



**OHIO PATROLMEN'S BENEVOLENT ASSOCIATION
OFFICIAL GRIEVANCE FORM**

NAME OF EMPLOYEE:

DEPARTMENT:

CLASSIFICATION:

WORK LOCATION:

IMMEDIATE SUPERVISOR:

STATEMENT OF GRIEVANCE:

LIST APPLICABLE VIOLATION:

ADJUST/REMEDY REQUIRED:

I AUTHORIZE _____ AS MY REPRESENTATIVE TO ACT FOR ME IN THE DISPOSITION OF THIS GRIEVANCE.

DATE:

SIGNATURE OF EMPLOYEE: _____

SIGNATURE OF UNION REPRESENTATIVE: _____

TITLE: OPBA ATTORNEY

DATE PRESENTED TO MANAGEMENT REPRESENTATIVE:

SIGNATURE: _____

TITLE:

DISPOSITION OF GRIEVANCE: _____

THIS STATEMENT OF GRIEVANCE IS TO BE MADE IN TRIPLICATE. ALL THREE COPIES ARE TO BE SIGNED BY THE EMPLOYEE AND/OR THE OPBA REPRESENTATIVE HANDLING THE CASE.

ORIGINAL TO:

COPY:

COPY: O.P.B.A. GRIEVANCE FILE

Note: One copy of this grievance and its disposition to be kept in grievance file of O.P.B.A.