Commonwealth of Massachusetts
BOARD OF CONCILIATION AND ARBITRATION
REQUEST FOR GRIEVANCE MEDIATION

PLEASE TYPE OR PRINT

1. Labor Organization: ____________________________ FEIN Number: ______________
   Address: ____________________________________________ Phone: ______________
   Zip Code: ______________
   Labor Relations Representative: ________________________ Title: ______________
   Address: ____________________________________________ Phone: ______________
   Zip Code: ______________

2. Employer: ____________________________ FEIN Number: ______________
   Address: ____________________________________________ Phone: ______________
   Zip Code: ______________
   Labor Relations Representative: ________________________ Title: ______________
   Address: ____________________________________________ Phone: ______________
   Zip Code: ______________

3. NATURE OF EMPLOYER’S BUSINESS:
   Description of Unit: ____________________________

4. A.) Name of Grievant: ____________________________
   B.) Brief Statement of Issue in Dispute:

   ____________________________________________
   ____________________________________________

   Has Arbitration been Requested? Yes____ No____ At Board: Yes____ No____
   Date of Arbitration hearing: ____________________________
   This request brought: Individually ____ Jointly ____

   ____________________________ Date: ____________________________
   Signature of Labor Organization’s Representative

   ____________________________ Date: ____________________________
   Signature of Employer’s Representative

Instructions:

Effective 8/1/02
1. Submit the original and one copy of this petition,
2. a fee of seventy-five dollars ($75.00) per Party,
3. and a copy of the collective Bargaining Agreement to:
   Board of Conciliation and Arbitration
   Charles F. Hurley Building
   19 Staniford Street
   Boston, MA 02114
   Telephone: (617) 626-6921
   Fax Number: (617) 626-6933

DO NOT WRITE IN THIS SPACE

Case Number ____________________________
Date Filed ____________________________
Mediator Assigned ____________________________
Date Mediator Assigned ____________________________

Updated 6/6/07