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

REQUEST TO INITIATE MEDIATION
(Pursuant to § 111.11 of WEPA or §§ 111.70(4)(c)1, or (4)(cg)3, or (4)(cm)3 of MERA or § 111.87 of SELRA)

INITIATING PARTY OR PARTIES:	THE FILING FEE FOR MEDIATION IS $800 SPLIT EQUALLY BETWEEN BOTH PARTIES. PROCESSING BEGINS WHEN A REQUEST AND $400 IS RECEIVED, AT WHICH TIME THE OTHER PARTY IS BILLED BY THE COMMISSION FOR THE REMAINING $400.
☐ Labor Organization	
☐ Employer	
☐ Joint	

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

Name of Representative 2	Name of Representative 2

Street Address, City, State, Zip Code	Street Address, City, State, Zip Code

Telephone No.	Email Address	Telephone No.	Email Address

Describe the Collective Bargaining Unit Involved with Inclusions and Exclusions

Select One:

☐ *Contract Negotiation Dispute*
☐ *Grievance Dispute*
☐ *Other Labor Dispute*

List and Describe the Issue(s) in Dispute		
☐ **The initiating party requests that the Commission assigns a Commissioner or WERC Staff Member as Mediator.**		
☐ **The parties jointly request the following Commissioner or WERC Staff Member as Mediator (if available)**		
Date Form Was Sent to the Commission and, Unless the Request is Joint, to the Other Party		
I declare that I have read the contents of this request and that the statements are true and correct to the best of my knowledge.		
Name		**Title**	
Signature		**Date**	
Name		**Title**	
Signature		**Date**	