

# GRIEVANCE PROCEDURE FORM

STATE OF NEW JERSEY

**NOTE: Every item must be completed to avoid delays in processing.**

**INSTRUCTIONS:** This Grievance Form is for use by all State employees, including employees who are not covered by a union contract. To initiate the grievance process, complete all items in the **GRIEVANCE INFORMATION** section and submit this form to the appropriate office as designated by your union contract or within 30 calendar days from the date on which the alleged act occurred. **NOTE:** Appeals for which Merit System review mechanisms exist, such as those pertaining to Examination, Classification (out-of-title work), Sick Leave Injury or Layoff, should proceed through established Merit System appeal processes.

NAME OF EMPLOYEE:  
SMITH, Jeffrey (Group)

JOB TITLE:  
Corrections Lieutenant

MAILING ADDRESS:  
P. O. Box 273, Richwood, NJ 08074

SOCIAL SECURITY NUMBER:

DEPARTMENT:  
Corrections

DIVISION, INSTITUTION OR AGENCY:  
South Woods State Prison

**DESIGNATION OF GRIEVANCE:**

**CONTRACTUAL:** State article and paragraph (section) of the contract which you claim is violated: XXXIV; A, C, & D.

**NONCONTRACTUAL**

**EMPLOYEE STATEMENT OF GRIEVANCE** (Attach additional sheets if necessary):

\*\*\* SEE ATTACHED SHEET \*\*\*

**TO CORRECT MY GRIEVANCE, THE FOLLOWING SHOULD OCCUR:**

The State shall immediately establish a Joint Safety and Health Committee consisting of three (3) members from each party.

The State shall immediately schedule a Joint Safety and Health Committee meeting.

The State shall continue to schedule quarterly meetings to discuss safety and health problems or hazards and programs to make recommendations concerning improvement or modification of conditions regarding health and safety.

I WILL REPRESENT MYSELF (or)  MY REPRESENTATIVE WILL BE:

Name of Representative: Scott Derby, Executive Vice President

Employee Organization: Fraternal Order of Police Lodge #183

**WITNESSES MAY INCLUDE:** All of those employees that were involved in the assault on staff, by inmates, on January 01, 2005, at Bayside State Prison, employees involved in the investigation of this incident, and management employees involved in reviewing the results of this investigation.

SIGNATURE OF EMPLOYEE: \_\_\_\_\_ DATE: February 08, 2005 \_\_\_\_\_

**RECEIVED BY:**

Signature of Management Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**STEP ONE DECISION:**

SIGNATURE: \_\_\_\_\_  
(Management Representative) (Date of Hearing) (Date Decision Served to Employee and Representative)

**EMPLOYEE:**

I acknowledge settlement of my grievance or  I appeal to STEP TWO\*

SIGNATURE OF EMPLOYEE: \_\_\_\_\_ DATE: \_\_\_\_\_

STEP 1