

SOUTH DAKOTA DEPARTMENT OF LABOR
DIVISION OF LABOR AND MANAGEMENT

, HF No.

Petitioner,

REQUEST FOR FACT FINDING

vs.

,

Respondent.

1. Employee or Employee Organization:
Name of contact person:
Address:
Telephone:
2. Employer:
Name of contact person:
Address:
Telephone:
3. Date Impasse declared:
4. Date Conciliation held:
5. Brief statement of Impasse:

By: _____