

FRATERNAL ORDER OF POLICE,  
**OHIO LABOR COUNCIL, INC.**

222 EAST TOWN STREET  
COLUMBUS, OHIO 43215-4611  
1 (614) 224-5700  
FAX 1 (614) 224-5775  
1-800-FOP-OLCI

**FILLING OUT THIS FORM DOES NOT CONSTITUTE FILING OF THE GRIEVANCE. YOU MUST STILL FOLLOW YOUR GRIEVANCE**



O.L.C. Unit: \_\_\_\_\_ Employer: \_\_\_\_\_  
O.L.C. Grievance No.: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_

## GRIEVANCE REPORT FORM

PLEASE PRINT OR TYPE

**A copy of this form must be sent to the O.L.C. Office - IMMEDIATELY**

**Please have your Associate call your Staff Representative when filing a grievance**

Name of Grievant: \_\_\_\_\_ Badge No: \_\_\_\_\_  
Grievant address \_\_\_\_\_ Phone No: \_\_\_\_\_  
Classification: \_\_\_\_\_ Assignment: \_\_\_\_\_  
Shift: \_\_\_\_\_ Date of appointment: \_\_\_\_\_  
Immediate Supervisor at time of incident: \_\_\_\_\_  
O.L.C. Representative: \_\_\_\_\_ Date and time: \_\_\_\_\_  
Grievance first discussed with: \_\_\_\_\_ Date and time: \_\_\_\_\_  
Article and section number of contract violation: \_\_\_\_\_  
Statement of grievance (Give times, dates, who, what, when, where, why, and how):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remedy requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Grievant's signature: \_\_\_\_\_ Date and time: \_\_\_\_\_

### STEP ONE

Received by: \_\_\_\_\_ Date and time: \_\_\_\_\_

Respondent's Name and Title

Date of meeting: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

Step one response: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Respondent's Signature and Title

Date and Time

Received by: \_\_\_\_\_ Date and Time \_\_\_\_\_

Grievant's Signature

Date and Time

ANSWER IS: Accepted: \_\_\_\_\_ Rejected: \_\_\_\_\_

**STEP TWO (if applicable)**

Received by: \_\_\_\_\_ Date and time: \_\_\_\_\_

Respondent's Name and Title

Date of meeting: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

Step two response: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Respondent's Signature and Title

Date and Time

Received by: \_\_\_\_\_

Grievant's Signature

Date and Time

ANSWER IS: Accepted: \_\_\_\_\_ Rejected: \_\_\_\_\_

**STEP THREE (if applicable)**

Received by: \_\_\_\_\_ Date and time: \_\_\_\_\_

Respondent's Name and Title

Date of meeting: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

Step three response: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Respondent's Signature and Title

Date and Time

Received by: \_\_\_\_\_

Grievant's Signature

Date and Time

ANSWER IS: Accepted: \_\_\_\_\_ Rejected: \_\_\_\_\_

**STEP FOUR (if applicable)**

Received by: \_\_\_\_\_ Date and time: \_\_\_\_\_

Respondent's Name and Title

Date of meeting: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

Step four response: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Respondent's Signature and Title

Date and Time

Received by: \_\_\_\_\_

Grievant's Signature

Date and Time

ANSWER IS: Accepted: \_\_\_\_\_ Rejected: \_\_\_\_\_

F.O.P./O.L.C. intention to arbitrate (Yes) \_\_\_\_\_ (No) \_\_\_\_\_

Signature