



STATE OF NEW JERSEY
DEPARTMENT OF MILITARY AND VETERANS AFFAIRS
 EGGERT CROSSING ROAD CN 340
 TRENTON, NEW JERSEY 08625-0340

Date: _____

SUBJECT: Formal Grievance Presentation

TO: _____
 (Appropriate Deciding Official)

* NAME OF GRIEVANT: _____ SSAN: _____

HOME ADDRESS: _____

HOME PHONE: _____ BUS PHONE: _____

POSITION TITLE & GRADE: _____

POSITION LOCATION: _____

* If this is a group grievance, insert spokesman's name and attach a list of names and signatures of each employee in the group.

SPECIFIC NATURE OF GRIEVANCE: (Here the grievant should tell in very careful detail the exact nature of his complaint and how it effects him personally. Attach continuation sheets as required.)

I ask that the complaint be corrected in the following way or ways:

I first presented this grievance informally to my immediate supervisor on:

MY IMMEDIATE SUPERVISOR IS: _____

In this presentation of my grievance, I wish to be represented by _____

_____. I have discussed this matter with this individual and he/she has agreed to act in my behalf.

(SIGNATURE)

(DATE)

INSTRUCTIONS: Execute and sign three (3) copies

DISTRIBUTION: 1-Management Official
1-Union Local
1-Employee