



**Communications Workers of America Local 1037,  
AFL-CIO**

**30 Clinton Street, 3<sup>rd</sup> Flr.  
Newark, NJ 07102**

**Phone # 973-623-1828  
Fax # 973-623-3777**

***NJPAC GRIEVANCE FORM***

**New Jersey Performing Arts Center Corporation  
1 Center Street  
Newark, NJ 07102**

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

**Employee's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Statement of Grievance:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Basis of Grievance:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Remedy:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**My Representative will be:** \_\_\_\_\_  
Shop Steward's or Staff Representative's Name Date

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