

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) **See Attached**

Section(s) of Agreement Alleged to Have Been Violated:

Remedy Sought:

(Grievant's Signature)

(Date)

cc: Grievant
FOP/OLC
YSU Director of Labor Relations

Associate Vice President/Chief Human Resources
Officer Chief of YSU Police