

**PETITION FOR GRIEVANCE ARBITRATION**  
**EMPLOYMENT RELATIONS COMMISSION**  
 Michigan Department of Licensing and Regulatory Affairs

THE DEPARTMENT OF LICENSING & REGULATORY AFFAIRS WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP OR POLITICAL BELIEFS.					
PURSUANT TO ITS AUTHORITY TO AID PARTIES IN RESOLVING LABOR DISPUTES, THE MICHIGAN EMPLOYMENT RELATIONS COMMISSION MAINTAINS A LIST OF ARBITRATORS QUALIFIED TO PERFORM GRIEVANCE ARBITRATION.					
<b>(A) INSTRUCTIONS: YOU MUST SEND THIS COMPLETED FORM OR A WRITTEN AGREEMENT BETWEEN THE PARTIES AS WELL AS TWO COPIES OF :</b>					
<input type="checkbox"/> CONTRACT CLAUSE ALLEGEDLY VIOLATED		<input type="checkbox"/> GRIEVANCE PROCEDURE		<input type="checkbox"/> GRIEVANCE	
CONTRACT EXPIRATION DATE:			THIS PETITION IS FILED BY :		
			<input type="checkbox"/> EMPLOYER <input type="checkbox"/> UNION <input type="checkbox"/> JOINT		
<b>1. PUBLIC EMPLOYER NAME</b>			EMPLOYER REPRESENTATIVE NAME		
ADDRESS (STREET NO. AND NAME)			ADDRESS (STREET NO. AND NAME)		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
TELEPHONE NO. (INCLUDE AREA CODE)		FAX NO.	TELEPHONE NO. (INCLUDE AREA CODE)		FAX NO.
<b>2. LABOR ORGANIZATION NAME</b>			LABOR ORGANIZATION REPRESENTATIVE NAME		
ADDRESS (STREET NO. AND NAME)			ADDRESS (STREET NO. AND NAME)		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
TELEPHONE NO. (INCLUDE AREA CODE)		FAX NO.	TELEPHONE NO. (INCLUDE AREA CODE)		FAX NO.
<b>3. NAME OF GRIEVANT AND BRIEF DESCRIPTION OF GRIEVANCE:</b>					

PRINT NAME/TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**INTERNET**