FRATERNAL ORDER OF POLICE



222 East Town Street OHIO LABOR COUNCIL, INC.

GRIEVANCE REPORT FORM

O.L.C. UNIT	FACILITY				OCB GRIEVANCE NO.	DISTRICT	
FOR UNIT ONE ONLY				FOR UNIT TWO ONLY			
UNIT				DEPARTMENT			
POST				DIVISION			
DISTRICT							
						1	
NAME OF GRIEVANT		P	LEASE PRI	NT OR TYPE SOCIAL SECURITY NO.			
NAME OF GIVEVANT				SOCIAL SECONTT NO.			
GRIEVANT HOME AD	DRESS	NUMBER AND STREET		CITY	STATE ZIF	,	
HOME PHONE		WORK PHONE	CLASSIFIC	CATION			
IMMEDIATE SUPERVISOR AT TIME OF INCIDENT				O.L.C. REPRESENTATIVE			
GRIEVANCE FIRST DISCUSSED WITH					DA	TE	
ARTICLE AND SECTION	ON NUMBER	OF CONTRACT VIOLATION					
STATEMENT OF GRIEVANCE (GIVE TIMES, DATES, WHO, WHAT, WHEN, WHERE, WHY, HOW) BE SPECIFIC.							
					(CONTINUE ON B	ACK IF NECESSARY)	
REMEDY REQUESTE	D						
GRIEVANT'S SIGNAT	JRE				DATE	TIME	
						•	

GRIEVANT MUST SEND A COPY OF THIS FORM TO THE FOP/OLC OFFICE IMMEDIATELY							
STEP ONE							
DATE RECEIVED	DATE OF MEETING	DATE OF ANSWER (SEE ANSWER ATTACHED)					
SIGNATURE	I						
STEP TWO							
DATE RECEIVED	DATE OF MEETING	DATE OF ANSWER (SEE ANSWER ATTACHED)					
SIGNATURE							
STEP THREE							
DATE RECEIVED	DATE OF MEETING	DATE OF ANSWER (SEE ANSWER ATTACHED)					
SIGNATURE	1						
	STEP FO						
DATE RECEIVED	DATE OF MEETING	DATE OF ANSWER (SEE ANSWER ATTACHED)					
SIGNATURE	·						
CTATEMENT OF ODIEVA	NCE (CONTINUED FROM FRONT)						
STATEMENT OF GRIEVA	INCE (CONTINUED FROM FRONT)						