

## COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF LABOR RELATIONS PETITION TO INITIATE GRIEVANCE ARBITRATION

DO NOT	WRITE	IN THIS	SPACE

Case No.

Date Filed

The Barris		
1. Employer's Name		2. Telephone Number
3. Employer's Address (street and no., cit	ty/town, state, and zip code)	4. Fax Number
5. Employer's Labor Relations Represent	tative 6. Email Address	7. Telephone Number
8. Employer's Representative's Address (	o code) 9. Fax Number	
10. Labor Organization's Name	11. Telephone Number	
12. Labor Organization's Address (street a	13. Fax Number	
14. Labor Organization's Representative's	Name 15. Email Address	16. Telephone Number
17. Address (street and no., city/town, stat	18. Fax Number	
	mplete sections 23 - 25 & 29, skip sect mplete sections 26 - 28 & 29, skip sect the Dispute: 24. Signature /s/	
26. Labor Organization's Rep.'s Name	27. Signature /s/	28 Date
29.	CERTIFICATE OF SERVICE	
I hereby certify that I have served a copy o	of this Petition on the representative	of the opposing party.
Method of Service In hand	First Class Mail	Other (specify):
Signature and Title of Person making Certific	cation /s/	
\$1,000; provided, however, that the fee shall b further, that the Director of the Department of particular controversy or classes of controver 2. The filing fee for an application for private s	e paid in equal shares by the party seek Labor Relations may, where appropriate sies. Sector grievance arbitration filed pursuar ares by the party seeking application an	ration filed pursuant to M.G.L. Chapter 150, §6 is sing application and the answering party; provided, e, provide for the waiver of the filing fee for any at to M.G.L. Chapter 150, §6 is \$1,500; provided, ad the answering party; provided, further, that the e waiver of the filing fee for any particular DLR FORM_ARB1 Revised 06/15