

Somerset County (PESS) Grievance Form

**YOU MUST MAIL OR FAX THIS FORM TO SOMERSET COUNTY MANGEMENT WITHIN THE
TIMEFRAMES BELOW:**

**Attention: Pam Mastro
27 Warren St 3rd Fl
Somerville, NJ 08876
FAX (908) 704-1629**

WITHIN TEN (10) DAYS UPON RECEIPT AND/OR KNOWLEDGE FROM SOMERSET MANAGEMENT:

SUSPENSION **TERMINATION** **OTHER (NON DISCIPLINARY MATTERS)**

DATE: _____

EMPLOYEE'S NAME: _____

ADDRESS: _____

JOB TITLE: _____

ADDRESS: _____

STATEMENT OF GREIVANCE: (check if using additional sheets)

REMEDY: _____

Signature of Grievant: _____ **DATE** _____

OFFICIAL USE ONLY			
DATE REC'D _____	GRIEVANCE# _____	SR: _____	
1 ST STEP: _____	2 ND STEP _____	ARBITRATION APPEAL (Y) _____ (N) _____	DATE: _____-

A COPY OF THIS GRIEVANCE MUST BE FAXED TO CWA Local 1037 (973-623-3777)