



FRATERNAL ORDER OF POLICE

ATLANTIC LODGE 34^{INC.}

P.O. BOX 992

MAYS LANDING

N.J. 08330

CELL (609) 226-0977

GRIEVANCE REPORT FORM

FAX (609) 879-0116

**DEPARTMENT OF PUBLIC SAFETY
DIVISION OF ADULT DETENTION**

DATE OF INCIDENT: _____

DATE FILED: _____

FOP # 34 _____

Re: FOP Atlantic Lodge # 34 (Correction Officers)
-and-
County of Atlantic

GRIEVANCE CHAIR PERSON RECOMMENDATION :

- Grievance Valid - Process for further Action
- Grievance may have some validity- Inquire further...
- Grievance Invalid - recommend no further action...

NAME OF GRIEVANT: _____

GRIEVANT HOME ADDRESS NUMBER AND STREET CITY STATE ZIP

HOME / CELL PHONE _____

WORK PHONE **609-645-5855 EXT: 7590**

SUPERVISOR AT TIME OF INCIDENT _____

F.O.P. REPRESENTATIVE _____

GRIEVANCE FIRST DISCUSSED WITH _____

DATE _____

Examples of: Article (s) and or Section (s) of Violation (s) But not Limited to: Contract, Past Practice, Fair Treatment, The Law, Managements Violations of Rules or regulations:

STATEMENT OF GRIEVANCE

STATEMENT OF GRIEVANCE (GIVE TIMES, DATES, WHO, WHAT, WHEN, WHERE, WHY, HOW)

REMEDY REQUESTED:

I understand and agree that the FOP 34 has the final authority in processing, presenting and adjusting any grievance, complaint or dispute in a manner that the FOP or its officers and business representatives consider to be in the best interest of the FOP. I also understand and agree that the FOP 34 and its officers and business representatives may decline to process a grievance, dispute or complaint if it lacks merit.

GRIEVANT SIGNATURE _____ DATE _____ TIME _____