

REQUEST FOR GRIEVANCE MEDIATION

Date of Request _____

Please Type or Print

PARTIES TO THE COLLECTIVE BARGAINING AGREEMENT

PRIVATE/PUBLIC EMPLOYER

EMPLOYEE ORGANIZATION

_____	Representatives requesting Grievance Mediation	_____
_____	Names of Employer/Employee Organization	_____
_____	Street Address	_____
_____	City, Zip Code	_____
_____	Telephone Number	_____
_____	E-Mail	_____

GRIEVANCE DATA

Location of Hearing (City, County) _____

Name of Grievant/s _____

Date Grievance Filed _____

Grievance Issue _____

The parties must agree that Grievance Mediation has been accepted in the above matter by further affixing both parties signatures below. A Mediator will be assigned within 72 hours from receipt of your request.

Signature of Employer Representative

Signature of Authorized Representative of the Employee
Bargaining Agent

Title

Organization

Title

Organization