

222 EAST TOWN STREET
COLUMBUS, OHIO 43215-4611
(614) 224-5700
FAX (614) 224-5775
1-800-367-6524

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



OLC Unit: _____ OLC Grievance #: _____
 Employer: _____ Employer Phone #: _____
 Employer Address: _____

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: _____

City, State, Zip: _____ Grievant Phone #: _____

Grievant Email: _____ Grievant Cell #: _____

Classification: _____ Assignment: _____

Shift: _____ Date of Appointment: _____

Immediate Supervisor at time of incident: _____

O.L.C. Representative: _____ 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: _____

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