

SOUTH DAKOTA DEPARTMENT OF LABOR
DIVISION OF LABOR AND MANAGEMENT

, HF No.

Petitioner,

**PETITION FOR HEARING ON UNFAIR
LABOR PRACTICE**

vs.

,

Respondent.

1. Employee or Employee Organization:
Name of contact person:
Address:
Telephone
2. Employer:
Name of contact person:
Address
Telephone

STATEMENT OF UNFAIR LABOR PRACTICE:

DOL-LM 8/02

Signature

Date