

# ILLINOIS LABOR RELATIONS BOARD

## MEDIATION REPORT (PROTECTIVE SERVICES)

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**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: 801 South 7<sup>th</sup> Street, Suite 1200A, Springfield, IL 62703 or file electronically at ILRB.Filing@illinois.gov

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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)

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

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\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)