

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

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).

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