

**ODNR Grievance Form Collective Bargaining Exempt Personnel**

Employee's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Work Unit: \_\_\_\_\_

Division / Office: \_\_\_\_\_

PCN: \_\_\_\_\_ Classification: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ of incident leading to grievance

Statement of Fact of Occurrence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cite Rule, Policy, or Law Allegedly Violated: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relief Sought: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee Signature

Date

Name of Representative Employee to Accompany Employee:

(Step 1) Classification / Location: \_\_\_\_\_

(Step 2) Classification / Location: \_\_\_\_\_

(Step 3) Classification / Location: \_\_\_\_\_