

SOUTH DAKOTA DEPARTMENT OF LABOR  
DIVISION OF LABOR AND MANAGEMENT

, HF No.

**Petitioner,**

**REQUEST FOR CONCILIATION**

vs.

,

**Respondent.**

1. Employee or Employee Organization:  
Name of contact person:  
Address:  
Telephone:
2. Employer  
Name of contact person:  
Address:  
Telephone:
3. Date written statement of Impasse delivered:
4. Contracts Issued:      Yes      No
5. Place where meeting can be held:
6. Brief statement of nature of impasse:

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Signature of Person or Organization  
requesting Conciliation

DOL-LM 8/02