

# ESSEX ARC GRIEVANCE FORM

Essex ARC  
123 Naylor Avenue  
Livingston, NJ 07039

Grievance# \_\_\_\_\_

**EMPLOYEE'S NAME: See Below**

**ADDRESS:**

**JOB TITLE:**

**DAY CENTER OR GROUP HOME NAME:**

**ADDRESS:**

**STATEMENT OF GRIEVANCE:**

**BASIS OF GRIEVANCE:**

**REMEDY:**

My representative will be: \_\_\_\_\_  
Shop Steward or Staff Representative Name

Signature of Grievant(s): \_\_\_\_\_