

**PUBLIC EMPLOYEES RELATIONS BOARD
GOVERNMENT OF THE VIRGIN ISLANDS**

REQUEST FOR GRIEVANCE MEDIATION

To: Chairman, PERB

From: ***Management***

Union

Tel. _____

Tel. _____

Fax _____

Fax _____

Re: _____

Please fill out the following information:

Type of Dispute (Termination, Suspension, etc.):

Site of Dispute:

Special Requirements:

SIGNATURES

(Management)

Date

(Union)

Date