σ	COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF LABOR RELATIONS REQUEST FOR GRIEVANCE MEDIATION	DO NOT WRITE IN THIS SPACE	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		Case No.	Date Filed
1.	Employer's Name		2. Telephone Number
3.	Employer's Address (street and no., city/town, state, and zip code)		4. Fax Number
5.	Employer's Labor Relations Representative 6. Email Address		7. Telephone Number
8.	Employer's Representative's Address (street and no., city/town, state, and zip code)		9. Fax Number
10.	Labor Organization's Name		11. Telephone Number
12.	Labor Organization's Address (street and no., city/town, state, and zip code)		13. Fax Number
14.	Labor Organization's Representative's Name 15. Email Address		16. Telephone Number
17.	Address (street and no., city/town, state, and zip code)		18. Fax Number
	This Petition is being filed by: (check one)  Jointly		
22.	Employer's Representative Name 22. Signature /s/		24. Date

Signature and Title of Person making Certification /s/

801 CMR 4.02 (456) (3) The filing fee for an application for grievance mediation filed pursuant to M.G.L. c. 150, § 6 is \$300; provided, however, that the fee shall be paid in equal shares by the party seeking application and the answering party; provided, further, that the Director of the Department of Labor Relations may, where appropriate, provide for the waiver of the filing fee for any particular controversy or classes of controversies.

First Class Mail

CERTIFICATE OF SERVICE

27.. Date

DLR FORM\_OGM1 Revised 06/15

Other (specify): \_

26. Signature /s/

I hereby certify that I have served a copy of this Petition on the representative of the opposing party.

In hand

25. Labor Organization's Rep.'s Name

28.

Method of Service