

**APPENDIX F
GRIEVANCE FORM**

GRIEVANCE FORM

Date Filed # _____

- Filed Through F.O.P.
Grievance Committee

- Filed independently
of F.O.P.

Name of Grievant: _____

Home Address: _____

Date Cause of Grievance Occurred: _____

Statement of Complaint of Grievant: (Attach supporting documents if appropriate)

Section of Agreement Alleged to Have Been Violated:

Remedy Sought:

(Grievant's Signature) (Date)

cc: Grievant
F.O.P.
Vice President for Administration

Chief Human Resources Officer
Chief of YSU Police