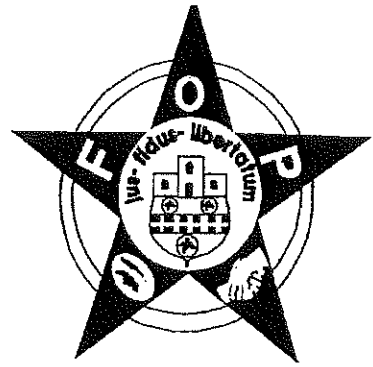


The Fraternal Order of Police,
Ohio Labor Council, Inc
 222 East Town Street
 Columbus, Ohio 43215-4611
 (614) 224-5700
 FAX (614) 224-5775
 1-800-FOP-OLCI

APPENDIX A



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's 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 Name and Title)

Date of Meeting _____ Time _____ Place _____

Step One Response: _____

(Name and Title) _____ (Date and Time) _____

Received by _____ (Date and Time) _____

(Grievant) _____ (Date and Time) _____

ANSWER IS: Accepted () Rejected ()

STEP TWO if applicable

Received by _____ Date and Time _____
(Respondent Name and Title)

Date of Meeting _____ Time _____ Place _____
Step Two Response _____

(Name and Title) _____
Received by _____ (Date and Time) _____

(Grievant) _____ (Date and Time) _____

ANSWER IS: Accepted (_____) Rejected (_____)

~~STEP THREE if applicable~~

~~Received by _____ Date and Time _____
(Respondent Name and Title)~~

~~Date of Meeting _____ Time _____ Place _____
Step Three Response _____~~

~~N/A~~

(Name and Title) _____
Received by _____ (Date and Time) _____

(Grievant) _____ (Date and Time) _____

ANSWER IS: Accepted (_____) Rejected (_____)

~~STEP FOUR if applicable~~

~~Received by _____ Date and Time _____
(Respondent Name and Title)~~

~~Date of Meeting _____ Time _____ Place _____
Step Four Response _____~~

~~N/A~~

(Name and Title) _____
Received by _____ (Date and Time) _____

(Grievant) _____ (Date and Time) _____

ANSWER IS: Accepted (_____) Rejected (_____)

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

(Signature) _____