



FRATERNAL ORDER OF POLICE

222 East Town Street
COLUMBUS, OHIO 43215-4611
(614) 235-3800 FAX (614) 224-5775

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			

PLEASE PRINT OR TYPE			
NAME OF GRIEVANT			SOCIAL SECURITY NO.
GRIEVANT HOME ADDRESS NUMBER AND STREET		CITY	STATE ZIP
HOME PHONE ()	WORK PHONE ()	CLASSIFICATION	
IMMEDIATE SUPERVISOR AT TIME OF INCIDENT		O.L.C. REPRESENTATIVE	
GRIEVANCE FIRST DISCUSSED WITH			DATE
ARTICLE AND SECTION OF CONTRACT VIOLATION			
STATEMENT OF GRIEVANCE (GIVE TIMES, DATES, WHO, WHAT, WHEN, WHERE, WHY, HOW) BE SPECIFIC			

(CONTINUE ON BACK IF NECESSARY)

REMEDY REQUESTED		
GRIEVANT'S SIGNATURE	DATE	TIME

GRIEVANT MUST SEND A COPY OF THIS FORM TO THE FOP/OLC OFFICE IMMEDIATELY

