



Ohio Department of Natural Resources

JOHN R. KASICH, GOVERNOR

DAVID MUSTINE, DIRECTOR

ODNR Grievance Form Collective Bargaining Exempt Personnel

Employee's Name: _____

Work Address: _____

Home Telephone: _____ Work Telephone: _____

Work Unit: _____

Division / Office: _____

PN: _____ 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: _____

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