



CHARGE OF UNFAIR PRACTICE(S) UNDER THE PUBLIC EMPLOYE RELATIONS ACT

_____ COMPLAINANT

v.

_____ RESPONDENT

DO NOT WRITE IN THIS SPACE	
CASE NO.	
DATE FILED	

TO THE HONORABLE, THE MEMBERS OF THE PENNSYLVANIA LABOR RELATIONS BOARD:

COMPLAINANT INFORMATION

Public Employee, Employee Organization or Public Employer		
Name of Person filing charge on behalf of Complainant		Title
Address		
City	State	Zip
Telephone		

HEREBY CHARGES THAT:

RESPONDENT INFORMATION

Public Employer, Employee Organization or Public Employee alleged to have committed unfair practice(s)		
Address		
City	State	Zip
Telephone		

**HAS ENGAGED IN UNFAIR PRACTICE(S) CONTRARY TO THE PROVISIONS OF THE
PUBLIC EMPLOYE RELATIONS ACT, SECTION 1201 AS FOLLOWS:**

Choose one:	Choose all that apply:		
<input type="radio"/> subsection (a)	<input type="checkbox"/> clause (1)	<input type="checkbox"/> clause (4)	<input type="checkbox"/> clause (7)
<input type="radio"/> subsection (b)	<input type="checkbox"/> clause (2)	<input type="checkbox"/> clause (5)	<input type="checkbox"/> clause (8)
	<input type="checkbox"/> clause (3)	<input type="checkbox"/> clause (6)	<input type="checkbox"/> clause (9)

- Check here if more than one respondent and list on separate sheet.
- Check here if a grievance relating to this issue has been filed and enclose three (3) copies of the grievance and one (1) copy of the Collective Bargaining Agreement to assist in review of this charge.

FAILURE TO ENCLOSE THESE DOCUMENTS WILL CAUSE A DELAY IN PROCESSING.

SPECIFICATION OF CHARGES

Set forth all of the events alleged to constitute the unfair practice(s). Include specific facts, dates, names, addresses, place of occurrence, and other relevant facts. If additional space is needed, please continue on additional sheet(s).

WHEREFORE, the Complainant respectfully requests the Pennsylvania Labor Relations Board to enter the charge upon the Docket of the said Board and to issue and cause to be served upon the Respondent above named a Complaint stating the charge(s) of unfair practice(s).

COMMONWEALTH OF PENNSYLVANIA :
 :
 : ss
COUNTY OF :

On this _____ day of _____, 20____, before me, a _____, in and for said County and State, personally appeared _____ who being duly sworn according to law, deposes and says that he/she is the person filing the foregoing CHARGE OF UNFAIR PRACTICE(S) and is aware of the contents hereof and that the matters and facts set forth herein are true and correct to the best of his or her knowledge, information and belief.

SWORN AND SUBSCRIBED TO before me
the day and year first aforesaid.

Signature of Notary Public

Signature of Complainant or Representative

**FAILURE TO FILE AN ORIGINAL AND THREE (3) COPIES OF THE CHARGE
AND ALL ACCOMPANYING EXHIBITS MAY CAUSE A DELAY IN PROCESSING.**

Commonwealth of Pennsylvania | Pennsylvania Labor Relations Board | 651 Boas Street, Room 418 | Harrisburg, PA 17121-0750
717.787.1091 | Fax 717.783.2974 | www.dli.state.pa.us

*Auxiliary aids and services are available upon request to individuals with disabilities.
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