

Wednesday, August 2, 2023

Dear Local Presidents,

I know some of you took office recently, so I thought now was a good time to refresh everyone on the “How To” guide for filing Demands for Arbitrations with AAA. **Please share with the person that handles grievances within your local.** I’ve attached a fillable form for AAA – just fill it out, save it, and upload to their website: <https://apps.adr.org/SimpleFile/faces/SimpleFile.jsf> (Filing fee is \$325 and you can pay via credit card online)

When filling out the form, please include **Anna Mowrey** as the *Name(s) of Representative*, along with my information. I’ve attached an example of the form to this email so you can see what I mean. I know it might seem like you’d enter your Field Reps name or the AFT CT President in this field, **but please DO NOT**. When the AAA office receives a new Demand for Arbitration, they process the case on their end and email it **only** to the those stated on the Demand Form. If I don’t receive a processed demand, I cannot assign the case to the next field rep in rotation, which delays your grievance. If your local uses a Demand for Arbitration template each time, please update to include my name as a *Representative* at this time.

Also, **at the time you submit** your Demand for Arbitration with AAA, please forward the following information to myself (emailed):

1. A copy of the original AAA Demand for Arbitration form you’ve submitted – so when I haven’t heard anything from AAA, I can ask them if the case has been processed yet
2. If referring to a specific article(s) within your contract, a copy of the article(s) you are referring to should be included as part of the original demand for arbitration;
3. Copies of all associated paperwork leading to the demand for arbitration, including but not limited to:
 - The complete grievance trail, including all employer answers
 - Any evidence relied upon by the Union to support its case;
 - Names and addresses of all witnesses, grievant(s), or other personnel associated with the case; and
 - Any and all support documentation, department rules, regulations, pictures, personnel rules, past grievances/settlements, e-mails or other correspondence(s) that the Field Representative may find helpful regarding the case.

Without this informative paperwork, the assigned Field Reps are forced to pick an arbitrator from the list, often not having enough information attached to the case to make a more informed decision. For example, there have been cases referring to “Article IV” without any paperwork indicating what that article refers to. If the reps have relative paperwork, they can better choose an arbitrator more suitable for that particular case.

Thank you, and please let me know if you have any questions!

Anna Mowrey
Office Professional, AFT Connecticut

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Mike Reynolds
Ally Sexton
Janice Stauffer, RN
Mary Symkowitz
Mary Yordon



Date:		
Name of Filing Party:		
Check applicable box: Filing Party is Union or Employer		
Address:		
City:	State:	Zip Code:
Telephone:	Cell Phone:	
Email Address:		
Name of Filing Party's Representative:		
Name of Firm (if applicable):		
Representative's Address:		
City:	State:	Zip Code:
Telephone:	Cell Phone:	
Email Address:		
Name of Billing Representative:		
Phone Number:		
Email Address:		
Additional Email(s) to be Copied on Correspondence:		
The filing party, a party to a Collective Bargaining Agreement dated _____, which provides for arbitration under the Labor Arbitration Rules of the American Arbitration Association, hereby demands arbitration.		
Nature of Grievance: Discharge Suspension Other Discipline Contract Interpretation Other		
Describe:		
Requested: Full Administration List with Appointment List Only		
Remedy Sought:		
Name of Grievant(s) (if applicable):		



The filing party requests that hearings be held at the following location:		
Under the rules, you may file an answering statement within ten (10) days after notice from the AAA.		
Name of Respondent:		
Check applicable box: Respondent is Union or Employer		
Contact Person:		
Address:		
City:	State:	Zip Code:
Telephone:	Cell Phone:	
Email Address:		
Name of Respondent's Representative (if known):		
Name of Firm (if applicable):		
Representative's Address:		
City:	State:	Zip Code:
Telephone:	Cell Phone:	
Email Address:		
Name of Billing Representative:		
Phone Number:		
Email Address:		
AAA Customer Service can be reached at 800-778-7879.		
<p>Reminders: Send a copy of this form to the other side at the time it is forwarded to the AAA. Please reference appropriate fees pursuant to the fee schedule outlined in the Labor Rules. You can file your case online by visiting the AAA's website at http://www.adr.org/fileonline. You may also wish to visit our website for a complete list of our administrative services and procedures, including our Grievance Mediation Procedures, Expedited Procedures, List Only Service and List with Appointment. Your case manager can also provide additional information.</p>		



Date: [REDACTED]		
Name of Filing Party: [REDACTED]		
Check applicable box: Filing Party is <input checked="" type="checkbox"/> Union or <input type="checkbox"/> Employer		
Address: [REDACTED]		
City: [REDACTED]	State: Select... [REDACTED]	Zip Code: [REDACTED]
Telephone: [REDACTED]	Cell Phone:	
Email Address: [REDACTED]		
Name of Filing Party's Representative: Anna Mowrey		
Name of Firm (if applicable): AFT Connecticut		
Representative's Address: 35 Marshall Rd.		
City: Rocky Hill	State: Connecticut	Zip Code: 06067
Telephone: 860-257-9782	Cell Phone:	
Email Address: amowrey@aftct.org		
Name of Billing Representative:		
Phone Number:		
Email Address:		
Additional Email(s) to be Copied on Correspondence: [REDACTED]		
The filing party, a party to a Collective Bargaining Agreement dated [REDACTED], which provides for arbitration under the Labor Arbitration Rules of the American Arbitration Association, hereby demands arbitration.		
Nature of Grievance: <input type="checkbox"/> Discharge <input type="checkbox"/> Suspension <input type="checkbox"/> Other Discipline <input type="checkbox"/> Contract Interpretation <input type="checkbox"/> Other		
Describe: [REDACTED]		
Requested: <input checked="" type="checkbox"/> Full Administration <input type="checkbox"/> List with Appointment <input type="checkbox"/> List Only		
Remedy Sought: [REDACTED]		
Name of Grievant(s) (if applicable): [REDACTED]		



The filing party requests that hearings be held at the following location: [REDACTED]

Under the rules, you may file an answering statement within ten (10) days after notice from the AAA.

Name of Respondent:
 Check applicable box: Respondent is Union or Employer

Contact Person: [REDACTED]

Address: [REDACTED]

City: [REDACTED]	State: Select... [REDACTED]	Zip Code: [REDACTED]
Telephone: [REDACTED]	Cell Phone:	

Email Address: [REDACTED]

Name of Respondent's Representative (if known): [REDACTED]

Name of Firm (if applicable): [REDACTED]

Representative's Address: [REDACTED]

City: [REDACTED]	State: Select... [REDACTED]	Zip Code: [REDACTED]
Telephone: [REDACTED]	Cell Phone:	

Email Address: [REDACTED]

Name of Billing Representative:
 Phone Number:
 Email Address:

AAA Customer Service can be reached at 800-778-7879.

Reminders: Send a copy of this form to the other side at the time it is forwarded to the AAA. Please reference appropriate fees → \$325 pursuant to the fee schedule outlined in the Labor Rules. You can file your case online by visiting the AAA's website at <http://www.adr.org/fileonline>. You may also wish to visit our website for a complete list of our administrative services and procedures, including our Grievance Mediation Procedures, Expedited Procedures, List Only Service and List with Appointment. Your case manager can also provide additional information.

\$325