

STATE OF WISCONSIN
WISCONSIN EMPLOYMENT RELATIONS COMMISSION
P.O. Box 7870, Madison, WI 53707-7870
phone: (608) 266-1381 fax: (608) 266-6930 e-mail: werc@werc.state.wi.us

PETITION FOR FACT FINDING
PURSUANT TO SECTION 111.70(4)(c)3., WIS. STATS.

<p>In the Matter of the Petition of</p> <hr/> <hr/> <p>To Initiate Fact Finding Between Said Petitioner and</p> <hr/> <hr/>	<p>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.</p>
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Instructions: Complete and submit petition to the Commission in Madison. If more space is required attach additional sheets. If filing in paper form, submit a total of 2 copies to the Commission. A copy of this petition must also be served by the petitioner on the other party by mail, fax or other means authorized by the person served.

1. Name, address and affiliation, if any, of the Labor Organization involved:

Principal rep. name/title:
E-mail address (if any):
Address (if different from Labor Organization's):

Phone No.:
Fax No. (if any):

2. Name and address of the Employer involved:

Principal rep. name/title:
E-mail address (if any):
Address (if different from Employer's):

Phone No.:
Fax. No. (if any):

3. Description of the ____ certified or ____ voluntarily recognized collective bargaining unit involved:

Approximate number of employees in this unit: _____

4. The parties are deadlocked after a reasonable period of negotiations, involving _____ meetings between _____ and _____.

5. The issues in dispute are as follows:

6. The parties participated in mediation conducted by:

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

Name of Petitioner and affiliation, if any: _____

By: Name _____ Title _____

Signature/facsimile _____ Date _____