



George Murray Lodge #67 Grievance/Action Report Form

F.O.P. Committee Member Notified: _____

Date: _____

Grievance Number: _____

Date Filed: _____

Name of Grievant: _____

Grievant email: _____ Grievant Phone: _____

Name of Department Representative: _____

Representative email: _____ Representative Phone: _____

Department: _____

Date Cause of Grievance /Action Occurred: _____

Statement of Grievance/Action: (Give times, dates, who, what, when, where, why, how) Be specific

(Continue on separate page(s) if needed)

Specific Article(s) and Section(s) of Agreement Violated: _____

Remedy Requested: _____

Grievant/Representative Signature: _____

The original of this form must be submitted at every step. Once a decision has been made, the original must be returned to the F.O.P. Committee along with any written response to the grievance/action. If there is no response or if the original is not returned to the F.O.P. timely, the F.O.P. may advance a copy of this form to the next step.

Date submitted to and received by Commander / Supervisor: _____

Signature: _____

Step 1 Disposition: _____

Commander/Supervisor Signature: _____

Date: _____

Has Grievance/Action been resolved: Yes No

Action of Grievant and / or F.O.P. _____

Grievant/Representative Signature: _____

Date: _____

Date submitted to and received by Chief of Police: _____

Chief Signature: _____

Meeting with Chief scheduled: _____

Step 2 Disposition: _____

Chief Signature: _____

Date: _____

Has Grievance/Action been resolved: Yes No

Action of Grievant and / or F.O.P. _____

Grievant/Representative Signature: _____

Date: _____

Date submitted to and received by Mayor/Designee: _____

Mayor/Designee Signature: _____

Meeting with Mayor scheduled: _____

Step 3 Disposition: _____

Mayor Signature: _____

Date: _____

Has Grievance/Action been resolved: Yes No

Action of F.O.P. _____

Date submitted to F.O.P. for recommendation: _____

Will Grievance/Action be moved to Arbitration: Yes No

Committee Member Signature: _____

Date: _____

Attorney Assigned: _____

Date submitted for Arbitration: _____

Date Arbitration Scheduled: _____

Final Disposition of Grievance/Action: _____

Date of Final Disposition: _____

Date Grievant notified of Disposition: _____

Grievant notified by: _____