



# FRATERNAL ORDER OF POLICE

222 East Town Street  
Columbus, Ohio 43215-4611  
(614) 224-5700

**OHIO LABOR COUNCIL, INC.**

## GRIEVANCE REPORT FORM

O.L.C. UNIT	FACILITY	OCB GRIEVANCE NO.	DISTRICT
<b>FOR UNIT ONE ONLY</b>		<b>FOR UNIT TWO ONLY</b>	
UNIT	DEPARTMENT		
POST	DIVISION		
DISTRICT			

<b>PLEASE PRINT OR TYPE</b>				
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 NUMBER 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**

## STEP ONE

DATE RECEIVED

DATE OF MEETING

DATE OF ANSWER  
(SEE ANSWER ATTACHED)

SIGNATURE

## 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)
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SIGNATURE

## STEP FOUR

DATE RECEIVED

DATE OF MEETING

DATE OF ANSWER  
(SEE ANSWER ATTACHED)

SIGNATURE

STATEMENT OF GRIEVANCE (CONTINUED FROM FRONT)

[illegible]