



**PETITION FOR FACT FINDING  
EMPLOYMENT RELATIONS COMMISSION**  
Michigan Department of Labor and Economic Opportunity

AUTHORITY: P.A. 380 of 1965, as amended  
 COMPLETION: MANDATORY  
 PENALTY: PETITION WILL NOT BE  
 PROCESSED IF INCOMPLETE  
 FORM IS FILED.

<b>MEDIATION CASE NO</b>			<b>LABOR MEDIATOR</b>								
<b>PUBLIC EMPLOYER NAME</b>				<b>EMPLOYER REPRESENTATIVE NAME</b>							
ADDRESS (STREET NO. & NAME)				ADDRESS (STREET NO. & NAME )							
CITY		STATE		ZIP CODE		CITY		STATE		ZIP CODE	
TELEPHONE		FAX		EMAIL		TELEPHONE		FAX		EMAIL	
<b>LABOR ORGANIZATION NAME</b>				<b>LABOR REPRESENTATIVE NAME</b>							
ADDRESS (STREET NO. & NAME)				ADDRESS (STREET NO. & NAME)							
CITY		STATE		ZIP CODE		CITY		STATE		ZIP CODE	
TELEPHONE		FAX		EMAIL		TELEPHONE		FAX		EMAIL	
<b>THE PARTIES HAVE NOT RESOLVED THE FOLLOWING MATERS WHICH REMAIN IN DISPUTE:</b>											
<b>THE FOLLOWING IS A STATEMENT OF REASONS WHY PUBLICIZING THE FACTS AND RECOMMENDATIONS WOULD ASSIST IN RESOLVING THE DUPUTED ISSUES:</b>											
DATE OF MEDIATION REQUEST:		DATES MEDIATION OCCURRED				PETITION FILED BY: <input type="checkbox"/> UNION <input type="checkbox"/> EMPLOYER					
UNIT DESCRIPTION:						# EMPLOYEES IN UNIT		CONTRACT EXPIRATION DATE:			

**PETITIONER AFFIRMS THAT IT HAS ENGAGED IN GOOD FAITH BARGAINING AND MEDIATION, BUT MATTERS REMAIN IN DISPUTE.**

**I HAVE REVIEWED THIS PETITION AND THE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

**SERVE ORIGINAL PETITION ON OTHER PARTY OR REPRESENTATIVE. FILE 4 COPIES AND A PROOF OF SERVICE WITH COMMISSION.**

PRINT NAME/TITLE

SIGNATURE

DATE

*LEO will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap or political beliefs.*

**OFFICE USE ONLY:    Date Petition Received:    Date Panel Issued:    Date of Last Best Offer:    Date of Hearing:    Date of Report:**