

Bureau of Mediation Services
State of Minnesota
1380 Energy Lane, Suite 2
St. Paul, MN 55108-5253

**PETITION FOR MEDIATION SERVICES
(PRIVATE SECTOR)**

www.bms.state.mn.us
Phone: 651-649-5421
Fax: 651-643-3013

Case No. _____

Name of Petitioning Organization _____

Address _____ Phone _____

Name of Chief Negotiator/Contact _____

Address _____ Phone _____

E-Mail Address _____

Name of 2nd Contact (if applicable) _____

Address _____ Phone _____

E-Mail Address _____

Name of Other Party _____

Address _____ Phone _____

Name of Chief Negotiator/Contact _____

Address _____ Phone _____

E-Mail Address _____

Name of 2nd Contact (if applicable) _____

Address _____ Phone _____

E-Mail Address _____

List three dates and times petitioner is available for mediation: 1st _____ 2nd _____ 3rd _____

Nature of business or industry involved in this dispute: _____

Nature of bargaining unit (i.e., craft, plant, clerical): _____

Type of Mediation Requested: Contract Grievance

Number of Employees in Unit: _____ Number of Prior Negotiating Meetings Held: _____ Date of 1st Negotiating Meeting: _____

Concise Statement of the Nature of This Dispute and Unresolved Issues: _____

Date Current Contract Expires: _____

Check if this is a First Contract

Check if this is a Mid Contract Re-opener

Date of Petition: _____

PETITIONER MUST SEND A COPY OF THIS PETITION TO THE OTHER PARTY.

Date Petitioner Sent Copy to Other Party Above: _____

x _____
Authorized Signature

Completed petition may be faxed to 651-643-3013
(If petition is faxed – please do **not** mail the original)

Title of Person Signing this Petition