

INSTRUCTIONS: File the original and three copies of the complaint and all attachments and the \$250 filing fee with the Board at:

528 Cottage St NE, Suite 400
Salem, Oregon 97301-3807
Phone 503-378-3807

**STATE OF OREGON
EMPLOYMENT RELATIONS BOARD**

**UNFAIR LABOR PRACTICE COMPLAINT
Public Employment**

For Board Use Only

Case No. _____

Date Filed _____

COMPLAINANT Name, address, and phone number	COMPLAINANT'S REPRESENTATIVE Name, address, and phone number, if applicable
RESPONDENT Name, address, and phone number	RESPONDENT'S REPRESENTATIVE Name, address, and phone number, if applicable

Complainant alleges that Respondent has committed an unfair labor practice under ORS 243.672(1) (_____), ORS 243.672(2) (_____), or ORS 243.752 of the Public Employee Collective Bargaining Act. The following is a clear and concise statement of the facts involved in each alleged violation, followed by a specific reference to the section and subsection of the law allegedly violated. (For each claim, specific dates, names, places, and actions. Attach copies of main supporting documents referred to in the statement of claims.)

I certify that the statements in this complaint are true to the best of my knowledge and information.

By: _____
Signature of Complainant or Complainant's Representative

Title

Date