

# FEDERAL MEDIATION & CONCILIATION SERVICE

## NOTICE TO MEDIATION AGENCIES

Date Submitted: \_\_\_\_\_

Confirmation Number: \_\_\_\_\_

*Notice Filing Instructions*

*Please submit this form online to FMCS at [www.fmcs.gov](http://www.fmcs.gov)*

**This is to notify FMCS that written notice of proposed termination or modification of the existing collective bargaining contract was served upon the other party to this contract.**

1. This notice is filed by the:\* *(Select one)*                       Union                       Employer

**Employer Information**

2. Organization Name\* \_\_\_\_\_

3. Address Line 1\* \_\_\_\_\_ Address Line 2 \_\_\_\_\_  
     City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

4. Employer Web Site (optional) \_\_\_\_\_

5. Employer Industry or Work Activity\* *(See instructions page for industry options)* \_\_\_\_\_

6. Employer Work Sector\* *(Select one)*     Private Sector     Federal Sector     Public Sector

**Employer Chief Negotiator or Labor Relations Director**

7. First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_

8. E-Mail\* \_\_\_\_\_ 9. Primary Phone\* ((999) 999-9999) \_\_\_\_\_ Ext. (9999) \_\_\_\_\_

**CBA and Bargaining Unit Information**

10. Type of Upcoming Negotiation \*     Successor Contract     Contract Re-Opener     Initial Contract

11. Estimated Bargaining Unit Size\* *(See instructions page for industry options)* \_\_\_\_\_ Number if over 1500 \_\_\_\_\_

12. Contract Expiration Date\* *(For existing contracts only.) (MM-DD-YYYY)* \_\_\_\_\_ 13. Contract Reopen Date *(For voluntary re-openers.) (MM-DD-YYYY)* \_\_\_\_\_

14. Location of Negotiation:    City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

15. Union Full Name\* (i.e. Service Employees International Union) \_\_\_\_\_

16. Union ACRONYM (i.e. SEIU) \_\_\_\_\_ 17. Union Unit Number (Local, Lodge, District, Chapter, etc.) \_\_\_\_\_

18. Address Line 1\* \_\_\_\_\_ Address Line 2 \_\_\_\_\_  
     City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

19. Primary Function of Bargaining Unit Employees (Nurses, Janitors, Clerks, Bldg. Engineers, etc.) \_\_\_\_\_

**Union Chief Negotiator or Business Agent**

20. First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_

21. E-Mail\* \_\_\_\_\_ 22. Primary Phone\* ((999) 999-9999) \_\_\_\_\_ Ext. (9999) \_\_\_\_\_

23. Official Filing This Notice: First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_ 24. Title\* \_\_\_\_\_

25. E-Mail\* \_\_\_\_\_ 26. Primary Phone\* ((999) 999-9999) \_\_\_\_\_ Ext. (9999) \_\_\_\_\_

**ELECTRONIC FILING ONLY NOTICE:** As of April 25, 2022, FMCS will no longer be accepting notices of dispute required by statute ("F-7" notices) via email, fax, mail, or other paper delivery.\* Parties may only submit F-7 notices through our online portal.

# FEDERAL MEDIATION & CONCILIATION SERVICE

## NOTICE TO MEDIATION AGENCIES

FMCS will provide you with an electronic receipt of the submission of the F-7 form via email that will go to employer chief negotiator, union chief negotiator, and the filer. For Questions concerning F-7 notices, undue hardships, or if further assistance is required, please call our Notice Processing department at (202) 606-5499. Do not send copies of this notice to any other FMCS office. Be aware that you may also be required to notify your state or territorial mediation agency and that FMCS will not forward copies to these agencies. Visit <https://alra.org/labor-links/> for links to state and territorial mediation agencies.

Receipt of this form does not constitute a request for mediation nor does it commit FMCS to offer its facilities. Use of this form is voluntary but is strongly encouraged to facilitate our service to respondents. Maintain a copy of this notice for your files.

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- Line 1 ..... Indicate whether the Employer or the Union is filing this notice.
  - Line 2 ..... Provide the Employer's Organization Name.
  - Line 3 ..... Provide a complete street address, city, state and 5-digit zip code for the Employer. Use the second address line for a floor, suite or room number.
  - Line 4 ..... Provide the Employer's web site (optional).
  - Line 5 ..... Indicate the industry that best describes this Employer (not the occupation of the bargaining unit members) from the list at the bottom of this page.
  - Line 6 ..... Select the industrial sector of the Employer.
  - Line 7 ..... Spell out the Employer's chief negotiator first name and last name.
  - Lines 8 & 9 ..... Provide Employer contact email address, primary phone number (and phone extension if needed).
  - Lines 10, 12, & 13 ..... Indicate if the notice concerns 1) a renegotiation of a successor contract, 2) a voluntary or previously agreed upon contract reopening, or 3) an initial contract. If the notice concerns a successor contract, provide the date on which the contract expires (line 12). If the notice concerns reopening an existing contract, provide both the contract expiration date (line 12) and the date on which the contract is scheduled to reopen (line 13).
  - Line 11 ..... Indicate the total number of bargaining unit members covered by this contract at all employer locations. Enter the number if more than 1500 members.
  - Line 14 ..... Indicate the city, state, and zip code of the location where the contract negotiations will most likely be held.
  - Line 15 ..... Provide the Union's full name.
  - Lines 16 & 17 ..... Provide the commonly accepted abbreviation or acronym of the Union. Also indicate whether this is a local, lodge, district or chapter, and provide its identifying number (e.g., Chapter 123).
  - Line 18 ..... Provide a complete street address, city, state and 5-digit zip code for the Union. Use the second address line for a floor, suite or room number.
  - Line 19 ..... Indicate the primary function of the bargaining unit employees (e.g., Nurses, Janitors, Clerks, Building Engineers, etc.).
  - Line 20 ..... Spell out the Union's chief negotiator first name and last name.
  - Line 21 & 22 ..... Provide Union chief negotiator's email address, primary phone number (and phone extension if needed).
  - Line 23 ..... Provide the filer's first name and then last name.
  - Line 24 ..... Provide the title of the filer.
  - Line 25 & 26 ..... Provide the filer's email address and primary phone number (and optional extension if needed).
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\*29 CFR § 1402.1 Notice of dispute. The notice of dispute filed with the Federal Mediation and Conciliation Service pursuant to the provisions of section 8(d)(3), of the Labor Management Relations Act, 1947, as amended, shall be submitted electronically via a platform provided by FMCS. If electronic submission creates an undue hardship, the filer may contact the FMCS Notice Processing office at (202) 606-5499 to explain the circumstances and receive assistance. The Form F-7, for use by the parties in filing a notice of dispute, has been prepared by the Service.

**Privacy Act Statement.** 29 U.S.C. § 172, et seq., authorize the FMCS to require the reporting of this information. The primary use of the information on this form is to allow FMCS officials to provide mediation services. Additional disclosures of the information on this report may be made: (1) to a Federal, State, or local law enforcement agency if FMCS becomes aware of a violation or potential violation of law or regulation; (2) to a court or party in a court or Federal administrative proceeding if the Government is a party or in order to comply with a judge-issued subpoena; (3) to the National Archives and Records Administration or the General Services Administration in record management inspections; (4) to the Office of Management and Budget during legislative coordination on private relief legislation; and (5) in a judicial or administrative proceeding if the information is relevant to the subject matter.(6) This information may be used by FMCS to contact parties concerning trainings, events, presentations, conferences, and other education opportunities and programs. This information will not be disclosed to any requesting person unless authorized by law. Failure to provide the requested information could result in FMCS's delay or inability to provide services.

FMCS Industry Selections	
1- Health Care entities treating patients (including hospitals, nursing and care facilities, clinics, HMOs, ambulatory care, etc.) 2- Manufacturing 3- Construction 4- Natural Resources (including agriculture, mining, energy extraction, refining, etc.) 5- Transportation and Warehousing 6- Wholesale Trade 7- Retail Trade 8- Accommodation and Food Service	9- Utilities and Power Generation 10- Telecommunications & Information (including publishing, internet, data processing, and related services) 11- Real Estate/Property (including development, management, sales, rental and leasing) 12- Professional, Scientific, Financial, Business, and Organizational Services 13- Education 14- Arts, Entertainment, Leisure, and Recreation 15- Non-Profit Organization 16- Other Industry Not Specified Above