

# Somerset County (RICHARD HALL) Grievance Form

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

**Attention: Michael Frost  
500 N Bridge St  
Bridgewater, NJ 08807  
FAX (908) 704-1790**

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** \_\_\_\_\_

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

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