

STATE OF MICHIGAN  
DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY  
EMPLOYMENT RELATIONS COMMISSION  
MEDIATION DIVISION

**GRIEVANCE MEDIATION REQUEST**

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INSTRUCTIONS: Submit this form to request Mediation of a Grievance(s) in accordance with P. A. 176 of 1939, P.A. 335 of 1947, P.A. 379 of 1965, and/or Federal Law.

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1. Name and Address of Employer: Phone No.

Name and title of person to communicate with: Phone No.

Address (If different from above)

**County:**

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2. Name and Address of Labor Organization Phone No.

Name and title of person to communicate with: Phone No.

Address (If different from above)

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3. Name of Grievant and/or brief description of Grievance:

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4. Is Mediation part of the Contractual Grievance Process?

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5. Status of negotiations if applicable:

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6. Name, Title and Address of person filing this notice: Phone No.

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Signature of person

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Date

**INTERNET**