OHIO STATE TROOPER ASSOCIATION, Inc.

6161 Busch Blvd., Ste. 130, Columbus, OH 43229-2553
(800) 544-7948 • Fax (800) 682-2855

Est. 1997

Grievance Report Form

OCB# Do not write in this space

Grievant Information

Name - Last/First/MI		SSN:	Unit#	BU # ☐1 ☐15
Street Address		City		Zipcode
Home Phone	Work Phone	Shift	Classification	
E-mail Address				

Facility Information

District	Post/Section	Commander	Immed. Supv.

Alleged Contract Violation

Article Number	Article Title

Grievance Facts

Be specific - Answer Who, What, When, Where and Why

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Requested Remedy

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Filing Information

Labor Representative Notified? [ ] Yes [ ] No	Date Contacted	Time Contacted	Rep's Name:	
X Supervisor's Signature - Acknowledgment of Receipt			Date Recieved	Time Recieved
X Grievant's Signature			Date Filed	Time Filed

Immediately mail and / or fax a copy of this form to the Ohio State Troopers Association, Inc.

Grievance/Remedy Continued

Grievance Steps

Step One

*** Employees should review the Grievance Procedure in the current contract prior to filing.**

Date of Meeting	Location	Management Reply Date	Reply Attached? [ ] Yes [ ] No
Management Reply: [ ] Accepted [ ] Rejected	X Supv.'s Signature		Date
Next Step Requested? [ ] Yes [ ] No	X Grievant's Signature		Date

Step Two

Date of Meeting	Location	Management Reply Date	Reply Attached? [ ] Yes [ ] No
Management Reply: [ ] Accepted [ ] Rejected	X Supv.'s Signature		Date
Next Step Requested? [ ] Yes [ ] No	X Grievant's Signature		Date

Step Three

Date Letter Sent	Reply Recieved	Date to Legal Committee
Legal Committment Requests Arbitration [ ] Yes [ ] No	Date Arbitration Requested	X Legal Committee Chairman's Signature

Step Four

Date of Arbitration/Mediation	Arbitrator/Mediator	Management Rep.	Labor Attorney