

SOUTH DAKOTA DEPARTMENT OF LABOR  
DIVISION OF LABOR AND MANAGEMENT

, HF No.

**Petitioner,**

**PETITION FOR HEARING ON  
GRIEVANCE**

vs.

,

**Respondent.**

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

STATEMENT OF GRIEVANCE:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date