

Bureau of Mediation Services
State of Minnesota
1380 Energy Lane, Suite 2
St. Paul, MN 55108-5253

**PETITION FOR MEDIATION SERVICES
(PUBLIC SECTOR)**

www.bms.state.mn.us
Phone: 651-649-5421
Fax: 651-643-3013

Case No. _____

Name of Petitioning Organization _____

Address _____ Phone _____

Name of Chief Negotiator/Contact _____

Address _____ Phone _____

E-Mail Address _____

Name of 2nd Contact (if applicable) _____

Address _____ Phone _____

E-Mail Address _____

Name of Other Party _____

Address _____ Phone _____

Name of Chief Negotiator/Contact _____

Address _____ Phone _____

E-Mail Address _____

Name of 2nd Contact (if applicable) _____

Address _____ Phone _____

E-Mail Address _____

List three dates and times petitioner is available for mediation: 1st _____ 2nd _____ 3rd _____

Type of Government Agency: County Municipality School District Spec Board/Commission State U of M

Type of Mediation Requested: Contract Grievance

Type of Bargaining Unit Involved: (file a separate petition for each appropriate unit) **Check the ONE designation which is most appropriate.**

- | | | |
|---|--|---|
| <input type="checkbox"/> K-12 Teachers | <input type="checkbox"/> RN's | <input type="checkbox"/> Highway/Public Works/Parks |
| <input type="checkbox"/> Police/Fire/Corrections | <input type="checkbox"/> Clerical/Administrative | <input type="checkbox"/> Technical |
| <input type="checkbox"/> Supervisory | <input type="checkbox"/> Social Services | <input type="checkbox"/> Wall-to-Wall |
| <input type="checkbox"/> Confidential | <input type="checkbox"/> Maintenance & Trades | <input type="checkbox"/> Other Professional |
| <input type="checkbox"/> Principals/Asst.Principals | <input type="checkbox"/> Service & Support | <input type="checkbox"/> Other _____ |

Status of Employees Involved: Essential Other Than Essential

Number of Employees in Unit: _____ Number of Prior Negotiating Meetings Held: _____ Date of 1st Negotiating Meeting: _____

Concise Statement of the Nature of This Dispute and Unresolved Issues: _____

Date Current Contract Expires: _____

Check if this is a First Contract Check if this is a Mid Contract Re-opener

Date of Petition: _____

PETITIONER MUST SEND A COPY OF THIS PETITION TO THE OTHER PARTY.

Date Petitioner Sent Copy to Other Party Above: _____

x _____
Authorized Signature

Completed petition may be faxed to 651-643-3013
(If petition is faxed – please do **not** mail the original)

Title of Person Signing this Petition