

ILLINOIS LABOR RELATIONS BOARD

- LOCAL PANEL:** e.g., County of Cook, City of Chicago, Chicago Transit Authority, Forest Preserve District of Cook County
- STATE PANEL:** e.g., State of Illinois, county governments, municipal governments, Regional Transportation Authority

DO NOT WRITE IN THIS SPACE
CASE NUMBER
DATE FILED

PETITION FOR STRIKE INVESTIGATION

INSTRUCTIONS: In accordance with the Illinois Public Labor Relations Act, 5 ILCS 315, as amended, and the Rules and Regulations of the Illinois Labor Relations Board, 80 Ill. Adm. Code §1230.190, the following information is required. If more space is required for any item, attach additional sheet(s), numbering items accordingly. This petition may be filed in either of the Board's offices or electronically at ILRB.Filing@illinois.gov.

Illinois Labor Relations Board 801 South 7 th Street, Suite 1200A Springfield, Illinois 62703 (217) 785-3155	Illinois Labor Relations Board 160 North LaSalle Street, Suite S-400 Chicago, Illinois 60603-3103 (312) 793-6400
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This agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 5 ILCS 315, as amended. Disclosure of this information is REQUIRED. Failure to provide any information will result in this form not being processed.

1.	NAME OF PETITIONING EMPLOYER	TELEPHONE NUMBER
	ADDRESS	E-MAIL
2.	EMPLOYER REPRESENTATIVE	TELEPHONE NUMBER
	ADDRESS	E-MAIL
3.	NAME OF LABOR ORGANIZATION and Affiliation (if any)	TELEPHONE NUMBER
	ADDRESS	E-MAIL
4.	LABOR ORGANIZATION REPRESENTATIVE	TELEPHONE NUMBER
	ADDRESS	E-MAIL
5.	DATE STRIKE BEGAN OR IS THREATENED TO BEGIN (attach copy of five-day strike notice, as required by Illinois Public Labor Relations Act)	

6.	GIVE A DETAILED DESCRIPTION of the danger posed to the public health or safety by this action.
7.	Attach copies of all relevant evidence, including affidavits, showing the existence of a strike or the threat of a strike and of a CLEAR AND PRESENT DANGER TO THE HEALTH AND SAFETY OF THE PUBLIC.

I have read the above petition and all attachments. The statements contained therein are true to the best of my knowledge and belief.

BY: _____ NAME: _____
Signature of person filing petition TITLE: _____
DATE: _____
