

PETITION FOR GRIEVANCE ARBITRATION
EMPLOYMENT RELATIONS COMMISSION
Michigan Department of Labor and Economic Opportunity

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|---|-------|--|---|------------------------------------|----------|
| <small>THE DEPARTMENT OF LABOR & ECONOMIC OPPORTUNITY WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP OR POLITICAL BELIEFS.</small> | | | | | |
| <small>PURSUANT TO ITS AUTHORITY TO AID PARTIES IN RESOLVING LABOR DISPUTES, THE MICHIGAN EMPLOYMENT RELATIONS COMMISSION MAINTAINS A LIST OF ARBITRATORS QUALIFIED TO PERFORM GRIEVANCE ARBITRATION.</small> | | | | | |
| (A) INSTRUCTIONS: YOU MUST SEND THIS COMPLETED FORM OR A WRITTEN AGREEMENT BETWEEN THE PARTIES AS WELL AS TWO COPIES OF : | | | | | |
| <input type="checkbox"/> CONTRACT CLAUSE ALLEGEDLY VIOLATED | | <input type="checkbox"/> GRIEVANCE PROCEDURE | | <input type="checkbox"/> GRIEVANCE | |
| CONTRACT EXPIRATION DATE: | | | THIS PETITION IS FILED BY : | | |
| | | | <input type="checkbox"/> EMPLOYER <input type="checkbox"/> UNION <input type="checkbox"/> JOINT | | |
| 1. PUBLIC EMPLOYER NAME | | | EMPLOYER REPRESENTATIVE NAME | | |
| ADDRESS (STREET NO. AND NAME) | | | ADDRESS (STREET NO. AND NAME) | | |
| CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |
| TELEPHONE NO. (INCLUDE AREA CODE) | | FAX NO. | TELEPHONE NO. (INCLUDE AREA CODE) | | FAX NO. |
| 2. LABOR ORGANIZATION NAME | | | LABOR ORGANIZATION REPRESENTATIVE NAME | | |
| ADDRESS (STREET NO. AND NAME) | | | ADDRESS (STREET NO. AND NAME) | | |
| CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |
| TELEPHONE NO. (INCLUDE AREA CODE) | | FAX NO. | TELEPHONE NO. (INCLUDE AREA CODE) | | FAX NO. |
| 3. NAME OF GRIEVANT AND BRIEF DESCRIPTION OF GRIEVANCE: | | | | | |
| | | | | | |

PRINT NAME/TITLE: _____ DATE: _____

SIGNATURE _____

INTERNET