

Grievance Report

Name of Grievant(s)

Job Title

Department

Status

Campus

Work location

Work Phone

Home Address (optional)

Home Phone

Home City State Zip

Filed by Union Representative

Work location

Work Phone

Contract/Policy Section Violated (including but not limited to)

Date (as per Section 14.02E)

Brief description of issues involved in this grievance

Award sought

Step 1

Human Resources contacted prior to filing: <input type="checkbox"/> yes <input type="checkbox"/> no	
Human Resources person contacted	Date
Initiated with Grievant's "Department Head"	Date
Response due by	Response received
Result	

Step 2

Submitted to Director of Labor Relations, UMDNJ, Human Resources Department, ADMC 819, Newark	Date
Hearing to be convened on or before	Hearing date set
Response	
Grievant's signature	Date
Union Representative's signature	