



FRATERNAL ORDER OF POLICE OHIO LABOR COUNCIL, INC.

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

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 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

