FRATERNAL ORDER OF POLICE

3360 E. LIVINGSTON AVE.
COLUMBUS, OHIO 43227
(614) 2353800

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	

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

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)
SIGNATURE		

STEP FOUR

DATE RECEIVED	DATE OF MEETING	DATE OF ANSWER (SEE ANSWER ATTACHED)
SIGNATURE		

STATEMENT OF GRIEVANCE (CONTINUED FROM FRONT)