

ILLINOIS LABOR RELATIONS BOARD

MEDIATION REPORT (PROTECTIVE SERVICES)

INSTRUCTIONS: In accordance with the Rules and Regulations of the Illinois Labor Relations Board, 80 Ill. Adm. Code §1230.100, the following information is required. At the conclusion of your services, please submit this completed Mediation Report form to the Board at the following address: 320 West Washington Street, Suite 500, Springfield, Illinois 62701.

I, _____ was selected to serve as a mediator
in an impasse involving:

_____ and _____
(Employer) (Labor Organization)

I commenced mediation services on _____ and continued
(Date)

until _____.
(Date)

ILRB Case Number: _____

Has the impasse been resolved? YES NO

At the conclusion of mediation services, the status of the aforementioned impasse was as follows:
(please provide a brief description of the resolution or status of the impasse)

Are the parties going to fact-finding or interest arbitration?

(Signature)

(Date)