

**PROFESSIONALS GUILD OF OHIO
GRIEVANCE FORM**

Date:

Grievant's Name

Work Area:

Classification:

Article &
Sections
Violated:

Did this grievance arise from a continuing condition?

Yes

No

If "No", on what date(s) and time(s) did the incident(s) in the grievance occur?

Where did the incident(s) occur?

Brief Statement of Grievance:

Remedy Requested:

PGO Representative who will represent me in this matter:

Signed: _____

(Employee)

Signed: _____

(PGO Representative)

On what date was this grievance discussed informally with the immediate supervisor? _____

MANAGEMENT REPLIES

STEP 1: _____

Date: _____ Signed: _____

I wish to appeal this grievance to Step 2: _____
Grievant/Steward's Initials **Date**

STEP 2: _____

Date: _____ Signed: _____

I wish to appeal this grievance to Step 3: _____
Grievant/Steward's Initials **Date**

STEP 3: _____

Date: _____ Signed: _____

REQUEST FOR ARBITRATION/JUDGES

I hereby request that this grievance be forwarded to arbitration, pursuant to the Agreement.

Date: _____ Signed: _____

Executive Director
Professionals Guild of Ohio