaint to the Nurse Staffing Acuity Committee

Employee _____ Date _____ Time _____

This assignment has compromised my ability to provide quality patient care because of the following (check all that apply):

- Our unit is not staffed according to its staffing plan
- Our staffing plan and/or staffing is inadequate. Please specify any of the following:
 - Census is higher than planned
 - Patient acuity is higher than planned
 - Unit activities (e.g. admissions, discharges, procedures, transfers) are different than planned
 - Need for specialized equipment
 - Staff support different than the plan (list all staff at the bottom of page)
 - Inappropriate assignment for skill level of RN or coworkers
 - Other (specify)

- Shift adjustments to the staffing plan are inadequate. Please specify any of the following:
 - Census is higher than planned
 - Patient acuity is higher than planned
 - Unit activities (e.g. admissions, discharges, procedures, transfers) are different than planned
 - Need for specialized equipment
 - Staff support different than the plan (list all staff at the bottom of page)
 - Inappropriate assignment for skill level of RN or coworkers
 - Other (specify)

- Missed breaks: [] Meal break [] Rest break x 1 [] Rest Break x 2
- Other (specify)

Details regarding shift in question

Unit: _____ Shift: _____ Census: _____

Number of staff: RNs ___ LPNs ___ CNAs ___ Techs ___ Unit Secretary ___ Sitters ___

Did you notify a supervisor about this situation? Yes/No

If so, who did you notify? [] Charge Nurse [] House Supervisor [] Unit Manager [] AOC

Name of person notify and outcome: _____

Signature of nurse issuing unsafe/inadequate staffing objection: _____ Date: _____