

Assignment Despite Objection

Name: _____

Email: _____

Job title: _____

Program/facility: _____

Reported to: _____

At date & time: _____

Because refusal to accept or participate in this assignment may result in employer discipline, I accept the assignment under protest and will carry it out to the best of my ability.

This document is to confirm that I notified you, a representative of this agency, of my reasonable belief that the situation as documented below is unsafe and/or constitutes improper quality of care.

Issue or concern:

Unsafe staff/client ratio

PPE inadequate or not enforced

Inadequate training

Lack of proper disinfectant supplies

Visitor policies not enforced

Outside scope of practice

Other (please specify):

Associated risks:

Impediment to safe care

Contributes to potential spread of disease

Serious injury to employee, client, or community member

Psychological trauma

Compassion fatigue

Legal liabilities

Other (please specify):

Additional comments:

I request that the agency take appropriate corrective action to ensure that no employee or client be placed in this situation in the future.

Notice to Employer: Please be advised that the Union considers this document to be notice to the Employer under 21 V.S.A. § 507, the Healthcare Whistleblower's Protection Act. Retaliatory action against the reporting employee is prohibited by law.



AFSCME Local #1674 Howard Center