



**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.**