

State Board of Arbitration and Conciliation ARBITRATION REQUEST FORM

BAC Form 1

Com	<u>plainant:</u>	Respondent:
Name	2	Name
Organ	nization	Organization_
Addro	ess	Address
Phone	e	Phone
E-Mail (if available)		E-Mail (if available)
Comp	plainant Representative (if any)	
	e/E-mail (if available)	- -
Natur	e of Submission	
	Joint	
	Unilateral	
Have '	the issues described below been agreed to by the par	rties?
G	Yes	
G	No	
Attacl receiv		documents? (Note: no request will be processed until all material is
	Yes	
	No	

Description of issue or issues to be discuss involved:	sed at arbitration proceeding, including specific sections of bargaining agreement
Remedy sought:	
	omplaint, including the accompanying Concise Statement of Facts, is ledge and belief. I understand that the law imposes penalties for false .
Signature	Date
Name	
Title	
	Certificate of Service
I certify that on	(date), I served a copy of this Arbitration Request Form on
	(name of party) bymail /hand deliverydelivery via
delivery service (indica	te which method), at the following address:

Service of this Arbitration Request Form will be considered complete on the date that service was provided to the other party by email, so long as service by mail, hand delivery or delivery via a delivery service occurred on the same calendar day.

Pursuant to State Board of Arbitration and Conciliation Rules, Chapter 1, § 7, this form and accompanied documents must be filed electronically by sending it as an attachment in an email sent to sbac@maine.gov. If you are unable to file electronically, you must include a statement certifying that the party was unable to transmit the documents electronically, including a description of the reasons that electronic transmission could not be accomplished.