

**State of Wisconsin**  
**Employment Relations Commission**  
2418 Crossroads Drive, Suite 1000, Madison, WI 53718-7896  
Phone: 608-243-2424 Fax: 608-243-2433  
Email: werc@werc.state.wi.us

**PETITION FOR FACT FINDING IN MUNICIPAL EMPLOYMENT (PUBLIC SAFETY EMPLOYEES)**  
(Pursuant to § 111.70(4)(c)3., Stats.)

**THE FILING FEE FOR FACT FINDING IS \$800 SPLIT EQUALLY BETWEEN BOTH PARTIES. PROCESSING BEGINS WHEN A PETITION AND \$400 IS RECEIVED, AT WHICH TIME THE OTHER PARTY IS BILLED BY THE COMMISSION FOR THE REMAINING \$400.**

**Complete and submit this form together with the required filing fee and, at the same time, send a copy to the other party.**

The Initiating Party alleges that the parties named below are deadlocked after a reasonable period of negotiations and jointly request the Wisconsin Employment Relations Commission to proceed under its proper authority, pursuant to § 111.70(4)(c)3., Stats., to conduct an investigation to determine whether fact finding should be initiated and certify to the parties the findings of fact and conclusions with regard thereto.

**All Information is Required**

Name of Labor Organization		Name of Employer	
Street Address, City, State, Zip Code		Street Address, City, State, Zip Code	
Telephone No.	Email Address	Telephone No.	Email Address
Name of Representative		Name of Representative	
Street Address, City, State, Zip Code (if different)		Street Address, City, State, Zip Code (if different)	
Telephone No.	Email Address	Telephone No.	Email Address
Describe the Collective Bargaining Unit With Inclusions and Exclusions			
List and Describe the Issue(s) in Dispute			
Mediation Was Conducted By			
The parties jointly request the following Commissioner or WERC Staff Member be assigned to this matter			

**I declare that I have read the contents of this petition and that the statements it contains are true and correct to the best of my knowledge.**

**Name**

**Title**

**Signature**

**Date**