

**State of Wisconsin**  
**Employment Relations Commission**  
4868 High Crossing Blvd., Madison, WI 53704-7403  
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**

<b>Name of Labor Organization</b>		<b>Name of Employer</b>	
<b>Street Address, City, State, Zip Code</b>		<b>Street Address, City, State, Zip Code</b>	
<b>Telephone No.</b>	<b>Email Address</b>	<b>Telephone No.</b>	<b>Email Address</b>
<b>Name of Representative</b>		<b>Name of Representative</b>	
<b>Street Address, City, State, Zip Code (if different)</b>		<b>Street Address, City, State, Zip Code (if different)</b>	
<b>Telephone No.</b>	<b>Email Address</b>	<b>Telephone No.</b>	<b>Email Address</b>
<b>Describe the Collective Bargaining Unit With Inclusions and Exclusions</b>			
<b>List and Describe the Issue(s) in Dispute</b>			
<b>Mediation Was Conducted By</b>			

**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**