

Action to be taken* (select one)				
<input type="checkbox"/> Picket Notice <input type="checkbox"/> Strike Notice <input type="checkbox"/> Work Stoppage				
Major Issue* (drop down {DD box} FMCS database and “Other (specify)” option with text entry option)				
Date* (DD date)		Time*		
<i>Parties are required to submit all locations affected (Add additional location button) (pop-up locations added are for the Date and Time listed above only)</i>				
Address Line 1*	Address Line 2	City*	State* DD Box with 50 states listed	Zip Code*
If you have an existing FMCS case number, enter it here		If you have an existing FMCS F7 notice submission confirmation number, enter it here		
Employer Information				
Employer Name* (Text box only now. In the future, drop down {DD box} FMCS database and “Other” option with text entry option)				
Address Line 1*	Address Line 2	City*	State* DD Box with 50 states listed	Zip Code*
Employer’s Chief Negotiator or Representative				
First Name*	Last Name*	Business Email*		
Confirm Email*	Primary Phone*	Extension		
Official Filing This Notice				
First Name*	Last Name*	Title*		
Business Email*	Confirm Email*			
Primary Phone*	Extension			

Privacy Act Statement. 29 U.S.C. § 172, et seq., authorize the FMCS to require the reporting of this information. The primary use of the information on this form is to allow FMCS officials to provide mediation services. Additional disclosures of the information on this form are available to view on our FMCS Case Records SORN. This information may be used by FMCS to contact parties concerning trainings, events, presentations, conferences, and other education opportunities and programs. This information will not be disclosed to any requesting person unless authorized by law. Failure to provide the requested information could result in FMCS’s delay or inability to provide services.