

**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 _____

Signature of Labor Organization's
Representative

Date: _____

Signature of Employer's
Representative

Date: _____

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