BUREAU OF MEDIATION SERVICES
STATE OF MINNESOTA
1380 ENERGY LANE, SUITE 2
ST. PAUL, MINNESOTA 55108-5253

NAME OF UNION: __________________________________________
Address: ___________________________________________ Phone:(     ) -
City________ State____ Zip
Name of Representative: __________________________________________
Address: ___________________________________________ Phone:(     ) -
City________ State____ Zip
E-Mail Address: __________________________________________

NAME OF EMPLOYER: __________________________________________
Address: ___________________________________________ Phone:(     ) -
City________ State____ Zip
Name of Representative: __________________________________________
Address: ___________________________________________ Phone:(     ) -
City________ State____ Zip
E-Mail Address: __________________________________________

Type of Employer:
Public________ Private________
__ County________ School District________ Municipality________ State________ U of M________
__ Special Bd. or Commission________

Type of Bargaining Unit Involved:
__ K-12 Teachers________ Police/Fire/Corr.________ Supervisory________ Confidential________ Principals/Asst. Principals________
__ Nurses________ Clerical/Admin.________ Social Services________ Maintenance/Trades________ Service & Support________ Other________
__ Hwy/Pub.Wks./Pks.________ Construction________ Dairy Industry________ Hospital or Nursing________ Wall to Wall________
__ Retail Food/Grocery________ Transportation________ Communication/power________ Home________ Other (Specify)________
__ Meat Processing________
__ Technical________ Higher Ed Instructional________
__ Communication/power________ Only one signature is required for Arbitrator Panels.

Date grievance/dispute first made known to employer:

Nature of Dispute (i.e. discharge, overtime, etc.):

X Signature__________________________________________ X Signature__________________________________________
Print or Type Name of Person Signing __________________________ Print or Type Name of Person Signing __________________________
Organization__________________________________________ Organization__________________________________________
Date:________________________ Date:________________________

3/11